

April 1, 2014

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## ONA Raises Serious Concerns about the Super Float Pool and Minimum Core Staffing Proposals

Mid-January, Sacred Heart management notified ONA of their desire to reorganize the current float pool into three float pools – a RiverBend Med/Surg Super Pool, a University District Super Pool (supports all units except the ED) and a Critical Care Super Pool.

We have been in difficult negotiations over this reorganization. Management told us that it's important for the Super Float Pool negotiations to be implemented by Cycle 6 (May 18, 2014). We don't believe a major change like this should be rushed. We would be happy to discuss a short term approach to fixing the current staffing problems before pursuing this reorganization.

ONA has shared our concerns about this reorganization with the management team. We believe this reorganization has an impact on all of the units that the Float Pool supports.

- 1) **Not evidence based:** Sacred Heart management has not provided evidence to support these staffing changes despite repeated requests by the association.
- 2) **a.** The only document that we've been provided is a PowerPoint presentation

from a consulting firm, The Advisory Board. The PowerPoint recommends a change to a 60 percent full time, 20 percent part time and 20 percent per diem staffing model. It does not describe the Super Float Pool.

**b.** A PowerPoint is not "evidence." We have not received any information about patient outcomes, patient satisfaction or employee satisfaction for hospitals that use this staffing model.

**c.** The hospital names we've been provided are:

i. "Catholic Healthcare East" which is listed in the PowerPoint and is a health care system with 33 hospitals.

ii. The other system named using this staffing model is the Hospital Corporation of America (HCA). HCA is an American for-profit operator of health care facilities, the largest in the world. It is based in Nashville, Tenn. and currently manages 162 hospitals and 113 freestanding surgery centers in the United States and United Kingdom.

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**ONA Raises Serious Concerns about Super Float Pool** *continued from page 1*

l. At our last meeting, we were given St. Alphonsus in Boise. It is part of Trinity Health Care which is part of the Catholic Healthcare East system. We were not given any contact info for this facility or information about patient outcomes, patient satisfaction, employee satisfaction or any other criteria that would be used to evaluate the effectiveness of this model.

d. Nurses on our team did research and found many articles referencing staffing concerns at Hospital Corporation of America. The Association does not think it is appropriate for PeaceHealth, a mission based non-profit, to model itself after the largest for profit hospital chain in the world run by a private equity firm. See the New York Times article from August 14, 2012, "A Giant Hospital Chain Is Blazing a Profit Trail" for more information.

e. Management has told nurses that they want us to provide evidence in support of our ideas yet they have not done so for this major plan to change staffing. They've told us we can research the hospital systems that are listed in "the PowerPoint." It's their proposal! They should have done due diligence in gathering data to support their own plan.

2) **Safe Patient care:** ONA leaders met with Hospital Administration representatives several times in 2013 to raise concerns about patient safety and adequate staffing. We believe that the staffing model at Sacred Heart does need to change. However, we are concerned that this new model has more to do with saving money than delivering quality patient care. We presented several recommendations on how to address the staffing crisis and believe there are better alternatives to address safe staffing levels.

Sacred Heart has been in a critical staffing mode since the beginning of the year. How will the Minimum Core Staffing model and Super Float Pool result in a safe environment for our patients and staff? This new float pool will take months to implement – what happens with staffing needs tomorrow? This weekend?

3) **Reduction in core in all units supported by float pool:** With the Minimum Core staffing model, all of the units core staffing will be lowered and the new Super Float Pool would be counted as part of the core staff. Here's a chart that shows the current and future proposed core in each unit supported by the new float pools. None of the Critical Care units are listed because management has not yet developed a plan for the new Critical Care Super Float Pool.

The chart below shows each unit, the core staff (as of October 2013) and the future proposed core staff. The overall unit staff will be reduced by approximately 60 FTEs. The new float pool adds approximately 60 FTEs to the float pool so there is no net increase in FTE. There are more nurses because most of the new positions in the proposed float pool are part time and per diem.

Unit	Low/Ave	Current State			Current	Future
		%FT	%PT	%PD	Core FTE	Core FTE
8N Med	Ave	65%	23%	12%	40.9	35.8
7N Onc	Low	49%	35%	16%	37.3	32.5
7S Surg	Low	84%	7%	9%	41.3	32.1
6N Ortho	Low	60%	33%	6%	32.6	26.1
6S Neuro	Ave	76%	14%	9%	40.5	33.6
OHVI 5	Ave	61%	22%	17%	40.9	38.1
OHVI 4	Low	58%	30%	12%	41.2	40.2
L & D	Ave	69%	21%	9%	50.7	51.9
NICU	Ave	33%	57%	10%	49.6	46.6
M & B	Low	43%	38%	18%	44.2	34.2
Peds	Low	35%	41%	24%	18.0	12.9
SPA	Ave	58%	26%	16%	19.7	18.5
3Med	Ave	54%	38%	9%	22.8	20.3
BHS	Ave	60%	27%	13%	28.9	27.1
Rehab	Low	57%	26%	18%	12.6	10.2
RIC	Ave	58%	17%	25%	8.0	7.5
<b>Goal:</b>		<b>60%</b>	<b>20%</b>	<b>20%</b>		

4) **Skill and experience concerns:** In researching Super Float Pools, the only hospitals we could find that utilize this method, recommended a minimum of two years' experience to be part of the Super Float Pool. 50 percent of the current Float Pool nurses have less than one year experience as a nurse. ONA has concerns that the skills and ability of this new group of nurses will be stretched.

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## ONA Raises Serious Concerns about Super Float Pool *continued from page 2*

They will be expected to be competent to handle complex patients in 4 units. New nurses expressed their fears at recent staff meetings. There's a potential for new nurses to be put into unsafe situations which is not good for them or the patients.

5) **Lack of Shared Governance:** Nursing leadership has expressed an interest in Shared Governance and a goal of reaching Magnet status. However, their actions in this reorganization indicate a top down approach to decision making. Shared governance allows nurses to control their

practice, as well as influence administrative areas by allowing clinical nurses to participate in decision making processes that directly impact their practice. Nurses should be involved in the discussion about what an appropriate staffing model should like.

**Next steps:** We're awaiting a response from management and we will get back to you regarding the next steps in this critical discussion about safe staffing for RiverBend and University District. If you'd like more information on the Minimum Core Staffing Model – contact Maureen Smith at [smith@oregonRN.org](mailto:smith@oregonRN.org).

## Critical Care House Float Reorganization Complete

Sacred Heart HR contacted ONA in late September 2013 and gave notice of their intent to eliminate the Critical Care House Float (CCHF) positions and close that unit. ONA and Sacred Heart have been in negotiations over the elimination of these positions and the creation of a new Critical Care House Float unit.

We concluded the negotiations but to date have not had confirmation of the posting of the new positions. There will be six positions in the Critical Care House Float Pool – two per shift. We agreed to the provisions of the reorganization with the understanding that it would be a six month trial and that the parties would reconvene to evaluate the success of the new unit.

The last of the former Critical Care House Floats will leave their positions in late April/Early May. Nurses that are currently in the positions have rights as described in the Contract under Workforce Reduction.

We were also recently informed that Sacred Heart plans on creating a new *Critical Care Super Pool*. The timeline and details for this pool have not been shared with us at this point in time.

### Orientation/Competency

In redesigning the role and function of the CCHF, Nurses that choose to accept a role as a CCHF Nurse will be required to orient and maintain competency in the Post Anesthesia Care Unit (PACU), Emergency Department (ED) and the Intensive Care Unit (ICU). Typical orientation may be up to four weeks in the ED, four weeks in the PACU and at a minimum of four weeks in the ICU, depending on the needs of the nurse.

The positions will be posted as eight hour shifts with the following exception: while orienting to the ICU and maintaining competency, nurses will work 12 hour shifts. Day Shift CCHF nurses will work a 12 hour day shift, Night Shift CCHF nurses will

work a 12 hour night shift and Evening shift CCHF Nurses will have the option to orient either on a day shift or a night shift.

Once a nurse is competent in the ICU, the nurse will only be required to work a 12 hour shift in the ICU to maintain competency as determined by (1) the nurse asks the manager to be scheduled in the ICU or (2) the manager determines the nurse needs additional time to refresh their skills within the ICU. The same process will be followed for nurses to be scheduled in either the ED or the PACU to maintain competencies. Following orientation to the ICU a nurse may not be scheduled into the ICU for 12 hour shifts more than 3 shifts per cycle, unless by mutual agreement between the nurse and the manager.

ONA proposed a \$5 per hour differential based on our research about wages for float pools and specialty float pools. Management would not agree to any differential for

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## Critical Care House Float Pool Complete *continued from page 3*

this position. We will be discussing this further in the upcoming contract negotiations.

ONA has concerns that it will be difficult to find qualified staff for these positions. Management expects nurses to be highly competent in 3 critical care areas – ED, PACU and ICU. These nurses will occasionally have to work 12 hour shifts to maintain skills in the ICU which will change their pattern for those timeframes. The pattern changes

will be pre-posting – but it is still a dis-satisfier for nurses trying to plan their life outside of work. Also, though expected to maintain these skills and be flexible enough to float to units that have different protocols, charting and professional standards, management is not offering any incentive to attract and retain these nurses. ONA will be monitoring the implementation of this new unit.

## Meals and Breaks Task Force Makes Recommendations to Address Missed Meals and Breaks at Sacred Heart

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In our 2012 negotiations, ONA and Sacred Heart agreed to convene a Task Force to address the problem of nurses not getting all of their meal and break periods. (For the full text, see your contract, Memorandum of Understanding, Task Force re: Rest Periods, page 114)

The parties agreed that *“rest periods are essential for nurses and their ability to deliver quality patient care. The parties further agree that staff nurses, charge nurses and managers should work collaboratively to assure that rest periods are taken.”*

The task force was assigned the tasks of determining the primary causes of nurses missing their rest breaks and of making recommendations to address this issue to the Labor Management Committee.

The Task Force was truly a collaborative effort between staff nurses and managers – a good example of shared governance.

ONA Task Force Members included : James Leaf, Orthopedics (Co-Chair); Brian Smith, OHVI 5; Kevyn Taylor, UD-Medical; and Kim Zenkere, 7 North Oncology.

Management representatives were: Wendy Olsen (Co-Chair) UD-Medical and Rehab; Steve Perry, 8 Medical; and Corinne Ginet-Yeager; Nursing Administration. (Other management representatives that were participants in the initial meetings were Linda Brown and Heather Wall.)

Maureen Smith, ONA; Justin Thomas, HR; and Amie Anderson, Nursing Administration provided support for the Task Force.

The Meals and Break Task Force was given the task of determining the primary causes of Nurses missing their rest breaks and of making recommendations to address the issue. The task force was originally intended to meet over a six month period but soon determined that was

not sufficient time to do this issue justice. They decided on a trial project with three units: 8 Medical, Orthopedics and 3 Medical-UD. These units were selected in part because of the above average number of missed meals and breaks. Surveys were conducted in the 3 units at the beginning of the work and after several interventions were put into place.

Finally, the committee proposed the following recommendations to the Labor Management Committee at the February 12, 2014 Labor Management Meeting.

1. Availability lists should be visibly posted in the unit so Managers and Charge Nurses can assist in bringing staff in when there is a late sick call or other staffing need.

– Charge Nurses continue to assist in changing culture in the unit by asking nurses if they have received their breaks and finding

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## Meals and Breaks Task Force Recommendations *continued from page 4*

- out in the moment, what barriers are keeping nurses from getting a break to see if they can provide help or find assistance for the nurse. This could be completed by a mid-shift huddle or by Charge Nurses rounding on the unit.
2. Continue to encourage nurses to speak up. Not only should Charge Nurses ask if the Nurses are getting their breaks, but nurses should be encouraged to seek help from their Charge Nurse or co-workers when it becomes apparent that they are slipping behind in their work and may not get a break unless they seek assistance.
  3. Develop criteria which would allow a unit to have a resource nurse. The criteria could be based on a combination of a unit's average number of discharges, acuity, and missed breaks. If it is determined that a unit could receive a resource nurse then the unit would post a position with a specific pattern, shift length, and start and stop time to meet the needs of the unit.
  4. For example, a unit with a high number of regularly planned discharges, such as Ortho could post a position with a pattern and a start and stop time to help in the discharging of patients so the regular Ortho nurses can focus on their current patients and admits. The process for requesting and approving resource nurse positions needs to be finalized.
  5. Every effort will be made to ensure that Charge Nurses and facilitators will not take teams of patients.
- The Labor Management Committee endorsed these proposals. (Management: Tim Herrmann, Heather Wall, Barb Kessler, Ruth Franke, Linda Kroeger, Justin Thomas, Aron Gladstone ONA: Pam Van Voorhis, Lynda Pond, Nancy Deyhle, Suzanne Seeley, Kevyn Paul, Laura Lay, Maureen Smith)
- ONA will be following up with management to ensure implementation of these recommendations – especially the process for unit resource positions.

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## Support Bargaining by Joining the Contract Action Team

Nurses from throughout the hospital participated in a series of brief trainings April 19 and 20, 2014 to become part of this year's Contract Action Team (CAT), which is forming now as part of our preparation for contract negotiations at SHMC.

Our ONA bargaining team will have their hands full once negotiations start. We need nurses in every unit and on every shift engaged in the process so that the ONA team can focus on what's happening at the table and to ensure bargaining is a success.

Our goal is to make sure there is at least one CAT point of contact in every unit and on every shift. Being part of the CAT involves minimal time outside of work, so is a great way to help support bargaining if your ability to support your ONA team in other ways is limited.

Examples of CAT activities include distributing bargaining updates to the units, reminding colleagues to wear stickers or buttons in support of contract issues, and being the eyes and ears in the workplace, helping to ensure the ONA team remains rooted in what's happening in the units.

While we need volunteers from every unit, the following units are still in need of greater CAT representation:

**Anesthesia Clinic**

**OHVI 4**

**Cath Lab**

**Clinical Decision Unit**

**Emergency**

**(both RiverBend and University District)**

**Endoscopy**

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## Join the Contract Action Team *continued from page 5*

ICU and Intermediate Care Area  
(aka Step Down ICU)

IV Therapy Medical  
(both RiverBend and  
University District)

NICU

Neurology

Float Pool

Psychiatry

PACU Rehab

SPA

7 Surgical

OR

If you're interested in joining  
the CAT, please contact

**Lydia Hallay** at  
**503-807-0156** or  
[hallay@oregonrn.org](mailto:hallay@oregonrn.org)

## ONA Needs Your Help with Nurse Appreciation Events!

ONA is beginning plans for this year's nurse appreciation events. Nurse's day will be celebrated **Friday, May 9** at RiverBend, – we are still working on the date for University District and Home Care Services (May 12 or 13).

We need your help as our negotiating committee is busy getting ready for contract negotiations. This is a fun event and we usually have several hundred nurses attend. We'll be asking for help with deciding what

types of food and drink we should have, soliciting donations for raffle prizes, deciding on times for the events, deciding how best to celebrate nurses' day at each campus – including Home Care Services and more.

Contact us if you are willing to:

- Ask your favorite business to give a donation for our raffle
- Help set up or staff one of the events

- Help plan the University District or Home Care Events
- Or, any way you want to get involved!

Contact: Debbie Lund, NICU at [deblund@hughes.net](mailto:deblund@hughes.net) or Maureen Smith, ONA Labor Rep – [smith@oregonrn.org](mailto:smith@oregonrn.org). Thank you!

## 2014 ONA Convention



### Stability in the Storm

**Nursing's Role and Authority  
in a Changing Environment**  
ONA Convention & House of Delegates

*Plan to attend  
May 20 -21, 2014  
Wilsonville, OR*

Mark your calendars! The 2014 ONA Convention, "Stability in the Storm: Nursing's Role and Authority in a Changing Environment," will be held on May 20-21 at the Holiday Inn, Wilsonville.

May 20 will be ONA's Continuing Education Day and May 21 ONA will convene the House of Delegates. Please join us for an exciting educational event that explores how nurses can be the solid foundation during health care transformation and learn how we can be proactive and help lead the way through seas of change.

For More Information please go to [www.OregonRN.org](http://www.OregonRN.org)