



February 1, 2013



Newsletter for ONA Members at
Sacred Heart Medical Center

**SACRED HEART
MEDICAL CENTER
EXECUTIVE COMMITTEE**

Pam Van Voorhis (NICU)
Lynda Pond (LDR)
Suzanne Seeley (7 Surgical)
Nancy Deyhle (ICU)
James Leaf (Ortho)
Vicki Edwards (RIC-UD)

**SACRED HEART
HOME CARE SERVICES
EXECUTIVE COMMITTEE**

Billy Lindros, Hospice
Steve McClain, Hospice
Kristi Till, Home Health
Phil Zichino, Home Health

Maureen Smith
ONA Labor Relations
Representative
smith@oregonrn.org
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**STAFFING CRISIS AT SACRED HEART
NURSES SPEAK OUT!**

We all have experienced a tough shift. But lately it's every shift. And they have become more than just tough; they are down right scary. There simply has not been enough resources to deliver the level of care expected of us and more importantly, the kind of care we want to provide to our patients. Nurses have raised staffing concerns to their managers without avail. Just in this past weekend nurses filed over 20 staffing request and documentation forms (SRDF).

Two days ago, nurses from the Oregon Nurses Association (ONA)/Sacred Heart Medical Center (SHMC) Executive Committee (Executive Committee), staffing committee and professional nursing care committee (PNCC) delivered a letter regarding the staffing crisis at our hospital to Tim Herrmann, supported by the ONA 2012 SRDF report (showing SHMC as the leader in SRDFs filed over any other ONA represented facility in the state) and copies of the 65 SRDFs filed this last month alone.

We appreciated Tim's availability on short notice to meet with us and value his leadership on these important issues as an advocate for nursing and patient care at Sacred Heart. In our letter, we advocate for Tim Herrmann and other members of nursing administration to implement both short and long term solutions to the critical staffing problems at Sacred Heart. [Click here](#) to see a copy of the letter.

Many of our suggestions to address staffing issues came from the comments and suggestions that nurses submitted on the SRDF forms, as well as the experience and knowledge of the nurse leaders from the three ONA committees. We emphasized the need for voluntary call lists to be utilized and suggested incentive pay as an additional short term solution to the problem. We requested a response by February 4. An emergency managers' meeting was called the day after we delivered our letter.

Thank you to every single nurse who filled out an SRDF. It was your willingness to speak out that set this in motion. We will keep you informed of management's response and how you can be involved in next steps. The driving force behind this effort is each nurse's commitment to the excellent standard of care we want to provide.

Thanks again and in the interim, continue to voice those concerns! ONA is listening.

New Contract Arrived!

Unit representatives received contracts for all the units. Check with your unit representative if you have not received a copy.

But, if you do not have a unit representative for your department or have not received one for some reason—stop by human resources (HR).

Justin Thomas, HR labor relations specialist, has copies of the new contract in his office and is keeping track of what units have them.

ONA will be conducting a unit rep training and information sessions on the new contract language soon. Stay tuned for more details to come!

Exciting Leadership Opportunity: ONA Executive Committee Nominations Open

Nominations are open for the Executive Committee. The Executive Committee will represent the interest of nurses in negotiating the next contract and participate in labor management meetings, re-organizations, grievance work, task forces, and more.

If you're passionate about making Sacred Heart a better place to work – this is the committee to get involved in. We need your help in addressing important issues such as accurate pay, health insurance benefits, low census, floating and orientation, safe staffing levels just to name a few. Because of the change in bylaws, approved by our members, we are expanding the committee size to nine members.

All nine positions are open. Terms are approximately two years and run through the February after the next contract negotiations conclude so, most likely will end in February 2015.

You can nominate yourself or another ONA member. Please send your nomination to: Maureen Smith – smith@oregonrn.org. **The nomination deadline is Friday, February 15 at 11 p.m.** We will be holding online elections from Thursday, February 21 through Sunday, March 3.

An Invitation to Lobby Day from a Nurse Colleague

Greetings, Fellow Nurses.

I'm writing to let you know that registered nurses from around the state will soon be convening on Salem to meet with and educate our legislators on the bills and issues important to Oregon nurses, our families, patients and communities. I'm asking you to join me.

In the morning, nurses from around the state will meet together and learn about the issues before us. We'll be discussing our state's safe staffing law, what's working with it and what is not. We'll hear from state politicians who respect the voices of registered nurses (RN). After a provided lunch, we'll break up into small groups and meet with our elected officials. We'll have the opportunity to sit across the desk and share with them what matters to us and our patients, face to face.

I've had the honor of serving on ONA's political action committees for more than two years. My work with our Government Relations Department has been tremendously rewarding as I've had the opportunity to personally influence who our union endorses and helps get elected and to transform state law to improve the experiences of our fellow RNs and our patients. If you'd like to help affect this change, I encourage you to get more involved.

I did my first lobby in Salem two years ago. It was a lot of fun and felt good at the end of the day to know that I was able to personally assist our causes by introducing my legislators to the bills that ONA endorses. If you'd like to participate this year, you can sign up at www.OregonRN.org. Please contact our Political Organizer Jenn Baker (baker@oregonrn.org) if you have any questions.

Thank you in advance for your participation in Lobby Day. - James Leaf, RN

Save the date: Lobby Day: 2/19/13 8-5pm at Micah Building, 680 State Street, Salem, OR

Nurses Speaking Up En Masse Gains Attention Necessary for Change

It is precisely because so many nurses are using their voices that we caught management's attention. Keep it up! Here are what some of our colleagues had to say in their SRDFs:

"PLEASE give us staff! Our manger tells us he is in the process of asking, but we need staff NOW!!! In the meantime staff is daily asked to manage loads that are simply unmanageable. **Every day we go home feeling like we failed, even though we gave 110%**. Its psychological abuse of staff, not to mention safety of our patients."

"Hire more employees. Improve work conditions so when fellow employees are called to help out the team, they have the desire and energy to be of assistance. **Please listen, this is not safe practice.**"

"I was floated from ICU to be a 'helper.' ICU needed to bring in an RN on OT and make the super user a resource. I was assigned 17 rooms to carry out CNA duties and help in RN activities when possible. I have no training on this floor as a CNA or RN. The unit staff work very well under these situations; however, it is not possible to provide the level of care necessary for these patients. **It is totally unacceptable that patients are forced to sit in urine and/or stool; forego baths; miss meals because no one is there to feed them;** and receive medications very late. Many patients were forced to experience pain for prolonged periods of time as staff were unable to address comfort in a timely manner. The risk for hospital acquired infections is very high in this environment where health care professionals are forced to work at a frantic pace."

"Needed 5 aides for the care of 36 pts. Only had one aide for the floor and one aide to work as a sitter. Was sent an RN to work as a sitter shortly into the shift. ICU gave up their super user and we were able to utilize her as an aide/resource. One RN sent to us at 1130 and she worked as resource RN for the rest of the shift. **We had two pts needing to be fed, most of the pts did not get out of bed, did not get a.m. care done, did not ambulate.** Many orders needing to be processed but the ward clerk and charge nurse were busy answering lights, passing breakfast and lunch trays and multiple other tasks. 75% of our pts are in some sort of isolation which adds many minutes to pt care. **We were unable to discharge pts in a timely manner, thus we were unable to admit pts.**"

"**Please quit allowing us to work in these unsafe conditions, this is NOT fair to our patients.** Please help us, Please?"

Nurses Vote to Increase Local Funds

Nurse voted to increase local bargaining unit dues by \$1 per month beginning in July 2013.

Thank you to nurses who participated in the by-laws and dues increase vote. Nurses overwhelming approved both the bylaws changes and the dues increase. Because of this, your local bargaining unit will have the ability to conduct votes electronically making them more accessible to members and less expensive to conduct.

The additional dues will be used to increase stipends for nurses that participate in contract negotiations and increase funds available for member trainings in grievance work and collective bargaining as well as other uses in support of nurses at Sacred Heart Medical Center and Home Care Services.

New Members Join Staffing Committee

The committee meets on the first Monday of the month. The next meeting will be Monday, February 4.

- Labor and Delivery/Mother Baby Unit (LDR/MBU): Devorah Bianchi- primary and Holly Russell- alternate
- Intensive Care Unit/Emergency Department RiverBend/Clinical Decision Unit (ICU/ED/CDU): Quintin Ehley- primary and Linda Tewksbury- alternate
- University District (UD)- Med/Rehab/RIC: Patrick Ball- alternate
- UD-Behavioral Health/Emergency Department (BHS/ED): Sherry Tillman (re-elected)
- Ortho/Neuro: Kim Lawrence –alternate

Know Your Rights—Floating and Orientation

Recently, ONA has been contacted by RNs with concerns about management's requiring nurses to float to other units without proper orientation and citing the new contract language.

There were some changes to the contract language in recent negotiations but the stories we've heard about nurses being pressured into floating to a unit they've never worked in and taking a team of patients against their professional judgment – do not honor the agreement we reached with management.

We had a discussion about this issue at our January 16 labor management meeting. Management agreed that ultimately it is up to the nurse to determine if the assignment is appropriate. That judgment has to be honored.

If you're oriented to the patient population they're asking you to work with – you would still need a minimal orientation to the unit. If you're floated to a unit and asked to work as a certified nursing assistant (CAN), mental health tech, or any other position where you are assigned a team of patients and you don't know that patient population – you have a right to say "no." You can be asked to be a supplemental assist to any unit regardless of whether you've had orientation to that unit. The key difference is that if you're working as a supplemental assist – you do not have primary responsibility for a team of patients.

Management is in the process of educating house supervisors, staffers and unit managers about this issue. Please contact your local unit representative, Executive Committee member or Maureen Smith if you have any questions or concerns about this issue.

Here's the Contract Language

8.10 Floating A nurse who is scheduled to work on his/her regular unit may be required to float to any other nursing unit, except that nurses in the Women's and Children's Complex (NICU, Labor and Delivery, Pediatrics and Mom/Baby) will not be required to float to units outside of the Complex.

8.10.1 Float assignments. Nurses shall receive float assignments commensurate with their skills, competencies and the patient populations to which they have been oriented. Among nurses on a unit who are competent to perform a float assignment, volunteers shall be first, followed by agency, traveler and temporary nurses, then float pool nurses, and then by an equitable system of rotation among the remaining nurses on the unit. The system of rotation shall be in accordance with float guidelines established between the unit manager(s) and a majority of the nurses on the nursing unit. These float guidelines shall be written and available for review on each nursing unit. **At a minimum, nurses assigned to float will receive or will have previously received basic information needed to work on the unit, including unit layout, location of supplies, and essential unit protocols.** A Charge Nurse may be required to float when not assigned to perform the duties of the Charge Nurse for that shift. A bargaining unit nurse who is assigned primary preceptor duties for that shift shall not be subject to the float rotation for that shift.

8.10.2 Supplemental assistance. In addition, any nurse may be required to provide supplemental nursing care on any unit where the need arises, without specific unit orientation, **provided that the nurse may refuse any specific component of such an assignment that the nurse, in his or her professional judgment, does not assess is appropriate.** In such a case alternate nursing care duties will be assigned in the unit. This right of first refusal shall be limited to units where the nurse has not completed orientation specified in Section 8.9. All such assignment of nursing care shall be consistent with licensure requirements for registered professional nurses in Oregon. Such a nurse shall not be required to take a primary patient care assignment, but shall be expected to perform the functions identified in the list of supplemental assist functions formulated by the Staffing Committee.