North Bay Workers’ Rights Board

Hearing and Investigation of Working Conditions, Salary, and Benefits of Healthcare Workers at Santa Rosa Memorial and Petaluma Valley Hospitals Employed by St. Joseph Health System

The North Bay Workers’ Rights Board is a community-based project of

North Bay Jobs with Justice/Living Wage Coalition
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Rick Luttmann  
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Matt Myres, Chair  
*Retired Teacher and Principal, K-12 Education*

Alicia Sanchez  
*Board President, KBBF Bilingual Radio*

Testimony

The Workers’ Rights Board Panel heard testimony from the following Hospital Workers and National Union of Healthcare Workers (NUHW) Staff

Gail Hagen, *Physical Therapist, Clerical, Administrative Coordinator*

Sue Gadbois, *Staff Nurses Association President, Registered Nurse*

Sue Daly, *Licensed Vocational Nurse*

Francisco Casique, *NUHW Research Analyst*

Luis Torres, *Environmental Services Representative*

Lorena Chavez, *Environmental Services Representative*

Jonathan Velasco, *Cook/Caterer*

Sheri Slaydon, *Ultrasound Technician, Radiology*

Dennis Dugan, *NUHW Coordinator/

Mito Gonzalez, *Patient Services Representative, Outpatient Laboratory*

ALL PHOTOS BY: ELIZABETH CRAVEN
BACKGROUND OF THE REPORT

The North Bay Workers’ Rights Board is a community-based board chosen from leaders and professionals of faith, labor, and community organizations of the North Bay. The North Bay Workers’ Rights Board is affiliated with North Bay Jobs with Justice, a labor-community coalition comprised of 18 unions and community-based organizations. A hearing conducted by the North Bay Workers’ Rights Board is a public forum where workers can bring concerns about working conditions and/or violations of workers’ rights in the workplace.

Santa Rosa Memorial Hospital (SRMH) is located in Santa Rosa, California, the largest city in Sonoma County. SRMH was founded in 1950 and owned by the Sisters of St. Joseph of Orange, a group of nuns who preside over thirteen hospitals in California, New Mexico, and Texas that together make up the nonprofit St. Joseph Health System (SJHS). The Sisters of St. Joseph of Orange are considered one of the most progressive orders of nuns, thanks to their support of the United Farm Workers and other social justices causes. In addition to owning SRMH, SJHS also leases and manages another Sonoma County hospital, Petaluma Valley Hospital (PVH) in the nearby City of Petaluma.

Between 2001 and 2010, healthcare workers (non RN-nurses or doctors) at SRMH and the broader community engaged in a long and bitter struggle to organize a union. In December of 2010, an election was finally held and the workers voted to be represented by the National Union of Healthcare Workers (NUHW). In 2015, workers at PVH followed suit, also unionizing under NUHW.

NUHW represents over 800 service and technical workers at PVH and SRMH. NUHW members work as nursing assistants, dietary aides, clerks, cooks, food service workers, housekeepers, lab assistants, lift and monitor technicians, registration specialists, rehabilitation aides, respiratory care practitioners, pharmacy technicians, and technologists working in anesthesia, MRI, radiology, and surgery, among others.

During the decade of 2000s the Sisters of St. Joseph of Orange, gradually withdrew from direct involvement and management of these hospitals. A corporate board now manages the entire SJHS, including SRMH and PVH. Since 2009, the corporate management has been systematically reducing staff at both hospitals in order to increase their revenue surpluses. SJHS claims that it is using surpluses to provide more services to the underserved and to extend charitable benefits to other communities outside of Sonoma County. Yet, the SJHS has refused to sufficiently share those profits with the workers at SRMH and PVH or to ensure that its patients receive appropriate levels of care.

Workers and nursing staff have repeatedly complained about the impact that understaffing is having on the quality of patient care and on workers’ health.

SJHS has been engaged in negotiations with the workers since the summer of 2015 and has yet to settle on a contract. Workers currently are compensated at a wage and benefit rate below the other area hospitals such as Kaiser and Sutter. There appears to be little progress in reaching a negotiated settlement with the workers. Therefore, workers at SRMH and PVH requested a Workers’ Rights Board hearing. The hearing took place on Saturday, February 20th, at Christ Church United Methodist in Santa Rosa, California.
Mito Gonzalez testified that up until 15 years ago the Sisters of St. Joseph of Orange were involved in the day-to-day management of Santa Rosa Memorial Hospital. They knew their employees and treated them fairly. When the SJHS board took over management, all that changed, and the workers realized they needed a union.

I have worked for SRMH for 20 years now. I work at a small outpatient facility in the eastern part of Santa Rosa where I work by myself. I do the work of three people. I am a phlebotomist, which means that I draw blood....

About fifteen years ago, the Sisters of St. Joseph of Orange turned SRMH over to what amounts to a corporate board. At that time, we weren’t in a union. When the nurses got raises, the rest of us usually got raises. We were treated fairly. However, the next time the nurses got raises after the corporate board took over, we got nothing. When that happened, I organized a meeting of about 50 of my coworkers in the lab, and our manager, a guy named Norman Shore, was present. At the meeting, I asked why we weren’t getting raises. Norman Shore told us we were a dime a dozen and that it was his way or the highway. He told me that our options were to become RNs or call a union. So I went in the next room over and called a union. Later, my immediate supervisor was fired because she told me that calling the union was the right thing to do.... It took us nine years of fighting with St. Joseph to form a union. We managed to form a union just a few days before St. Joseph tried to eliminate the entire Clinical Laboratory – about 50 workers – and then managed to stop them from outsourcing our jobs to people who would be paid less than half as much as we were for the same work.

This was life after St. Joseph became a corporate chain. And the days when the nuns took an active role in running the hospital are long gone. In the old days, workers had profit sharing – we got a check twice per year – and we often received bonuses around holidays like Thanksgiving. When we had problems at work, the nuns were there to help us resolve the problems – they listened and made sure our concerns were addressed. The nuns made sure we were treated well because they understood that if we were treated well we would treat our patients well. All that has changed.

The corporate chain that calls itself St. Joseph and that hides behind the cross now is driven by money. St. Joseph considers workers to be an expendable resource – they don’t care about us. We know that we can’t go back to the time when the nuns walked the halls. We know that health care is a changing industry. But we also know that right now, we can’t provide the kind of care to our patients we used to. We know that we’re not being treated the way we used to or the way we should be. We know that St. Joseph can do better.

A Worker’s Recollection of Cuts to Staffing in 2009

Luis Torres

“On February 4, 2009, the administrators of the hospital announced the dismissal of many workers of various departments, arguing that it was a financial crisis. From this date, those in charge of work significantly increased the workload for workers in each department. That resulted in various worker injuries, and others suffered due to too much stress. In those cases, some workers had made a decision to look for work in other hospitals where the pay and benefits are much better and fairer.”
Understaffing is a critical issue for workers at the two hospitals. Luis Torres, who has worked for St. Joseph Department of Environmental Services since 2001, recalls that in 2009 there were significant cuts in staffing—cuts which endured to this day. Despite the cuts, Luis remains loyal to his work and is committed to his best performance under these difficult working conditions. In addition to cleaning, Luis is responsible for carefully disposing of materials that, if not properly handled, could pose health risks for Luis, patients and staff. These materials include body fluids and irradiated materials.

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Personally, I am very grateful to St. Joseph Health System because for all these years I have provided for my family and schooling for my children and for their general well-being. But I am here to take a united stand with my colleagues to try to improve the working conditions, [and gain] better staffing levels, and fair recognition for our efforts that we give every day, every one of us, to meet our assigned duties, and for continuing to put our experience and capabilities at the service of the health of our community.

Sue Daly, who has been employed at SRMH for almost four decades, speaks about labor relations at the hospital. She describes the impact that the corporate mentality is having on the patients. She believes that the quality of patient care is suffering due to widespread understaffing throughout the hospital.

I am a Licensed Vocational Nurse…. I have been working at SRMH for 36 years and have been an LVN for 44 years. Over the years, I have worked for SRMH and I have seen many changes. The Sisters of St Joseph used to run the hospital. They showed compassion to the employees and the patients. Now, the hospital is a corporation. They care more about making money and caring less for the employees and the patients. The consequences of all the changes have been hard: with less staff we are not able to get to know our patients, who they are and what their needs are. We are running from patient to patient to pass multiple medications, do procedures, helping doctors, passing meal trays, answering phones, trying to help the understaffed care partners/nursing aids to bathe patients, do oral care, change bed lines, ambulate patients, get them up for meals, turn patients—the list goes on and on, and lots of times some things don’t get done. Patients who depend upon pain meds being given in a timely manner do not receive their meds on schedule when the nurse is busy helping with other patients.

Quality patient care is not being done when we are understaffed. Patients are given hot wet wipes to do their own baths at times when they really need assistance to do it. When I was recently a patient for a total knee replacement, I never was assisted with a bath except instructed by an Occupational Therapist on how to do it. I believe my bed linens were never changed and I felt like I smelled like a billy goat when I left the hospital. I didn’t feel like I got the quality care I should have had. I knew the nurses were understaffed by the fact I basically saw them for my routines meds I received or when my meal tray was brought in, and change of shift every 12hrs. The state mandates that staffing be done by acuity. St Joseph’s doesn’t necessarily provide more staff just because the acuity is higher.

St Joseph’s has a recruitment and retention issue with new graduate nurses or other new staff getting their time in at the hospital only to leave to greener pastures like Kaiser and Sutter where they can get higher wages and better benefits. Workers are also retiring sooner to get away for St Joe’s and get jobs elsewhere.

We are no longer a Catholic chain in a meaningful way with the Sisters no longer having an active role. St Joe’s has become just another corporate hospital chain, run by a board. There is lack of compassion for the workers. The corporation cares more about making money and not [about] providing excellent patient care or good jobs.

In conclusion, we want to provide excellent patient care but can’t when we aren’t supported by the employer in terms of wages and benefits, or workloads that would allow us to recruit and retain people to provide the excellent care. We have tried for years to tell management about these problems and we have been ignored. Until things are fixed, providing excellent patient care can be a hit or miss experience. We want to do better.

Lorena Sanchez, (photo next page) a cleaning worker at Petaluma Valley Hospital, shares the stress that she is under to try to cover all of her assignments especially when she is ordered to cover and clean more areas during her shift. She believes that chronic understaffing is taking its toll on workers.

I currently work at PVH. I have been working in the cleaning department for 14 years. I’m a full time worker and some of my responsibilities include cleaning the patients’ rooms and bathrooms, removing trash, sweeping and mopping the floors, washing carpets, removing the dust from furniture, making beds, taking out dirty clothes, cleaning curtains and placing them back correctly, while
cleaning everything by using disinfectant chemicals that are used to clean blood and other bodily fluids.

One of the biggest problems in our department is the lack of staff that is available each day. Everyday, I have to rush through my job running from one place to another so our rooms are not properly cleaned. Frequently, while we are cleaning a room, our supervisors call us to go clean emergency rooms. We have to drop what we are doing and go clean the emergency room as fast as possible and at times we forget to go back to the room where we left off to finish cleaning it. This has often resulted in us being disciplined from our supervisor, which is a big deal for us. I constantly feel nervous, anxious, insecure, traumatized and at times in a state of panic. What frustrates me the most is that I feel that my supervisors take advantage of the situation and utilize every opportunity that they have to punish us and instill fear so that we get the work done on time, instead of brainstorming ways to help support us when there is so much going on.

I really appreciate my job. Thanks to my job I have been able to give my kids the education that they deserve. By speaking on this matter with you today, I am at risk of losing my job out of retaliation for speaking up, but I am no longer afraid. I believe that in a hospital founded on catholic principles, I should not be punished for speaking the truth. It took a lot of courage for me to be here, and then I remember an old saying, “If you remain silent, God will not hear you”. I feel God is far away from my job even though the hospital is named after ‘ST. JOSEPH’.

Administrators for different departments are asked to do more. In the following testimony, Gail Hagen, who is an administrator/coordinator for a St. Joseph physical therapy and rehab lab, and who has worked for SJHS for 17 years, shares that patient satisfaction has decreased and complaints have increased. Understaffing seems to impact many different workers across departments, taking an emotional and physical toll on its employees.

I work at the busiest clinic with only two full-time admin coordinators, myself included, and one part-time employee. At times we can get more than 100 referrals a day. Because we have so many patients and referrals, understaffing has real consequences for patients and their access to timely appointments. For example, the process to authorize and schedule appointments for patients with Medi-Cal requires more procedures, longer waiting times for approval and diligent follow up. Another concern is that the workload has increased as well. In the past we were able to register a new patient and get their chart ready with about 2 websites. Today, we are expected to utilize about eight different websites to complete a new patient chart. Every added requirement is significant due to our high volume. This patient satisfaction has decreased and complaints have increased even as we struggle to provide excellent customer service. Another terrible outcome of understaffing is the physical and emotional toll it takes on us workers. This is a theme that I hear...
Jonathan Valesco is a cook who has been at Petaluma Valley Hospital for 15 years. He testifies about how cost-cutting by SJHS impacts his department.

In my job I am responsible for cooking breakfast, lunch, and dinner for our patients, doctors, personnel and the general public. I pride myself in preparing healthy meals that are also rich in nutritional value. All of our meals are prepared with a great deal of care regardless of the amount of pressure my coworkers and myself are confronted with in our department every single day. Currently, there are seven workers and each person is responsible for various tasks and duties.

Our department requires a high level of concentration while also focusing on safety concerns when preparing the meals. It is in our hands to make sure that we uphold all safety precautions and handle each meal with a great deal of care. Each meal is part of our patients’ treatment plan and will support them in their journey to recovery.

Under our current working conditions, we are putting our own health at risk based on the intensity of our work. Not only am I the cook, but I am also responsible for cleaning, washing dishes, ordering the food that will be cooked for future meals, but I also have to take out the garbage, organize and store the pot and pans. I am also responsible for making special orders for our doctors and other special events such as reunions, trainings, and meetings. I also have to prepare sandwiches for the vending machines, prepare meals for patients during dinner time, and I have to ensure that the kitchen is completely spotless by the end of the day. As a cook, managing all of these different pieces at the same time lead me to feel weary and stressed out, nonetheless, all of these tasks need to be achieved by the end of my shift and I get it all done. My job was not always this busy; a few years ago the hospital laid off many people that primarily included our dishwashers. The hospital never hired replacements after that incident, which is why there has been a shortage of staff, and for that reason we all have to wash dishes. Furthermore, we are asked to leave 15 or 30 minutes or at times an hour early in order to help the hospital save some money. Seeing as we would like to follow the directions that are given to us by management, we feel even more pressured to finish up our work quicker and at times the person that is left behind, they are responsible to make sure that everything is completed by the time they leave.

By the end of the day, our entire department feels exhausted because of the amount of work that needs to get done in a limited amount of time. We work hard and we work as fast as we can in order to get things done on time. This rushed way of doing things led to numerous injuries. The severity of those accidents will vary depending on the situation. Personally, I’ve suffered minor burns and cuts due to the rushed environment. Often times it seems as though we are on “fire” especially when the ratio of workers is low.

One of my co-workers has an injured back. Although I do not know if his injury was caused at work, know that his back bothers him when he is at work. He has the same amount of work that I am responsible for and when he can no longer bear the pain and has to stay home, my co-works and I have to pick up his workload on top of our own. This situation has become normal to us although we know is not healthy. Most of us do not complain mainly because we depend on our jobs to support our families and cover our bills.

I work really hard all day and am proud of the work that my co-workers and I do every day. This has led me to believe that St. Joseph has no mercy or compassion for its employees. Especially when they continue ignore our needs and continue piling more work on us and expect us to get it done as fast as if we were machines that turn on and off with a switch of a light. Where is the JUSTICE St. Joseph?

Sheri Slaydon (photo next page) has worked at Petaluma Valley Hospital for 27 years as an Ultrasound Technologist. In the last 15 years, Slaydon says that inadequate staffing undermines the quality of care. Additionally, she testified about the impacts of outdated technology and how SJHS scheduling policies affect the families of hospital employees.

I see changes happening in healthcare that concern me. Seventeen years ago SJHS leased PVH for a 20-year period. At the onset of the lease there was a much need infusion of money for equipment in the imaging department as well as other departments. Our managers completed a wage survey and we received raises that brought us in line with the larger SRMH wage scale. It was a great improvement for the Hospital, staff and the community. That was 14 or 15 years ago. In the following years we saw three rounds of layoffs occur. Many received severance packages, but lost the stability of jobs that they had held for numerous years. Some departments were restrucutred so that they had no clerk or secretarial staff to answer phones or greet patients when they arrived. EKG Technologist duties were delegated to the Respiratory Therapists or the Emergency Department nursing staff when the EKG technologist was laid off. Some of the Certified Nursing Assistants were laid off and then rehired months later in
SHERI SLAYDON

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per diem positions without guaranteed hours or benefits.

In more recent years some of us have had our 10-hour shifts converted to 8-hour shifts so that we would have to work more days per week to keep our employment status. For some of us our work schedule has become so unpredictable. We have no idea what days or shifts we will work for the following month, or what our days off will be, until the schedule is posted.

By 2008 SJHS had fallen into 3rd place in the county for employee wage rates, but the benefit package was still superior and offset the wage disparity. At the end of 2014 SJHS made drastic cuts to the benefit package for all non-union employees. Their purely financially motivated move, made with no regard to the effects on their staff, created such an environment of distrust that employees left, took early retirement or went looking for union representation, and NUHW stepped in. An election was held and employees voted unanimously to be represented and protected by NUHW.

For the past 8 months I have been sitting on a panel as part of the bargaining team for the employees of PVH. I have also attended several of the open meetings held by the Petaluma Healthcare District to discuss the options for renewing the lease of PVH versus leasing to another vendor. In both of these environments I have heard employees of PVH step forward and speak frankly and honestly of concerns about the hospital condition, patient care and employee treatment.

I have listened to Respiratory Therapy staff speak of concerns about being short staffed to such a degree. They give breathing treatments to those hospitalized with respiratory illness. It is best practice to stay in attendance of the patient until the treatment is completed (approx. 10 minutes). However, they are responsible to report to the Emergency Department if a patient comes in with Respiratory or Cardiac arrest. They must report to Labor and Delivery if a baby is born with Respiratory distress. They must report to Intensive Care if a patient on a ventilator is having problems, and since the EKG Tech. was laid off, they must report anywhere in the hospital to perform EKG’s as needed. If they get called away from the patient getting a breathing treatment, there is no guarantee that the patient didn’t take of the mask and waste the medication, or that the oxygen tubing didn’t crimp or pulled off the wall. If so, the medication does not get delivered appropriately.

The staff from the laboratory has shared that cut backs have left them with two phlebotomists per shift to draw blood for the entire hospital, and one Lab Scientist per shift. The Phlebotomist draws the blood. The Lab Scientist runs the lab tests. In the past six weeks there were two days where a Phlebotomist called in sick with the flu. There was no extra coverage. That left one phlebotomist to draw blood for the entire hospital. The nursing staff helped as well as they could, but if everyone is busy with their own duties the phlebotomist can only do one thing at a time. When there are long delays in blood draws, it slows down patient treatment decisions.

Also, the Phlebotomist must report to the Emergency Department if a patient arrives in cardiac or respiratory arrest. They have to stand by and be ready to draw blood as soon as the emergency physician gives the order. This may pull them away from regular responsibilities for up to an hour while a life is being saved. You can see where reducing staffing to two phlebotomists might save money for St. Joseph on a given day, but could spell disaster for good patient care. The Lab Scientist actually takes the blood or body fluid and performs the tests. Staffing has been reduced to one Lab Scientist per shift. Their test results are crucial in the patient treatment plan, such as cardiac arrest, Ectopic Pregnancy, Appendicitis, etc. The test results sway the doctor’s treatment plan decisions. It has recently been explained to me that when a patient comes in with internal bleeding, the Scientist must Type and Cross-match the blood for the Blood bank. This is dedicated work that takes over an hour. Imagine coming into an Emergency Department as the second or third critical patient. The Lab Scientist is busy doing a Type and Cross match on the blood of the first patient. He/she will get to your blood tests eventually, but eventually is not best patient care.

One of our Intensive Care nurses shared with the Petaluma Healthcare District Board that she recently had an incident where she was alone caring for a very sick patient. Her patient took a turn for the worse. She had to pick up a phone and call for help. The Nursing Supervisor could not come. She was providing a lunch break for another staff member. The Hospitalist had left the campus. In the moment there was no one to help her, and she shouldn’t have had to be making phone calls when the patient needed her at the bedside. She said the patient survived but in the moment she needed help and there were no resources.

In our Imaging Department our portable x-ray machines were “hand me downs” from SRMH and they are frequently in need of repair. Our best x-ray room is ten years old and the staff describes a list of tricks they use to keep the parts moving. Our newest Ultrasound Unit and our Digital Mammography Unit were purchased with a majority of funding by a Community Fundraiser. Our remaining two Ultrasound Units are approximately 12 years old. Technology and Image quality change dramatically about every 5 to 7 years, similar to your laptop or cell phone.

We have one x-ray room that adjoins the Emergency Department. It was gutted about 10 years ago, preparing for new equipment installation. St. Joseph reallocated the funds and the room has been sitting empty for years. We have two C-arms, which are portable fluoroscopy units used in surgery for surgical procedures, such as imaging during a hip fracture repair.
or gallbladder removal. A few months ago both of these units quit working at the same time. The Biomedical Engineering Department scrambled to get them fixed as quickly as possible before they were needed in surgery. Similarly, there was a day not long ago when both of our portable x-ray units were both not working. Our CT scanner is excellent and is used 24 hours a day. A lot of our other equipment is old and needs replacement. We have gotten new gurneys and St. Joseph has outfitted their hospitals with electronic medical records in the past few years. This is important but so are having all of the other tools necessary to perform your job at the highest standard.

I know that SJHS is running free clinics out in the communities of Sonoma County and I have recently heard from Petaluma Hospice staff, that partnering with SJHS has allowed them to offer many more services than some of the other Hospice facilities. I think that’s wonderful and much needed. Our communities also need top notch hospitals that give state of the art health care.

Finally, I would like to talk about the changing attitude I’ve seen toward employees in the healthcare field in what appears to be a new Healthcare Corporate Model. In particular, I’d like to talk about women in healthcare. Careers in healthcare have always been an attraction for women because of the flexibility. I have had a 32-year career thus far as an Ultrasound Technologist. Over those years I was able to have a great career, raise a family and actually be present to raise my children. My employer at one time allowed me flexibility. I felt valued. They allowed me to work 10-hour shifts, have set workdays and gave me an attractive wage and benefit package, all of which were and are beneficial to family health.

That stability is not offered to me today, by SJHS. In fact, at union bargaining meetings St Joseph’s bargaining negotiator speaks frankly of the corporate desire to have the majority of employees working full time in benefitted positions and having per diem employees as back up to fill out the gaps in the schedule. He has used the phrase “more bang for your buck” several times in reference to the St Joseph’s top management plan for maximum utilization of employee resources. With this new model presented by the bargaining negotiator for St Joseph’s, these women will have the choice of full time jobs, benefits, and no time for family, or per diem flexibility and no family benefits.

The St. Joseph bargaining negotiator does not speak of quality of life, value of family and work balance, or even the idea that happy employees make good employees, and happy employees take care of the patients in kind, compassionate and caring ways. I cringe to think that “more bang for your buck” might become a new St. Joseph CORE VALUE. I would like to see women continue to have career opportunities in healthcare that allow for balance of family and career in a sane and stable working environment.

MEMORIAL HOSPITAL IS REPORTED TO BE OUT OF COMPLIANCE WITH STATE REGULATIONS

Sue Gadbois, who is the president of the Staff Nurses’ Association, explains why the hospital is out of compliance with Title 22, and the impacts on patients, care partners, and nurses. California State Department of Health Title 22 Regulations requires that staffing match patient need.

I am president of the Staff Nurses’ Association at SRMH where we represent the staff registered nurses at Memorial. I have been president since 1983. I was employed at Memorial for 28 years, from 1979 to 2007. I am here today to speak about the impact on patient care and cost to the workers of inadequate Care Partners staffing at SRMH. Care Partners are assistive personnel. They help to care for patients. Care Partners would do tasks like bathing, ambulating patients, oral care, helping to feed patients, turning patients in bed for people who are not able to turn themselves, answering call lights to respond to patients’ needs and responding to bed alarms which indicate that a patient who is not steady on their feet is attempting to get out of bed by themselves and therefore at risk for falling.

Inadequate Care Partner staffing means that much of the work would not get done because it is physically impossible to complete that work in the amount of time that’s available during their shift. Nurses are very worried and very concerned for many shifts when Care Partner staffing in a particular patient department does not meet even the minimum staff that the hospital has specified for that shift. That’s called a staffing matrix and there are shifts where the hospital does not even staff to that level of required staffing.

So for example, a staffing matrix might indicate that there be 2 Care Partners staffed to care for patients in a department where the census is 30 patients. Staffing that shift with only 1 Care Partner instead of 2 makes it impossible for the Care Partner to meet all of the needs of those 30 patients. In addition, Care Partner Staffing often does not meet the guidelines for increased staffing that is required to respond to the increased severity or acuity of patient illness. Inadequate Care Partner staffing means that the patients in those areas are not receiving the care that they need and the patient outcomes are affected. Staffing to respond to the increased severity of illness or acuity is required by the California Department Title 22 Regulations. Hospitals must comply with these regulations in order to remain open for business. Memorial Hospital has been cited by the California Department of Public Health many, many times for the failure to staff to these Title 22 Regulations. Nurses believe and in fact have documented that the failure to staff Care Partners adequately, negatively affects patient care and is detrimental to patients’ recovery, healing, and safety.”
required by the California Department of Health Title 22 Regulations that staffing reflects the increase in severity of illness or acuity.

Hospitals must comply with these regulations in order to remain open for business. SRMH has been cited by the California Department of Public Health many, many times for the failure to staff to these Title 22 Regulations. Nurses believe and in fact have documented that the failure to staff Care Partners adequately, negatively affects patient care and is detrimental to patients’ recovery, healing, and safety. For example, inadequate staffing of Care Partners results in their inability to respond to patient needs. Patient care can be negatively impacted when staff is not available. For example, when the patient is too heavy for them to lift or to move.

Nurses do not feel safe when Care Partners are not staffed adequately because the resources to care for patients are diminished. While nurses are occupied with giving medications, consulting with physicians, changing dressings, etc., they need to know that there is another set of eyes and hands available to patients. The risk of worker injury increases with inadequate staffing when for example nurses and Care Partners attempt to move patients themselves when the patient is too heavy for them to lift or to move.

The use of Registry or Agency Care Partners who are not employees of the hospital results in disruption of the care team since they are unfamiliar with the department, potential lack of care partner skills, they are not available for weekend shifts, and they can have no loyalty to the hospital or to the other staff. From nurses’ point of view, reliance on Registry Care Partners is not safe for patients or workers. Our conclusion is that the increased staffing of Care Partners to the level required to account for patients’ acuity of illness will provide better care for patients and a decreased risk of injury for workers.

RESEARCH ON St. Joseph HEALTH SYSTEM IN SONOMA COUNTY

Francisco Casique, a Researcher with the NUHW, provided data about understaffing, and St. Joseph Health System’s profits. This information was derived from the results of an employee survey by NUHW from December 2015 to January 2016. There were 54 worker respondents, which represent 40% of the unit of non-RN nursing staff.

I am a researcher with the NUHW. My statement this morning addresses the issue of understaffing at SRMH and PVH, both of which are part of the larger SJHS, and, unless otherwise stated, are collectively referred to here as SJHS of Sonoma County. The specific aim of my comments this morning is to highlight how the understaffing of nursing units at SJHS of Sonoma County has negatively impacted the quality of care that patients there receive. My statement is supported by data gathered from a quality care survey sponsored by our union, and public records provided by the California Department of Public Health, both of which together show a revealing picture of the correlation between understaffing and a declining state of patient care.

The CDPH is a state agency that licenses and inspects California hospitals. The CDPH collects data on various indicators of patient-care problems at hospitals. This data falls into the following four categories: Complaints are essentially reports made to the department’s Licensing & Certification Division by virtually anyone (exceptions: authorized representatives of the health facility that alleges non-compliance with Federal and/or State laws and regulations). Facility self-reported incidents are a notification from an authorized representative of the health facility to the Licensing & Certification Division. State enforcement actions, which are fines, appointment of a temporary manager and/or receiver, suspension or revocation of operating license. Survey deficiencies are violations of one or more specific licensure or certification requirement.

Staff:

SRMH is rather unique within Sonoma County. Operating 278 licensed beds, SRMH is the County’s largest hospital. It is also the only health facility in the County that operates a trauma center. The hospital also serves as a regional referral center for cardiac and vascular care, neuroscience/neurosurgery, and other services. SRMH sees more patients generally, and a greater proportion of higher-acuity patients than any other hospital in the County. PVH (80 beds), the only hospital in Petaluma, is a community hospital providing high quality medical/surgical, critical care, maternity and emergency services. Together these two health facilities, which compose St. Joseph Health – Sonoma
County, provide an array of high acuity tertiary and community
hospital services for Sonoma County’s nearly 500,000 residents.
SJHS – Sonoma County is profitable. Through the first three fiscal
quarters of 2015, SRMH showed a total profit of nearly $32.8
million dollars, while PVH showed a total profit of $3.1 million
dollars according to the California Office of Statewide Health
Planning and Development (OSHPD). Moreover, from 2010 to
2014, profits at SRMH rose from $3.8 million dollars, to $55.8
million dollars, and from $2.2 million dollars to $3.3 million
at PVH for that same period. Together, from 2010 to 2014, the
combined profits from these two hospitals rose by over 897%.

(Since the hearing, there was an update to the above information.

Francisco continues:
And yet, despite each hospital’s profitability and the critical role
that each play within the larger universe of health care delivery in
Sonoma County, both have suffered from poor patient quality care
issues, largely as a result of general cuts to their respective nursing
staff.

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<th>SURVEY</th>
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**Our own survey results (referenced above) reinforce the state’s findings and demonstrate three generalizable trends present at both SRMH and PVH:**

1. Caregivers working in nursing units/departments at SJHS of Sonoma County believe their units/departments to be inadequately staffed.
2. Caregivers working within nursing units/departments at SJHS of Sonoma County are caring for more patients generally, and more patients with higher-acuity.
3. Caregivers working within inadequately staffed nursing units at SJHS of Sonoma County are compromising the level, and amount, of quality patient care.

**Survey takers were asked a suite of questions about nursing staffing levels and patient care. Overall, the responses proved revelatory, showing a common and discernable trend across various nursing units and job classes.**

When asked, “how are the staffing levels in your unit or department”?
- 65% (34) reported that current staffing levels are inadequate,
- 13% (7) stated that it was adequate, and
- 21% (11) felt that current staffing levels were good.

When asked, “how has the level of staffing in your unit or department changed over the last three years”?
- 59% (29) reported that staffing levels became worse,
- 33% (16) stated that they have stayed the same, and
- 8% (4) reported that staffing levels had improved.

For those respondents that answered that staffing levels had worsened, we asked them to clarify why they felt this way.
- 61% (33) reported that staffing levels have worsened as a result of nursing staff seeing more high-acuity patients
- 54% (29) reported to being responsible for an increased workload
- 52% (28) reported to having more patients, and
- 48% (26) stated that the inability to recruit and retain staff led to a poor staff levels.

When asked if, “short staffing has limited your ability to provide quality patient care”:
- 74% (39) responded often
- 25% (13) sometimes, and
- 2% (1) never

When asked if, “short staffing has limited your ability to complete assigned work”:
- 62% (32) reported often,
- 37% (19) sometimes, and
- 2% (1) never

From July 2009 to June 2015, profits at SRMH rose from $3.8 million dollars, to $64.2 million dollars, and from $2.2 million dollars to $3.4 million at PVH for that same period. Together, from July 2009 to June 2015, the combined profits from these two hospitals rose by over 1041.7% (OSHPD)
Patient Care:

52% of survey respondents reporting that they are caring for more patients; 61% indicated that due to an increase in the amount of high-acuity patients, it is not surprising that nearly 2 out of every 3 respondents relayed that short staffing has limited their ability to complete their assigned work. Nursing staff overwhelmed with an increased patient load, or overcome with high-acuity patients, are either rushing through basic nursing tasks – e.g., toileting, bathing, turning, ambulation, etc. – or sacrificing them altogether. Of course, those who feel the ultimate impact of cuts to nursing staff are patients. Below are some anecdotes that nursing staff at both hospitals shared with us about the fallout to patient care as a result of short staffing:

“One day one patient call (sic) for bathroom assistance, she wait for 10 min. We and the [Care Partners] were assisting other patients & she pooped in the bed! The patient was so angry, and I don’t blame her.”

“…I get behind turning [patients]. I can’t get them up for all meals. I cannot walk them in the hallways. If we have too many patients that need assistant (sic), they may need to wait until they can be assistant (sic).”

“It takes longer to answer the [patient call] light. Folks try to get up on their own, some patients have fallen as they try & get up.”

“A bed sore acquired during hospital stay from not being turned by staff due to high acuity, low staff.”

Patient-care problems at SJHS of Sonoma County are documented elsewhere. Over the past five years, the California Department of Public Health (CDPH) has documented a startling number of patient-care problems at SJHS of Sonoma County. For instance, since 2010, SRMH has recorded the highest number of patient-care issues among Sonoma County’s seven hospitals. From 2010-2015, this hospital has totaled 593 complaints, facility self-reported incidents, state enforcement actions, and survey deficiencies. The average total among the seven other hospitals in Sonoma County over this same period was 191. PVH fared no better. According to the California Department of Public Health, PVH’s survey deficiency rate was greater than 1.5 times that of the average hospital in the County from 2010-2015.

Many of these violations may have been avoided had SJHS – Sonoma County adequately staffed their nursing units/departments. Records provided by the California Department of Public Health suggest that from 2011 through 2014, SRMH failed to meet its own staffing metric. From 2010-2015, CDPH documented 220 total complaints at Santa Rosa Memorial Hospital and substantiated 78 of these complaints. From 2010-2015, CDPH documented 34 total complaints at Petaluma Valley Hospital and substantiated 12 of these complaints. As a result, the California Department of Public Health found that from 2011 through 2015, low staffing levels at SJHS – Sonoma County played a significant in a rise in the number of preventable injuries such as the development of hospital-acquired pressure ulcers and increased patient falls. The following are excerpts from various Statement of Deficiencies and Plan of Correction forms that submitted over the last 5 years that address inadequate staffing, the development of pressure ulcers, and patient falls.

Inadequate Staffing:

• “[Santa Rosa Memorial Hospital] failed to follow its policy and procedure to use acuity system for staffing. This failure had the potential for unmet nursing care needs, and/or staff fatigue and increase potential for medical errors.” (June 16, 2014).

• “[Santa Rosa Memorial Hospital] failed to provide adequate staffing in the [Emergency Department] to ensure that intensive care unit (ICU) patients held in the emergency department (ED) were cared for at a ratio of one registered nurse to two patients, and that ED staff could take rest breaks. This failure creates the potential for unmet patient care needs due to unavailability of staff, and/or increased potential for staff errors due to staff fatigue.” (January 4, 2012).

Pressure Ulcers:

A review of the California Department of Public Health’s Statement of Deficiencies and Plan of Correction forms indicates a prevalence of facility-acquired pressure ulcers, also known as bedsores, at Santa Rosa Memorial and Petaluma Valley Hospitals. The CDPH defines a pressure ulcer as “a localized injury to the skin and/or underlying tissue as a result of pressure, or pressure in combination with friction and shear.” Pressure ulcers form when patients’ mobility is reduced and spends long periods lying in bed or sitting in a chair. Research shows that low nursing staffing levels are linked to higher adverse outcome rates, including those for pressure ulcers. On separate surveys, the state agency found that both hospitals failed to deliver appropriate skin care and wound management to patients, resulting in new pressure ulcers during hospitalization.

• “[Santa Rosa Memorial Hospital] failed to ensure that the direct care staff implemented the policy and procedure titled ‘Skin Care Guidelines - Pressure Ulcer Prevention and Management,’ which contributed to Patient 1 developing a Stage II pressure ulcer during his hospitalization.” The patient's Stage II pressure ulcer on his tailbone was initially described as a deep tissue injury with the patient’s left buttock as red purple, and the gluteal fold was dark red with broken skin. Additional assessments indicated that the patient’s pressure ulcer was “reddened and black, and unstageable” and a few days later had yellow slough [soft moist avascular, dead tissue]. The patient was discharged and referred to a local home health agency for care and treatment of the unhealed pressure ulcer, which was acquired during the course of his hospitalization.” (April 7, 2011).

• “[Santa Rosa Memorial Hospital] failed to ensure that the direct care staff implemented the policy and procedure titled ‘Skin Care Guidelines - Pressure Ulcer Prevention and Management,’ which contributed to Patient 1 developing a Stage III pressure ulcer [Stage III: full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed] during his hospitalization.” The patient was discharged and referred to the Outpatient Wound Clinic for continued care of pressure ulcer along the base of the patient’s spine. At the time of hospital discharge, Patient 1 had a pressure ulcer that had full thickness tissue loss, exposed bone, tendon, or muscle. (April 2, 2011).

• “[Petaluma Valley Hospital] failed to prevent development of a stage 3-4 hospital acquired pressure ulcer in a newborn child…the base of the wound was covered with yellow slough, automatically indicating to (staff) that one of the pressures (sic) ulcer was at least stage III.”(August 28, 2014).
Falls:

Lastly, with regard to falls, the California Department of Public Health writes the following,

• “[Santa Rosa Memorial Hospital] failed to ensure that adequate staffing was provided to meet the nursing care needs of the patients resulting in Patient 1 falling and sustaining a broken hip… The staffing sheet indicated that the unit was given an extra nursing assistant but although the staffing called for a unit secretary they were not given a unit secretary. A second staffing document dated 7/4/11 for the evening shift indicated that the required staffing hours for the shift were 58.9. The staffing hours provided were 48. Hand written on the bottom of that staffing document was the following: “Staffing horrible. No secretary provided so lead was tied to desk with calls and orders and unable to assist nurses, 3 transfer/admits. Patient fall with serious injury, rapid decline in another patient with rapid transfer to ICU…” (January 5, 2012)

AN UPDATE ON THE CURRENT STATE OF NEGOTIATIONS

DENNIS DUGAN

“I am one of the NUHW staff members working with the workers of Santa Rosa Memorial Hospital and Petaluma Valley Hospital. I am here today to talk about the ongoing contract negotiations at both facilities. One of our main efforts at the bargaining table has been to reduce the gap in pay and benefits between St. Joseph hospitals and competitors like Sutter and Kaiser in Santa Rosa – we are approximately 10% behind Sutter in wages, and as much as 30% behind Kaiser. However, so far, the proposals given to us by the employer make it seem like they want to increase that gap, not close it. For example, at Santa Rosa, the employer is proposing to move workers on to lower-quality health insurance plans with higher co-pays and higher monthly premiums.

This change was already forced on Petaluma workers, and in fact is one reason they voted to join NUHW by a six-to-one margin. At both hospitals we have proposed to lower the monthly premium cost to employees. The story is the same on benefits. Where our workers have maintained their benefits thanks to a union contract, such as Santa Rosa, the employer wants to make cuts – we actually had to stop them from illegally implementing cuts in late 2015. Where workers formed a union in response to those same cuts, like Petaluma, so far, the employer isn’t entertaining bringing those benefits back. On wages, we haven’t even seen a proposal from the employer at Petaluma, despite being in bargaining for eight months. In Santa Rosa, the employer’s combined wage and health insurance proposals would likely result in a net decrease in pay, as any raise workers would get would immediately be swallowed up by increased health insurance costs.

The second main focus of our negotiations has been to try and find a way to improve staffing levels at both hospitals, mostly by giving workers additional rights and closing the many loopholes the hospital uses to reduce staffing. For example, we have proposed a joint labor-management committee focused on patient care issues, including staffing.

That committee would have the power to request information and testimony from workers, and if we could not agree on a solution to a particular problem, we would have the authority to ask an outside arbitrator to resolve disputes. Instead of acknowledging our concerns about staffing, management’s response was to accuse us of having an arbitrator run the hospital, when in reality our goal is to provide some way of holding the employer responsible when their staffing decisions put the health and safety of patients and employees at risk. Bargaining committees at both hospitals have put in a combined hundreds of hours of their own time trying to convince St. Joseph to live up to their stated core values of compassion, service, excellence, and justice. So far, what we have seen is mostly hypocrisy and arrogance. We know they can do better.

WORKERS’ RIGHTS BOARD ATTEMPTS TO MEET WITH SJHS MANAGEMENT

Representatives of the North Bay Workers’ Rights Board attempted to make an appointment with the CEO of St. Joseph Health in Sonoma County in order to interview management and to listen to management’s side of their story. Unfortunately, management declined to meet with the Board. Management claims it cannot meet because they are currently involved in confidential negotiations with NUHW.

The management of SJHS did provide this Board with an update on what salary increases they were offering at the bargaining table. The following is the statement provided to the Workers’ Rights Board:
NEGOTIATIONS WITH NUHW: AN UPDATE FEBRUARY 22, 2016

Santa Rosa Memorial Hospital (SRMH) and the National Union of Healthcare Workers (NUHW) met again on February 18, 2016 to negotiate the terms of the new collective bargaining agreement between the parties. NUHW started the session by presenting two counter proposals on Scheduling, Categories of Employees and a new proposal about Bargaining Committees. In discussion about the Bargaining Committee proposal, NUHW reiterated that they believe that Hospital employees should be compensated by SRMH when conducting NUHW business at SRMH. While SRMH is open to looking at all options, we reiterated that as a professional organization, NUWH should reinvest its dues into its own representation. After making progress on articles that impact working conditions (Scheduling, Categories of Employees and Hours of Work), SRMH presented a counter proposal on compensation. The proposal included: Economic Improvements for Our Service and Technical Employees; 3% across the board increase effective the FFPP1 following ratification. 2% across the board increase effective the FFPP1 one year following ratification. 2% across the board increase effective the FFPP1 two years following ratification.

These increases are in addition to the annual 2% step increases most employees receive for years of service. In addition, the Hospital proposed to increase, by an additional 8% most critical need.

What is St. Joseph NOT telling us about their contract proposals?

St. Joseph management recently put out a bargaining update about their proposed wage increases but they did not mention their proposals on health insurance and other benefits. Let’s review their entire package and compare it to the economic package our committee has proposed.

WAGES

NUHW Proposal: 24% wage increase over 3 years; catches us up with Sutter Santa Rosa.
SJHS Proposal: 7% wage increase over 3 years; keeps us dead last in pay among Santa Rosa hospitals.

HEALTH INSURANCE

NUHW Proposal: Can accept the new insurance plan if monthly premium costs stay the same as they were in 2015.
SJHS Proposal: New EPO/PPO plans with premiums that increase up to 175% or as much as $1,284 per year for a family. The new plans come with higher co-pays for common services like physician visits.

PTO

NUHW Proposal: No changes to our PTO
SJHS Proposal: All employees would lose 2 to five days of PTO per year, with a lower PTO cap.

DISABILITY RESERVE

NUHW Proposal: No changes to our Disability Reserve
SJHS Proposal: Completely end the Disability Reserve and Long Term Sick programs and take all our hours away. Replace DR with a short-term insurance plan that workers have to pay $11.70-$32.60 per pay period to get. Their proposed insurance also doesn’t replace 100% wages and comes with as low as a 12-week limit.

RETIREE MEDICAL

NUHW Proposal: Keep the benefit as is; between $11,000 and $21,000 for medical expenses upon retirement for qualified employees.
SJHS Proposal: Eliminate the retiree medical benefit with no replacement.

401(a) RETIREMENT FUND

NUHW Proposal: Leave the matching alone.
SJHS Proposal: Eliminate the top two tiers of 9% and 10% matching for experienced employees.

What Could Our Wage Improvements Mean For You?

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<th>STERILE PROCESSING TECH I (6 YRS SERVICE)</th>
<th>RESPIRATORY CARE PRACTITIONER I (2 YRS SERVICE)</th>
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Nutrition Services Aide I employee who has been with the Hospital for 4 years: SJHS compensation proposal would mean a 11.5% increase over the life of the contract.
Sterile Processing Tech I employee who has been with the hospital for 6 years: SJHS compensation proposal would mean over a 20% increase over the life of the contract.
Respiratory Care Practitioner I employee who has been with the hospital for 2 years: SJHS compensation proposal would mean over a 20% increase over the life of the contract.

In response to that public communication from the SJHS management, NUHW responded by indicating that the above SJHS proposals were accurate. However, SJHS neglected to include its entire package, which includes health benefits and other compensation issues. NUHW provided their own update about bargaining that includes offers from management on pay and cuts to healthcare and retirement benefits. Also, NUHW provided a wage comparison between St. Joseph and other area hospitals.
St. Joseph Health Sonoma County pays the lowest wages among Sonoma County’s three major health systems despite being the county’s largest and most profitable hospital chain. On average among the largest classifications, starting rates for Memorial workers are 25% less than Kaiser workers and 9% lower than Sutter workers.

And while it takes Kaiser and Sutter workers just 5-6 years to reach the top of the pay scale, Memorial workers have to wait 21 YEARS to reach the highest pay rate.

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Source: Collective Bargaining Agreements for service and technical job classifications at Santa Rosa Memorial Hospital, Kaiser Permanente, and Sutter Santa Rosa Regional Hospital
1. Finding:

Santa Rosa Memorial Hospital (SRMH) and Petaluma Valley Hospital (PVH) are part of the St. Joseph Health System (SJHS) with headquarters in Orange, California, and serve a large portion of Sonoma County. In total salary and benefit compensation, healthcare workers at SRMH and PVH are compensated overall less than the two other major Health Systems in Sonoma County—Kaiser Permanente and Sutter Health. Moreover, workers more often experience unfair and stressful working conditions as they struggle to adjust to significant understaffing (see finding #3). This has led to some turnover of employees from SJHS to seek and secure work at other area hospitals. In addition, SJHS often uses temporary workers to staff positions or to fill vacant positions. These factors contribute to a decline in the quality of patient care.

Although SJHS is considered a non-profit, St. Joseph is very profitable. Through the first three fiscal quarters of 2015, SRMH and PVH together showed a profit of $35.9 million according to the California Office of Statewide Health Planning and Development (OSHPD). Moreover, from July 2009 to June 2015, profits at SRMH rose from $3.8 million dollars to $64.2 million dollars, and from $2.2 million dollars to $3.4 million at PVH for that same period. Together, from July 2009 to June 2015, the combined profits from these two hospitals rose by over 1041.7% (OSHPD).

It appears that the principal motivation for lower salary and benefit compensation is one of increasing profit, or in non-profit terminology, “surplus” or “operating margin”. It is evident that SJHS utilizes understaffing and lowered salary compensation as strategies to increase corporate profits and maintain high management salaries. This strategy to increase profits is being accomplished at the expense of its workers or on the backs of its employees.

Recommendation:

Healthcare workers within the SJHS need to be compensated at a competitive rate for salary and benefits in line with the other compensation packages at other area hospitals such as Kaiser and Sutter. SJHS should recognize that their own employees are as deserving of just compensation and treatment in preference to increased profits. This will reduce worker turnover and will increase the quality of care for patients within SJHS. The best way to achieve high quality patient care is to increase staffing and compensate employees at a fair and competitive rate.

2. Finding:

SRHS failed to be in compliance for the past 3 years with the Patient Acuity Measurement System required by California Department of Public Health (CDPH) Regulations, Title 22. According to the Staff Nurses’ Association at SRMH, there is an absence of a valid and reliable acuity measurement that determines the staffing levels for care partners (nurses’ assistants).

Nurses evaluate the needs of each patient, and then the collective accounting of the patients on a given unit is supposed to determine the staffing number of care partners and their assigned hours to the unit. Moreover, an additional nurse is supposed to do a second measurement of each patient’s acuity to insure that the initial measurement of patient needs is reliable. This procedure ensures that the staffing levels and hours are accurate, and protects the hospital from the overstaffing or from understaffing of care partners. Complaints have been filed with the CDPH. The CDPH has documented that SRMH is not in compliance with Title 22 regulations with regard to staffing according to the acuity staffing guidelines. However, the CDPH did not then monitor the hospital’s compliance with the required Plan of Correction. The lack of a valid and reliable Acuity Measurement System thus has caused severe understaffing at this hospital including severe stress to the hospital workers, and consequently has seriously reduced the quality of care for patients.

Recommendation:

SRMH must comply with the CDPH Title 22 Regulations by maintaining a valid and reliable patient acuity measurement system. Since the CDPH has already issued an order in accordance with State Regulations, Title 22., it is recommended that the CDPH then follow through and hold SRMH accountable. If the hospital does not comply, then the CDPH should implement necessary sanctions against this hospital to ensure compliance such as the implementation of fines or a loss of its certification.

3. Finding:

In the public records of the CDPH and a quality care survey of the employees of these two hospitals (see the testimony of Francisco Casique pages in this report), it is abundantly clear that at both hospitals there is significant understaffing, which is jeopardizing the quality of patient care. The majority of nurses on the survey reported that understaffing limited their ability to perform all of their work and to meet patient needs. Understaffing negatively impacts patients such as patients not being regularly cared for and the lack of a timely response to patient needs. For example, there has been a documented increase in pressure sores due to patients not being turned at regular intervals and a documented increase in patient falls due to understaffing. Insufficient staffing also leads to employee burnout and low-morale. This is of deep concern to the community, which these two hospitals are supposed to be serving.

Since 2010, SRMH has recorded the highest number of patient-care issues among Sonoma County’s seven hospitals. From 2010-2015, SRMH has totaled 593 complaints, facility self-reported incidents, state enforcement actions, and survey deficiencies. This amount was nearly triple the average total among the seven other hospitals.
hospitals in Sonoma County over this same period. PVH fared no better. According to the CDPH, PVH’s survey deficiency rate was greater than 1.5 times that of the average hospital in the County from 2010-2015.

**Recommendation:**

The SJHS must increase staffing at SRMH and PVH and their affiliated clinics in order to increase and maintain the quality of patient care, which the Sonoma County community expects and deserves. Increasing staffing to appropriate levels will also reduce and prevent worker injuries. With proper staffing and reduction of workloads, the result should be improved patient care.

**4. Finding:**

There is a history of hospital management failing to listen and respond to the concerns and suggestions of their employees. The workers at SRMH went through a multi-year, bitter struggle with hospital management to become unionized. Both SRMH and PVH have a higher number of complaints filed with the CDPH compared to other area hospitals and some of these complaints have not yet been resolved such as the acuity measurement system. Some workers are fearful of reporting their concerns to their supervisors. One of the most important reasons for creating a positive relationship and for listening to the concerns of employees is that open communication is critical to maintaining effective practices at the hospitals. Without open communication and ongoing dialogue between management and employees, the quality of care for patients is reduced.

**Recommendation:**

SJHS must recognize the benefits of developing positive relationships with employees with an open communication environment. This requires that management respond to employee communication in a spirit of support for the well being of employees so that they can effectively serve the needs of their patients. A structured system of communication should be devised which allows for employee input concerning the quality of patient care. There should be staffing committees for each department between hospital workers and supervisors where the needs of patients are regularly discussed and addressed to ensure that staffing levels are designed to meet the needs of the patients.

**5. Finding:**

It is incomprehensible to the Sonoma County community to witness a disconnect between the operating policies of the SJHS, which identifies itself as “Catholic,” and the long standing Catholic social/economic teachings regarding workers’ rights. There seems to be a blatant inconsistency between the administrative policies of the SJHS, its treatment of workers, and its Catholic identity, which is very confusing to the broader community.

**Recommendation:**

If the SJHS is to identify itself as being “Catholic,” then it should commit itself to traditional Catholic social/economic teachings with regard to worker rights. Evidence of this commitment involves justly compensating their employees with living wages, promoting positive working relationships, and providing stellar quality care for the Sonoma County community. Worker dignity can never be reduced in order to generate profits.

**Conclusion:**

In conclusion, SJHS must increase compensation for workers to remain competitive with the compensation of other area hospitals in order to reduce worker turnover; must put a valid and reliable patient acuity measurement system in place and be in compliance with CDPH Title 22 Regulations; must increase staffing to regularly and consistently meet patient needs according to the staffing matrix; must improve employee-management relationships so that patient concerns are regularly communicated to improve patient care and reduce the filing of complaints with the CDPH; and must realign itself with Catholic Social Doctrine on Worker Rights so that it can meaningfully call itself a “Catholic Healthcare System”.

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North Bay Workers’ Rights Board Recommendations

Hearing in Santa Rosa
The Workers’ Rights Board

The Workers’ Rights Board is a public forum where workers can bring complaints against employers for violating their human and legal rights in the workplace. The Board is particularly concerned with protecting the rights of low-wage workers, who are often women, immigrants, young workers, and workers of color as they strive for justice in their workplaces.

The Board is composed of 19 community leaders who intervene with employers and the public to help resolve situations that threaten workers’ rights. The Board believes that safe, living wage jobs, where workers are not discriminated against for speaking up for their rights, are the backbone of any healthy community. To accomplish its goals, the North Bay Workers’ Rights Board will attempt to resolve issues in a variety of ways.

Workers’ Rights Board activities may include:

- Meeting with employers who have been accused of violating workers’ rights or resisting efforts of workers to have a voice in the workplace.
- Holding public hearings or press conferences to expose injustices to public scrutiny.
- Supporting and strengthening the democratic rights of working people including the right to organize through community education.
- Establishing community standards about fairness in the workplace and corporate responsibility.

North Bay Workers’ Rights Board Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Institution</th>
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<tbody>
<tr>
<td>Teresa Barrett</td>
<td>Petaluma City Council</td>
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<tr>
<td>Jeannette Ben Farhat</td>
<td>Political Science Instructor, Santa Rosa Junior College</td>
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<tr>
<td>Julie Combs</td>
<td>Santa Rosa City Council</td>
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<tr>
<td>Rev. Raymond Decker</td>
<td>Executive Committee, Catholic Scholars for Worker Justice</td>
</tr>
<tr>
<td>Nancy Dobbs</td>
<td>Media Industry Management Expert on Health Issues</td>
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<tr>
<td>Rev. Lindsey Kerr, Pastor</td>
<td>First United Methodist, SR</td>
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<tr>
<td>Rick Luttman</td>
<td>Professor of Mathematics, Sonoma State University</td>
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<tr>
<td>Lisa Maldonado</td>
<td>North Bay Field Director, SEIU 1021</td>
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<tr>
<td>Daniel Malpica</td>
<td>Professor, Chicano Studies, Sonoma State University</td>
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<tr>
<td>Omar Medina</td>
<td>President, North Bay Organizing Project</td>
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<tr>
<td>Rafael Miranda</td>
<td>President &amp; Northbay Director, Teamsters Union Local 665</td>
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<tr>
<td>Matt Myres</td>
<td>Retired Teacher, Principal K-12 Education</td>
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<tr>
<td>Bonnie Petty</td>
<td>Communications VP, Santa Rosa Democratic Club</td>
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<tr>
<td>Rev. Ramón Pons</td>
<td>Parochial Vicar, St. Vincent de Paul Catholic Church, Petaluma</td>
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<td>Bleys Rose</td>
<td>Chair, Santa Rosa Democratic Party</td>
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<tr>
<td>Alicia Sanchez</td>
<td>Community Activist, Director, Bilingual Radio</td>
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<tr>
<td>Francisco Vazquez</td>
<td>Professor, Hutchins School, Sonoma State University</td>
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<tr>
<td>Gary Vysocky</td>
<td>Santa Rosa City Council</td>
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Citations for the Findings and Recommendations

2. Further information can be obtained by email: fcasique@nuhw.org
   CBA for Kaiser can be found at: [http://www.seiu-uhw.org/files/2013/05/UHW-Kaiser-Local-Agreement-2012-2016-04152013_with-cover.pdf](http://www.seiu-uhw.org/files/2013/05/UHW-Kaiser-Local-Agreement-2012-2016-04152013_with-cover.pdf)
   Latest CBA for Sutter was provided to NUHW by Sutter employee; Older version of the CBA for Sutter can be found at: [http://www.seiu-uhw.org/files/mt/assets/contracts/sutterSantaRosaContract-2012.pdf](http://www.seiu-uhw.org/files/mt/assets/contracts/sutterSantaRosaContract-2012.pdf)
Gail Hagen, who has worked for Santa Rosa Memorial Hospital for 17 years, has experienced the devastating impact of understaffing on patients and workers.

Sheri Slaydon, Ultrasound Technologist at Petaluma Valley Hospital, testified about the impacts of outdated technology and how SJHS scheduling policies affect the families of hospital employees.

Francisco Casique, researcher with the National Union of Healthcare Workers, highlighted the understaffing of nurses at St. Joseph Health of Sonoma County, and how it impacts the quality of care.