



November 7, 2013



**SACRED HEART  
MEDICAL CENTER  
EXECUTIVE  
COMMITTEE**

- Pam Van Voorhis (NICU)
- Lynda Pond (LDR)
- Suzanne Seeley (Mom Baby)
- Nancy Deyhle (ICU)
- James Leaf (Ortho)
- Vicki Edwards (RIC-UD)
- Kim Zenkere (7 North Oncology)
- Kevyn Paul (ED-UD)
- Deb Cater (Float Pool)

**SACRED HEART  
HOME CARE SERVICES  
EXECUTIVE  
COMMITTEE**

- Billy Lindros, Hospice
- Kristi Till, Home Health
- Phil Zicchino, Hospice
- Carol Mizera, Home Health

**Maureen Smith**  
**ONA Labor Relations**  
**Representative**  
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Newsletter for ONA Members at

# Sacred Heart Medical Center and Home Care Services

## Meeting with ONA is Standing-Room-Only

Our October 30 staffing discussion with Oregon Nurses Association (ONA) Executive Director, Susan King and nurse practice staff, Connie Miyao, was a huge success! Nurses came out in overwhelming numbers throughout the day to share their concerns about staffing and to learn about the work that ONA leaders at both the local and state level are doing to address them. The event, which was standing-room-only at times, was attended by more than 70 nurses from units across the hospital.

Thank you to all of you that came to share your stories with us!

ONA's work to improve staffing at Sacred Heart will continue— but we thought it might be helpful to revisit where we've been so far. The timeline on Page 4 illustrates the already-lengthy struggle nurses here at the hospital have engaged in to bring attention to concerns around safety and patient care.

## Management Questions SRDF Submissions

During the staffing committee meeting November 4, hospital management recommended that a subcommittee be formed to review staffing request & documentation form (SRDF) events, suggesting that the high volume of SRDFs submitted in recent months are a result of a campaign waged by nurses (as opposed to legitimate incidents).

There is actually already a process in place to review SRDFs. Once a nurse files an SRDF, it is the responsibility of the nurse's manager to investigate what happened and respond to the nurse within 30 days. The committee recommended that we continue following our existing process. Creating a subcommittee was referred to the ONA/Sacred Heart Medical Center (SHMC) labor management meeting.

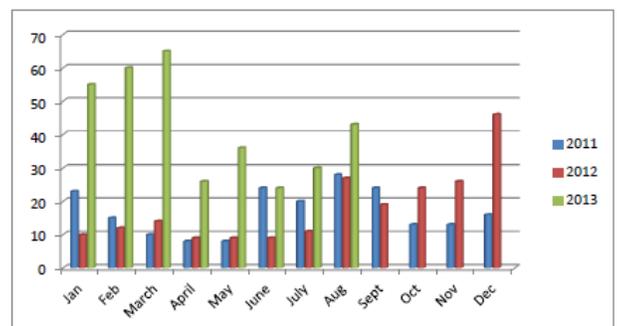
The nurse staffing committee, professional nursing care committee (PNCC), and ONA/SHMC Executive Team (Executive Team) have met on numerous occasions to discuss SRDFs and we have provided the management team with a list of recommendations for how to address the staffing crises at SHMC (see Pages 2-3). Unfortunately, we have yet to receive an adequate response to our recommendations by management.

For information about other important issues discussed during the November 4 staffing committee meeting, please visit our bargaining unit webpage.

Sacred Heart SRDFs by Month 2011-2013

(Note: these are not total number of SRDFs but total number of shifts per unit where SRDFs were filed)

	2011	2012	2013
Jan	23	10	55
Feb	15	12	60
March	10	14	65
April	8	9	26
May	8	9	36
June	24	9	24
July	20	11	30
Aug	28	27	43
Sept	24	19	
Oct	13	24	
Nov	13	26	
Dec	16	46	



## ONA Proposes Immediate, Short and Long Term Actions to Address Staffing Concerns

Below is a list of some of the recommendations that were submitted to management as part of our ongoing effort to address concerns about staffing that ONA leaders and nurses have identified at SHMC. We have asked management for a response to these recommendations but have not received one yet.

<b>Problem/Concern</b>	<b>Immediate Action (within 2 weeks)</b>	<b>Short Term Action (within 2 months)</b>	<b>Long Term Action (within 6 –8 months)</b>
<p><b>Chronic problems with weekend staffing</b></p> <p>This has resulted in mandatory overtime in neuro at least twice in recent months.</p>	<p>Re-institute incentive pay, do a better job of getting needs list to units 2 weeks in advance, make sure needs lists go to all nurses that are oriented to float to unit (including float pool) as well as unit staff.</p> <p>Use incentive pay appropriately —critical staff incentive (CSI) prior to posting, on call-called in (OCCI) and extra incentive shift (ESI) for emergent staffing needs</p> <p>Offer incentive pay to ancillary staff as well as RNs</p>	<p>Review of weekend needs, per unit and shift</p> <p>Honor requests to utilize incentive pay by unit managers</p>	<p>Weekend only positions with full time benefits</p> <p>Possibly on-call positions</p>
<p><b>Scheduling/Staffing</b></p> <p>Staffing office only has one staff person working per shift. They have increased responsibilities and are not able to adequately staff current shift and fill upcoming holes.</p> <p>Changing nurses schedules/patterns (prior to posting)</p> <p>Staffing office not able to call available staff in a timely manner to meet staffing needs.</p> <p>Needs report needs to be accurate and up to date</p>	<p>Staffing office needs immediate help. One person cannot do job effectively for this size of facility. The number of staff in the staffing office has not increased even though we now have 2 campuses and hundreds more nurses than before RiverBend opened.</p> <p>Utilize light duty RNs and certified nursing assistants (CNAs) to assist in staffing office</p>	<p>Hire more staff for this department or change process so that they are not responsible for broad scope of work.</p> <p>Get a blast texting system in place to notify all qualified staff of upcoming holes/needs.</p> <p>Diagram scheduling/staffing processes (who, what, where, when and how)</p> <p>Have a meeting with nurse leaders, nursing admin and staffers/ schedulers to discuss ways to improve process.</p>	<p>Charge nurses (CNs) have access to Kronos scheduling. CNs handle “post– posting” staffing needs for their units.</p>
<p><b>Incorrect and untimely Rosters</b></p> <p>CNs can't see number/ shifts in future or current day (with Kronos)</p>	<p>Do analysis to determine cause of problem. Is it related to the need for more staff?</p> <p>Implement suggestion of staffers posting rosters rather than printing to individual units.</p>	<p>Give charge nurses access to Kronos that includes totals and allows them to quickly visualize future needs</p>	

*(Continued on Page 3)*

(Continued from Page 2)

Problem/Concern	Immediate Action (within 2 weeks)	Short Term Action (within 2 months)	Long Term Action (within 6 –8 months)
<b>Challenges with Skill Mix — new hires:</b> new grads and new to SHMC	New grads and new hires need time to “cement” their skills before being floated to other units.  Matrix needs to be adjusted to account for new grads and new hires not being able to take full teams of patients or higher acuity.	Give front line leaders (charge nurses and unit managers) the ability to staff according to skill mix (new grads, nurses new to facility, nurses floated in from other units).	
<b>Intensive care unit (ICU) Chronically Short Staffed, causes “ripple effect” throughout facility</b>	Staff meeting / emergency unit based council (UBC) meeting with experienced staff and include Tim H, Margie Ruth, John Hill. Need administrator assigned to unit.	Root cause analysis of problems — why chronic staffing problems since RiverBend opened?  Are nurses laid off from other PeaceHealth facilities? Has there been outreach to them to help take ICU/emergency department (ED) positions at RiverBend?	ICU training program

## Help the CAT Spring Into Action for 2014 Bargaining

The bargaining table is an additional venue for us to address our concerns about staffing, patient safety and quality care. While our current contract doesn't expire until June 30, 2014, our preparations for negotiations will begin long before then. The Executive Team, made up of RNs from around the hospital who have volunteered their time to advocate on our behalf, will need help from the rest of us to win a strong agreement.

A functioning contract action team (CAT) is our best bet to win real improvements in our contract. The CAT is sort of like an “in person” phone tree, where nurses from around the hospital volunteer to be point people for communication in their unit. Our goal is to have ten percent of nurses from each unit volunteer to be CAT members. That way, the load is lightened for everyone and we can ensure that nurses on the floor (or in the field) are connected to the bargaining process in a meaningful way.

Becoming a CAT member is simple and involves minimal time commitment. Here are some examples of things CAT members in other hospitals have done to help build strength at the table:

- Share bargaining updates to co-workers
- Remind colleagues to wear buttons or stickers in support of negotiations
- Be the “eyes and ears” for the bargaining team in your unit, ensuring that important workplace issues make their way back to the table

We can't win without you! If you are interested in learning more about the CAT or would like to be notified of CAT trainings in Spring 2014, please contact Laura Lay at [Lay@oregonrn.org](mailto:Lay@oregonrn.org)

## Timeline Illustrates Ongoing Effort by Nurses to Address Staffing Issues

July—August 2012	Huron recommendations regarding staffing go into effect
December 2012	<ul style="list-style-type: none"> <li>• 46 SRDF's filed, which at the time was the largest number filed in Sacred Heart history</li> <li>• Nurse leaders identify need to meet with management to address staffing concerns</li> </ul>
January 2013	<ul style="list-style-type: none"> <li>• Nurses from PNCC, staffing committee and the Executive Team meet to discuss the staffing problems/concerns and identify steps needed to bring those to management's attention and work together on solutions</li> <li>• ONA sends a letter to Tim Herrmann, outlining nurse staffing concerns and suggesting improvements</li> <li>• 65 more SRDF's filed (55 shifts)</li> </ul>
February 2013	<ul style="list-style-type: none"> <li>• Nurse leaders meet with Tim Herrmann to follow up on concerns articulated in ONA letter</li> <li>• Responding to pressure from nurses, management announces \$1 million in staffing adjustments and staffing increases for a total of 11 units</li> </ul>
March—April 2013	Work continues in staffing committee to follow up on recommendations to improve staffing
April 1, 2013	Staffing committee sends another letter to management, articulating on-going concerns and shedding light on new problem areas (IV Therapy/peripheral inserted central catheter (PICC) team)
April 19, 2013	<ul style="list-style-type: none"> <li>• Barb Kessler responds to Staffing Committee letter</li> <li>• Decision is made to not hire travelers for med/surg units due to "seasonality"</li> </ul>
April—September 2013	<ul style="list-style-type: none"> <li>• New nurses and CNAs hired—still in the process of "on boarding"</li> <li>• Identification of clusters and push to orient nurses to float units</li> </ul>
July—August 2013	<ul style="list-style-type: none"> <li>• Management limits incentive pay</li> <li>• New nurses still in process of "on boarding," vacancies still present</li> <li>• Orientation to float units still in early stages</li> <li>• SRDF submissions begin to rise again</li> </ul>
September 2013	<ul style="list-style-type: none"> <li>• Joint committee (PNCC, staffing committee and the Executive Team) reconvenes, requesting a meeting with management to discuss ongoing concerns</li> <li>• Representatives of the joint committee and ONA's Executive Director Susan King meet with hospital management on September 30 to share concerns and proposed actions to address staffing concerns. Agreement is made to move discussion to staffing committee meeting on October 7.</li> </ul>
October 2013	<ul style="list-style-type: none"> <li>• ONA Director Susan King and nurse practice staff, Connie Mayo, host a drop-in session for nurses at Sacred Heart to share staffing concerns. More than 70 nurses participate throughout the day</li> </ul>
November 2013	<ul style="list-style-type: none"> <li>• Staffing committee reconvenes to continue discussion around nurse concerns. Management suggests that the high volume of SRDF forms is merely a "campaign" tactic by nurses</li> </ul>