

# Sacred Heart Medical Center (SHMC) and Sacred Heart Home Care Services (SH-HCS) Bargaining Update 4

May 22, 2014

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## Final Proposals Presented; Management Dismissive of Nurse Staffing Complaints

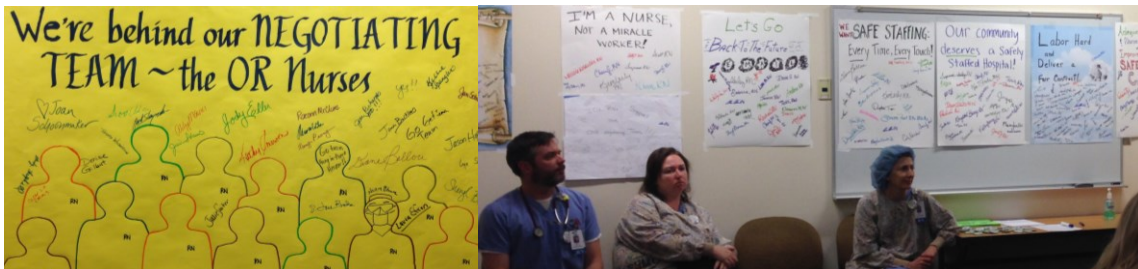
Last Friday our team met with management to present our final proposals and receive their final proposals. Surrounding our team were the many posters carrying strong messages of support and concerns signed by nurses regarding staffing. In this setting, management chose to present a document called "Attractive Features of Employment at Sacred Heart Medical Center." (See <http://www.oregonrn.org/?86>) They wanted to present a more "balanced perspective" of what it's really like to work here. This document included statements such as "Sacred Heart is committed to an elevated practice in nursing with a focus on the improvement of quality care at the bedside."

Our team heard them out respectfully, then reiterated the urgency with which the staffing crisis is affecting all the patients that receive care at our hospital. We cited

the hundreds of Staffing Request and Documentation Forms (SRDFs) filed by nurses. Instead of recognizing the problem, management was skeptical of the complaints, characterizing the SRDFs as "crying wolf" and creating unnecessary paperwork for managers. They dismissed the concerns raised by nurses as being

1. Just complaints for a missed break
2. A nurse's failure to problem solve or communicate with the manager
3. Complaining at the beginning of the shift before a problem has even occurred.

It is clearly an uphill road ahead of us. With the support, and participation of all the nurses, we will be heard, and fight for, a fair contract which addresses the serious safety concerns we have raised for our patients.



**Special Bargaining Session on Staffing: May 29, 2014 9 a.m. 200CD Riverbend.**  
Please join the team at this important bargaining session. ONA will have expert guest speakers to present critical information about staffing and the staffing law.

## Thank You Nurses! ONA Celebrates Nurses Week With Us

Many nurses joined us during three events for nurses week to celebrate our colleagues. It was wonderful having such committed staff members

take a moment to appreciate the hard work each nurse does in our community. It was a great time!



### Congratulations Nurses Week Prize Winners

- Ipad Mini:** Jeremy Robertson
- Kindle:** Robin Armstrong, Crystal Humphrey
- Massage:** Paulette Farrell
- Facial:** Amy Kessler
- Manicure:** Tawny Dwyer, Tammy Smith
- Blanket:** Andrea Moncur
- 2 Em's Tickets:**  
Phyllis Mustan, Susan Trowbridge,  
Aron Wilson, Jessica Williams,  
Sulema Miranda, Steve Pratt
- Beauty Gift Basket:** Holli Porter, Katie Bullard,  
Khrystal Berry
- Antique Butler Poster:** Maddie Tull
- Wine:** James Leaf, Lise Tilley, Heather  
Womack, Alisha Porter, Denise Gilbert,  
Kit Thienes, Alysha Maib, Mette Jensen,  
Andrea Moncur, Peggy Barnes
- \$50 Target Gift Card:** Andrea McKinnon
- \$50 Hula B's Gift Card:** Alisha Braak,  
Dana Boonstra, Doug Palzinski
- Thurston Car Wash:** Brandi Erika, Beth Flannery
- Hula B's Gift Bag:** David Larsell
- Gift Basket:** Ann Robilard





## OHA Finds Violations at SHMC

We know that safe staffing is the number one priority for nurses at our hospital. When repeated attempts to address this concern with management directly were not successful, ONA assisted nurses in filing complaints with the Oregon Health Authority (OHA). The OHA has found that Sacred Heart Medical Center is in violation of the law and is requiring management to submit a Plan of Action on how they will address the deficiencies.

We do not have the details of their findings yet but have requested a copy of the report. As soon as we have the decision, we will share it with you directly.

## Home Care Services Bargaining Update

Home Care Services had its first agency-specific bargaining session May 8, 2014. The negotiating committee presented our proposal to create a Staffing Taskforce to develop an acuity-based staffing model that takes into account driving time, meal and break time for nurses, and reasonable time frames for different patient visits and documentation. We also presented a proposal on not requiring nurses to enter their time using Kronos.

We were able to share the difficulties of trying to use this time system for field nurses and the huge number of exception log entries that the clerical staff and agency managers have to deal with each week.

ONA's proposal would have nurses go back to a paper timesheet and have the agency timekeepers then enter the information into the "My Time" system.

Management will be getting back to us on these proposals at our next session May 30, in the Siskiyou Room, Support Services Building, fourth floor (University District). *You are welcome to attend as an observer!*

## Thanks for Lunch!

Thanks to the main operating room (OR) who provided a home made lunch for our bargaining team for the session on May 16. Lunch at the previous session was from the Intensive Care Unit (ICU) and delivered by Audrey Winner. Thanks ICU!

The team just wanted to say we really appreciate the gesture. It's not just about the delicious meal. It's about what it signifies. It means nurses stand together here. It signifies that this is everyone's fight. Thanks again.

## Did you know?

- **You can get it online:** All ONA and Management proposals are available on the ONA website at: <http://www.oregonrn.org/?86>
- **May 29:** SHMC's next negotiation is a special session about staffing. 200CD Riverbend, 9 a.m.
- **May 30:** Home Care's next negotiation session. Siskiyou Room, Support Services Building, fourth Floor (University District)
- **Here's how you can help:** Nurses continued support and activism is a critical component of our work to win a fair contract.
  1. Wear an ONA pin. Share an ONA pin.
  2. Put a sign in your car and in your home window. We bet your neighbor will too.
  3. Be an observer May 29 and May 30, 2014. Demonstrating our solidarity with the team at Riverbend around staffing will be crucial to a productive dialogue with Management. Showing our support of home care nurses is central in maintaining standards for all nurses in Eugene/Springfield. *So come show your support!*



ICU colleague Larry Wilt sent two emails to management conveying the alarming conditions nurses regularly face.

Larry agreed to share an abbreviated version here to demonstrate that nurses are not alone in this struggle.

If we raise our collective voices together, our concerns cannot be ignored. Well done Larry.

**May 1, 2014:** Working conditions in the ICU

I have worked over 48 hours this week during 4 consecutive days. Our ICU has been continuously full, two out of the four day nurses received neither break nor lunch on our 12 hours shifts. It's becoming so standard that we aren't even thinking about filling out "Unsafe staffing reports" because we would fill them out every night.

I have told upper management that I believe that the problem isn't that we're too busy, but it's that we don't shut our doors when we have reached our safe staffing level.

**We have crossed that threshold every night this week. What is troubling is that this is a week not unlike ANY other in recent memory.**

We will continue to lose seasoned nurses from our ICUs if we don't try to fix our working conditions. At this point without being able to get breaks, or lunch on our 12 hour shifts, the conditions at times feel near sweatshop/war zone. This is not acceptable. We all expect that our unit will need everything we have to offer at times. None of us want to work somewhere where we are asked that we give that every time we work.

**May 13, 2014:** Conditions remain as stated

Picture this. It's almost 0400. ICU had 5 CT runs that were supposed to be already done. A chopper just landed with a trauma patient that we had to admit. One nurse was dealing with a R/O bacterial meningitis patient AND a confused craniotomy patient requiring protective staff, which we didn't have. We had two code blues tonight, with the second ending with the patient expiring. With admissions coming four at a time, the MD in the intensivist roll had to prioritize who to see first.

The nurses in SICU are not getting dinner. Last night nurses on MICU missed breaks and meals. As I have stated before, **nobody has even mentioned filling out an unsafe staffing form. This is not because conditions are safe, but because this has become standard operation.**

When nurses in the ICU do not have the required time and resources to regularly assess for slight changes indicating bigger problems, little problems can quickly become devastating setbacks. As nurses in the ICU, your greatest resource is our ability to head off a complication before we are called into action in a lifesaving ACLS capacity. **No RN wants to feel like we could have helped avoid a patient's declining condition. Instead we skip breaks and we skip meals. So far, more often than not, we are lucky and no irreparable damage has been done.** What I would like to see happen is what I would call better "Traffic control". I believe that we are in condition RED in the ICU. Our charge nurse hasn't

**Please stop filling our units past a safe level.**

**It is reckless, dangerous to our patients, and it pushes us to the point that we cannot possibly do everything that we would normally do for our patients.** Tonight with no help, we have two balloon pump patients (1:1). One patient had antibiotics delayed because the nurse couldn't get them up on time with the pace that the unit is running. We have just transferred out a patient so that we can get another patient into that room without the resources to adequately admit the patient. We can only hope that the patient doesn't crump as we all know can happen. Still the hospital remains open to traumas, which is supposed to be 1:1 for the first 8 hours. Yet the house supervisor is still asking us to admit.

We're stretched too thin. I hope this message doesn't come off too harsh but I don't feel this is an exaggeration. Tonight I have heard throughout the unit more times than I can count "I'm not coming in tonight no matter what."

**We have a team here in the ICU that will break their backs to get the job done. But you can't let their backs get broken every night."** - Larry Wilt, RN

been able to stop and look at the exact criteria. It feels like RED. When we are stressed we need extra help to allow us to properly assess our situation. It cannot be done on the fly when we are constantly adding task upon task to our only help (our charge nurse).

Maybe the house supervisor could slow the traffic into ICU and make sure we are ready for each incoming patient, before they come through the doors four at a time. And if we are in condition RED, please close the doors to more traffic until we can notch it back from the RED. Being lucky while flying by the seat of our pants should never be considered the same thing as being a "Center of Excellence"

**Now imagine for a moment that you are the next patient coming through the door, and the MD is prioritizing your spot in line to be assessed. How long do you want to wait?** When your nurse can break away from their other very sick patient, would you like them to have time to properly assess your situation and whether it is improving or worsening? There were not many baths done tonight, these small tasks that get swept aside leave our patients at an increased risk for infections. These are situations that actual patients tonight in our ICU were facing. I'm not trying to dramatize the situation. I worry that maybe you do not fully understand what it means to be at the bedside on another night like tonight and thought you should get an accurate picture."

Sincerely - Larry Wilt, RN