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Union readies for strike authorization vote against hospitals

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by [Timothy Roberts](#)

The union representing hospital support workers wants a say in how two San Jose hospitals are staffed.

The [Service Employees International Union-Healthcare Workers](#) has been successful in getting some labor agreements with other hospitals that allow its members to help determine staffing ratios. But negotiations with [Hospital Corp. of America](#), which owns two hospitals in San Jose, have stalled over the issue of worker involvement in staffing issues. The union expects to hold a vote in about two weeks over whether to authorize a strike.

The 950 workers represented by the SEIU want a say in how many people are needed in support roles from food service to emergency room technicians at [Good Samaritan Hospital and Regional Medical Center](#). Disagreements would go to arbitration.

Other hospitals have agreed to the SEIU's request -- most notably [Kaiser Permanente](#) -- but HCA, a publicly traded health care group based in Nashville, Tenn., is holding out.

"Staffing is especially important, and it is a management decision," says Victoria Emmons, vice president of public affairs and marketing for Regional Medical Center.

The two sides have been negotiating since February. When the SEIU contract ran out in March, it was extended to the end of April. Since then the SEIU members have been working without a contract.

After a rally featuring Jesse Jackson at Good Samaritan Hospital May 24, [SEIU-UHW](#) President Sal Rosselli said the talks had stalled over the staffing issue.

After talks on May 30, Dana Simon, administrative vice president of SEIU's hospital division, said he expected a strike vote in about two weeks.

In response to complaints from consumers, California enacted staffing ratios for nurses. Those regulations, aimed at ensuring that hospitals were sufficiently staffed with nurses, went into effect in 2004 and then were tightened further in 2005. Governor Arnold Schwarzenegger tried to delay the 2005 levels but was rebuffed. The ratio requires one nurse for every five patients in surgery wards.

When the California Legislature was consider nursing ratios, the SEIU raised the idea of establishing ratios for support workers too. The proposal failed, and the SEIU has been working ever since to convince hospitals to give its members the opportunity to shape staffing requirements.

"There is a growing recognition that just increasing nursing staffing is not enough," says Joanne Spetz, associate professor of community health systems at the [University of California at San Francisco](#). "There are anecdotal reports that some hospitals increased nurse staffing but laid off support staff." Among other things, "SEIU is concerned about job security."

The SEIU workers say they are also concerned about patient care. Workers who are part of the negotiating team said that low staffing levels were making it difficult to properly clean rooms before new patients arrive, complete blood analysis on short order, and to make checks of patient vital signs.

Good Samaritan and Regional determine staffing needs based on the number of patients in the hospitals and how ill they are, says Ms. Emmons.

But Darryl Redfield, a unit assistant at Good Samaritan Hospital, says support staff at Good Samaritan was stretched too thin recently to make mandatory checks of patients' vital signs at the assigned 4 p.m. hour. A supervisor had a solution: Make the checks as much as two hours earlier, but don't enter them into the unit's computer for doctors to see until 4 p.m.

The hospital is unaware of any such issue, says Ms. Emmons, adding that it would be considered a very serious matter. The hospitals have a process for reporting problems and an ethics hot line. An employee also can report matters to the [Department of Health Services](#), which inspects hospitals.

Regional Medical Center was cited in February 2005 by the DHS over nursing staff ratios on two shifts. The hospital has addressed the issue, says Ms. Emmons.

Mr. Simon says the staffing decisions are made by administrators at HCA's headquarters.

An HCA spokesman says that is not the case.

"Staffing levels are determined locally by local clinical staff and administrators," said HCA corporate spokesman Ed Fishbough. "It's based on need."

At Kaiser Permanente, the story is much different. In 1997, the not-for-profit hospital group signed a national agreement with SEIU covering all of its hospitals. The agreement gives the workers some say in determining a range of issues, including staffing. Disagreements go to arbitration.

Karl Sonkin, a media relations specialist for Kaiser, said the deal was so successful that last October the hospital and company approved a five-year renewal of the agreement. "The idea is that decisions about managing the hospital are best made by the people who work on the front lines," Mr. Sonkin says. "Because of this labor partnership we do a great job of patient care."

The HCA hospitals and the SEIU are scheduled to meet again June 13.

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