

July 17, 2014

#### Sacred Heart Medical Center Negotiating Committee

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NICU  
Lynda Pond, RN, LDR  
Suzanne Seeley, RN  
Mother Baby  
Nancy Deyhle, RN, ICU  
Kevyn Paul, RN, ED-UD  
Beth Harvey, RN  
Float Pool  
Kim Stroda, RN  
7 Surgical  
Erin Smiley, RN  
8 Medical  
Kellie Spangler, RN, OR  
Annie Maguire, RN  
Regional Infusion Center  
Laura Lay, RN, Mother  
Baby - Alternate

#### Sacred Heart Home Care Negotiating Committee

Billy Lindros, RN  
Hospice  
Phil Zicchino, RN  
Hospice  
Susan Walters, RN  
Home Health  
Terri Dean, RN  
Home Health  
Kristi Till, RN  
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## No Agreement

Our last unmediated bargaining session ended Wednesday without a tentative agreement (TA). The next (and so far, last scheduled) bargaining session will include the assistance of a Federal Mediator and will not be open to observers. It's scheduled to take place Wednesday, July 23, at RiverBend.

Our ONA Team continued to emphasize the need for an immediate solution to the staffing crisis. The medical center's proposed solutions – hiring travelers, creation and implementation of the Super Float Pool – could take months to carry out. However, nurses can't wait that long.

Another proposed solution to the staffing crisis by administration is to limit nurses' ability to use paid time off (PTO). So far, the employer continues to hold fast on their proposal to

count the Family Medical Leave Act (FMLA) and Worker's Compensation leave in the number of approved PTO spots. Our ONA team believes there are better ways to address staffing than denying nurses their time off.

We expressed our concern with the number of vacancies in the Super Float Pool (there are 48 vacancies in the Med/Surg Pool as of July 15 and a total of 48-55 new positions in the Critical Care Super Pool). Until these vacancies are filled, we believe incentive pay needs to be increased. We also believe that a differential of \$2.50 an hour is critical to help attract and retain nurses in those positions.

We did make some progress at Wednesday's session in that the Medical Center agreed to drop the most egregious part of their proposal

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## Vote Now to Authorize Informational Picketing

The ONA Bargaining Team is depending on nurses hospital-wide to vote on whether to authorize further action (informational picketing) in support of our bargaining.

### VOTE ONLINE

**Began Thursday, July 17 at 0800 and  
Ends Wednesday, July 23 at 1200**

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## Staffing Committee Responds to Email from Tim Herrmann

**Sacred Heart Nurse Staffing Committee Statement in response to Tim Herrmann's July 1st email addressed to all Oregon West Network caregivers. This statement was presented by Staffing Committee Co-chair Nancy Deyhle during the July 7 Staffing Committee meeting.**

In his email titled "OHA accepts SHMC nurse staffing plan," Tim Herrmann, RN, VP, Patient Care Services stated, "The Oregon Health Authority (OHA) survey contained no findings of unsafe staffing conditions."

We disagree with that statement and do not believe that it accurately portrays the care concerns raised by the Registered Nurses at Sacred Heart Medical Center.

The investigators of the Oregon Health Authority (OHA) complaint investigation found numerous violations of HB 2800, Oregon's Nurse Staffing law.

Mr. Herrmann also reported that there was collaboration between the Nurse Staffing Committee and hospital nursing leadership to develop the Plan of Correction for the OHA findings. Direct Care Nurses on the Staffing Committee were not given the Deficiencies Report or the Plan of Correction prior to the June Staffing Committee despite numerous requests. The Plan of Correction was developed by nursing administration.

Staff nurses on the committee meet prior to the joint staffing committee to prepare for the afternoon session. They did not have access to these important documents to review before the June meeting. Instead, the reports were distributed in the second half of the meeting. Attention was divided as there was also a different presentation occurring at the same time by the network regulatory specialist. Nurses only had the documents for approximately one-and-one-half hours. At the meeting's conclusion, nurses were then asked to return the documents.

The Staffing Committee Co-Chair, Nancy Deyhle, was the only staffing committee member to have access to the documents after the meeting and she had to sign a non-disclosure agreement and agree not to discuss the document or share with anyone else.

That's not our definition of collaboration. Withholding this information limited us from being a part of the process to determine how to address the violations.

Specific findings from the State that demonstrate SHMC permitted unsafe staffing conditions include:

- 1) "Failure to utilize current nationally recognized evidence-based standards" to ensure adequate staffing and skill mix. These standards provide for safe patient care.
- 2) "Failure to use an acuity system" to ensure appropriate staffing levels for safe patient care.
- 3) "Failure to maintain a clear and consistent hospital-wide, on-call nursing staff list and procedure." Failure to have these replacement staff for illness, vacations, emergencies or patient fluctuations is potentially unsafe.

- 4) Failure to ensure and or document qualifications and competency of nurses regularly assigned to units as well as those nurses who float or are assigned "overflow" patients." One example of the numerous instances cited in the report, noted that ICU patients were "boarded" on other hospital units because the ICU did not have the capability or capacity to admit the patients. Nurses in those units didn't have the ICU competencies to safely care for the patients.
- 5) "The 'buddy system' used to cover patient assignments while staff take breaks and meals results in an unacknowledged and unaddressed increase of the nursing staff patient load during those times." Nurses have reported that this is a major barrier to being able to take a break due to leaving their patients and other nurses on the unit in a potentially unsafe situation and in violation of the staffing plans.

The findings from the State represent what we have been saying to you for over a year, which is staffing at Peacehealth is unsafe, inadequate and is in violation of Oregon's Nurse Staffing Law.

Tim Herrmann's email seems to be an attempt to minimize and discredit the concerns raised by nursing staff to the OHA. We are disappointed in his taking this approach rather than engaging with the direct care nurses through the staffing committee work. We have formally raised concerns with him since February of 2013 and only went to OHA after we felt our attempts at collaboration were not being reciprocated.

Most of you are licensed registered nurses and as documented in the Oregon Nurse Practice Act, have as much of an obligation to patients as those of us in direct care. It is your ethical duty to ensure that the units you administer are staffed in accordance to our staffing plans.

We are asking you to do the following:

- 1) Send this statement as an email to the Oregon West Network Caregivers.
- 2) Address the deficiencies cited above and in the OHA Report by including the entire staffing committee in the on-going development and enhancement of the Plan of Correction.
- 3) Hold a September Staffing Committee Meeting to continue this important work and ensure that nurses get time off to attend this meeting.
- 4) It's crucial for you to recognize that there is an on-going issue with staffing at Sacred Heart. This needs to be acknowledged by nursing administration so that we can begin to solve those problems together. These problems continue today as illustrated in the most recent SRDFs, inadequate weekend staffing and mandatory overtime.

## What We're Still Fighting Over

<b>8.5 Meal and Rest Periods</b>	<p>This is one of our top priorities in these negotiations. We've heard repeatedly from nurses that they need to stop missing their meals and breaks. Research shows a clear link between nurse fatigue and negative patient outcomes.</p> <p>Sacred Heart administration responded to ONA's proposal with modifications that would give units the ability to revise their meal and break plan to include short shift or alternative start time positions (e.g. 0900-1730) to facilitate meal and break relief. ONA countered that proposal with new language stating that a unit plan would be implemented even if it was "not cost neutral." We also believe these positions should be supplemental to the current core staff. In response to our proposal that "every effort would be made so that a Charge Nurse or facilitator would not take a team of patients," they came back with "reasonable effort not to assign charge nurses or facilitators <i>a full patient load</i>, unless otherwise agreed to..." We think the wording should be that Charge Nurses and Facilitators should not be responsible for a "primary patient assignment" if they are to facilitate meals and breaks and do the rest of their already difficult job!</p>
<b>8.3 Advance Authority</b>	<p>We're close to agreement on this proposal. The goal is to not put so many barriers in place for nurses to get their incremental overtime approved, it discourages nurses from accurately reporting their time. It is extremely important that nurses accurately report their time!!</p>
<b>8.6.5 Mandatory Overtime</b>	<p>Nurses know that the medical center does not "maintain and post a list of on-call nursing staff or staffing agencies that may be called to provide qualified replacement or additional staff in the event of emergencies, sickness, vacations, vacancies and other absences of the nursing staff that provides a sufficient number of replacement staff for the hospital on a regular basis." ONA's proposal requires the medical center to utilize agency nurses when available and to offer the highest incentive pay premium (without exceptions) to bargaining unit nurses to fill these shifts.</p> <p>We are close to an agreement on this proposal but it's part of administration's overall package of proposals on staffing. The Sacred Heart Medical Center (SHMC) is also starting a new availability process that they hope will improve communication regarding staffing needs/holes and nurse availability.</p>
<b>8.10.1 Float Assignment</b>	<p>ONA revised our proposal so a nurse can only be floated and given "in the moment" orientation if the nurse agrees. This puts the professional judgment of the nurse first in determining whether a float assignment is safe. We made some progress on this proposal but SHMC wants to hold onto their ability to give nurses <i>in the moment</i> orientation if they have the skills and competencies for the patient population.</p>
<b>8.12.4 Placement on Low Census</b>	<p>Currently, nurses can be placed on call for the first half of their shift if mandatorily low censused. This proposal is still on the table although the SHMC negotiating committee signaled that they may be willing to withdraw this proposal if we agree to other proposals in their staffing "package."</p>
<b>9.2.3 Incentive Pay</b>	<p>ONA has proposals on the table to put incentive programs into the contract that don't have all the exceptions and loopholes of the current plan and provide the needed financial incentive for a nurse to give up their personal time and work beyond their full time equivalent (FTE) to ensure adequate staffing for safe patient care. We stressed again the importance of having a real incentive to get adequate staffing to provide safe patient care.</p>
<b>17.8 Staffing</b>	<p>This article provides the process for Staffing Request and Documentation Forms (SRDF) and immediate supervisor responses. We're close to agreement on this provision and have been able to get nursing administration to "re-commit" to responding to SRDFs and responding to them in a timely manner.</p>
<b>18.4 Nursing Care Delivery</b>	<p>This article covers the staffing committee and staffing plans. Progress was made on this article and management agreed that staffing plans should take into consideration "admissions, discharges, transfers, on each shift." They will not agree to including meals and breaks and non-direct care but the team feels that this new language is a good step to help the staffing committee in strengthening unit staffing plans.</p>
<b>Appendix B— Scheduled Time Off</b>	<p>Administration is holding strong on this proposal. The medical center wants to allow nurses on FMLA and Worker's Compensation to count in the number of nurses allowed off. We think that rather than trying to address staffing by not allowing nurses their hard earned PTO, nursing leadership should work to hire more per diem nurses, more float pool nurses, and temporary nurses to fill the holes. ONA wants to maintain current contract language.</p>

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in Appendix C (regarding call in Surgical Services). Previously, they had wanted to change the exemption for taking call to 15 years of work AND 60 years of age. Our ONA Team opposed this because it meant that nurses who've worked 13 or 14 years but are still only 45 or 50 years old would have been forced to take call for many more years. Getting the employer to drop this part of their proposal is a big victory!

Administration packaged their proposal regarding mandatory meetings (moving from two (2) hour minimum pay for mandatory meetings to instead paying nurses for actual time in mandatory meetings) with their proposal to have Shared Governance utilize up to 20 percent (\$39,000) of education funds. ONA put forward a counter-proposal that would keep our education funds intact with an agreement to a maximum of six mandatory meetings per year at a minimum of one hour pay. We have not reached agreement on that package proposal.

On wages, we were disappointed not to see more movement from administration. They have proposed a 1 percent cost-of-living (COLA) increase following ratification, 1.25 percent July

1, 2015, 1.5 percent July 1, 2016 (representing an increase of only 0.25 percent beyond their initial proposal) and no new top step. The only other move administration made on economic proposals was increasing the preceptor pay differential from \$1.35 to \$1.50 per hour. ONA has proposed a 3 percent COLA per year for two years and a new top step, along with other differentials, designed to keep us in line with other Peace Health facilities and the market. Without a new top step, Sacred Heart Hospital will fall behind other PeaceHealth facilities for nurses that have been employed 25 years or more.

For retirement, SHMC is now proposing a "reopener" which means that they could re-open the contract if they want to change the retirement plan and we could strike if we can't come to agreement. Our ONA Team does not support this.

We have a lot of issues on the table as we head to mediation—approximately 27 proposals. We will be holding a member meeting after next week's mediation session. Stay tuned for more information about date and time(s).

## Thanks for Your Support!

The ONA Team would like to thank the following nurses/units for providing food and refreshments during our negotiations on July 9 and 16. We appreciate you!

- Mother/Baby unit for homemade lunch July 16
- Jaime Farnham from Operating Room for bringing pizza and snacks July 16
- John David Bulliard and Pam Finley from PACU for bringing homemade lunch July 8

- Marianne Zundel and Johnson Unit nurses for the contribution towards refreshments July 16

Also, thank you from the following nurses for their note of support: Frieda Miller, Mette Jensen, Nancy Besaw, Janet Clark, Barb Bergenser, Jan Dietrich, Jobina McGilliverb, Amy Young, Johanna Jaquette, Janice Eubank, Holly Russell, Janet Dilbeck.

## Jesse Kennedy, Sacred Heart RN, elected to American Nurses Association Board

Jesse Kennedy, a SHMC RN, Float Pool, was recently elected Director at Large on the Board of the American Nurses Association (ANA).

Founded in 1911 and including more than 100,000 members across the country, the ANA is the pre-eminent nursing association in the United States. The ANA plays a large role in setting health policy across the nation.

The ANA Board of Directors is composed of ten members who help to set ANA policy, in combination with resolutions from the Membership Assembly and feedback from the membership as a whole.

Kennedy says of his new role, "I will ensure that all of the ANA membership is heard and their concerns are addressed at the national level. My goals of office are to ensure that new graduates have access to the wealth of knowledge and

information that ANA and state affiliates have to offer."

As the immediate past president of the National Student Nurses Association, Kennedy is uniquely positioned to understand and reach out to the more than 150,000 new nurses that join our profession every year.

Congratulations, Jesse!

