

Sacred Heart Medical Center Executive Committee (SHMC)

Co-Chair: Lynda Pond,
RN, LDR

Co-Chair:
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Secretary:
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Mother Baby

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Karl Christman, OR
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8 Medical
Kim Stroda, RN,
7 Surgical
Grievance Chair
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Mother Baby

Sacred Heart Home Care Executive Committee

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Home Health
Vice-Chair:
Shirley Holfeld, RN
Home Infusion
Maggie Yokum, RN
Home Health
Cindy Rasavage, RN
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Oregon's New Hospital Nurse Staffing Bill – Senate Bill 469

The Oregon Legislature and ONA successfully passed improvements to Oregon's Hospital Nurse Staffing Law in 2015 – Senate Bill 469 (SB 469). These changes build on Oregon's collaborative staffing committee structure by

- Improving much-needed state enforcement
- Empowering staffing committees
- Helping resolve impasses
- Enhancing transparency
- Increasing accountability

Read on for a review of new improvements to the law.

Improves Enforcement:

Increases the frequency of staffing audits and reduces the time staffing complaints go unresolved.

- Requires hospitals to be audited every three years
- Requires state to initiate on-site investigations within 60 days of receiving staffing complaints

- Requires state to re-survey facilities with approved plans of correction within 60 days of correction plans implementation
- Requires state to interview co-chairs of staffing committees as part of audits and investigations

New enforcement provisions take effect immediately.

Empowers Staffing Committees:

Specifies that staffing committees have the final say in staffing plans. Modifies membership of staffing committees.

- Staffing plans passed by Hospital Nurse Staffing Committees (HNSCs) must be implemented by hospitals, with limited emergency exceptions
- HNSCs must meet quarterly or at the call of either co-chair
- Members of HNSCs must be released from regular assignments to participate in committee work

Oregon's New Hospital Nurse Staffing Bill continued from page 1

- Each hospital specialty unit must be represented on the staffing committee by a direct-care RN
- Creates a new position on HNSCs for a non-supervisory, non-RN, direct-care staff member whose services are covered by staffing plans
- The non-RN, direct-care staffer will join the HNSC as part of the direct-care staffs' fifty percent membership
- If an HNSC cannot agree to a staffing plan, either co-chair can call for a 30-day pre-impasse period to work towards a resolution
- After the 30-day pre-impasse period, an HNSC begins a mediation process
- Any agreement reached with a mediator must be based on the staffing plan requirements
- If there is no agreement after 90 days of mediation, the Oregon Health Authority (OHA) may fine the hospital

New staffing committees must be formed by January 1, 2016.

New staffing plans must be implemented by January 1, 2017 or on approval of staffing committees if prior to 2017.

Existing staffing committees and plans remain in place until new staffing committees and plans are implemented.

Additional Staffing Plan Requirements, Regular Review:

Creates more comprehensive staffing plans and a more thorough review process.

- Staffing plans must consider admissions, discharges, transfers, breaks and additional non-direct care required tasks
- Plans cannot rely *solely* on external benchmarking measures
- Regular review of staffing plans by HNSCs must be completed annually
- Reviews must include: patient outcomes, reports of inadequate staffing, staffing complaints, staff overtime, hours per patient day, deviations from staffing plan, and other factors determined by HNSCs
- ***New staffing plans must be implemented by January 1, 2017 or on approval of staffing committees if prior to 2017.***
- **Helps Resolve Impasses:** Creates mediation rules to promote agreements.

New impasse rules must be implemented by January 1, 2016.

Enhances Transparency:

Increases access to staffing information.

Oregon's staffing law and instructions on how to report a violation must be posted on each hospital unit in areas visible to the public

New transparency requirements must be implemented by January 1, 2016.

Increases Accountability:

Creates a collaborative advisory board to ensure best practices.

- Creates a 12 member advisory board to advise the OHA
- Advisory Board will resemble collaborative staffing committee model and include equal representation from direct-care staff and nurse managers
- Advisory Board will identify nurse staffing trends and problems and advise OHA on administration of the staffing law
- Advisory Board will report annually to the Legislature

New accountability provisions take effect immediately.

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Makes Changes to Mandatory Overtime:

Establishes reasonable limits on use of mandatory overtime.

- Specifies that nurses cannot be required to work beyond the agreed-upon, prearranged shift
- Specifies that a hospital must provide a 10-hour rest period after a nurse works 12 hours in a 24-hour period
- HNSCs will review patterns of overtime utilization

New overtime provisions take effect immediately.

To learn more about Oregon's nurse staffing law visit www.OregonNurseStaffingLaw.org

Meeting for Nurses in 7 Surgical to Discuss Concerns

Several nurses from 7 Surgical have contacted ONA recently with questions & concerns. ONA representatives are interested in hearing from unit RNs and have scheduled meetings for nurses to come and talk about what's been happening in the unit. There are two meetings scheduled. Please attend the one that is most convenient for you.

**Tuesday, August 4 – 1:00 - 2:30 p.m.
or 3:30 p.m. – 5:00 p.m. Room 200 FA***

*The conference room is in the row of rooms between the chapel and the cafeteria above the main lobby. If you can't make the meeting but would like to share your questions/concerns, please email Lydia at hallay@oregonrn.org.

Hospitalist Negotiations Stall Medical Center Opposes Fundamental First Contract Provisions

Sacred Heart Medical Center's administration remains in opposition to a viable hospitalist union at Sacred Heart. Following ten negotiating sessions since January of this year it has become apparent that the Medical Center does not support a shared governance approach to hospitalist services. Their proposals do not support the physicians having a voice in their workplace.

Pacific Northwest Hospital Medicine Association (PNWHMA) an AFT Union is being represented in these first contract negotiations by the Oregon Nurses Association. Rajeev Alexander, Arturo Salazar, Michelle Birdseye, David Swartz, Shekhar Ojha, and Dan Abernathy (ONA staff) makes up the negotiating team for the hospitalists. Staff members Paul Goldberg from ONA and Rethea Morris from AFT have also participated.

The lack of progress is due to SHMC's administration, not the hospitalists. The physicians came to the table prepared to negotiate, and have submitted all of their non-economic initial proposals (including compensation) back in March and April. The Medical

Center's team frequently comes to the negotiating table unprepared, without proposals, without explanations and unwilling to explore compromise positions. It took them until our 10th session simply to offer a comprehensive response to the physicians' proposals. At the last two-day session, only one member of their team attended, July 23 when their attorney conveyed periodically throughout the day that she had nothing more to present. On July 24 one team member and Interim Hospital Medicine Administrator John Relic presented for the first time a comprehensive response to most outstanding provisions This response consisted mainly of the rejection of the hospitalists' key proposals.

SHMC's proposed "responses"

- Article 10. **Staffing cap** on the number of maximum patient encounters per day per shift.
NO
- Article 16. **Independent Exercise of Professional Judgement** consistent with current standards of medical care in the state.
NO

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Hospitalist Negotiations Stall *continued from page 3*

- Article 5. Discipline, including the concept of **progressive discipline**
NO
- Article 1. Recognition and Membership, including **fair share payment and pay check dues deduction** for the viability of the union.
NO

With the above rejections SHMC has proposed a comprehensive **Management Rights** provision that includes any right not expressly abridged by a provision of the contract, including the ability to unilaterally act regarding the composition of the workforce, staffing, standards of performance, work schedules and assignments, subcontracting, team composition, etc. They have also rejected any **past practice provision** that would hold them to mutually recognized and long-standing past practices.

Discussions Continue

SHMC did propose a conceptual economic package that included a base wage increase and an individual and group bonus structure. It did not, however, clarify compensation for committee work, extra shift pay and other key elements of a compensation package. Part of this proposal was also to increase the number of shifts worked by the physicians per month. SHMC and the hospitalists are also continuing to discuss provisions dealing with a grievance and arbitration procedure (SHMC proposes to exclude performance improvement plans) and the scheduling of personal time off.

There have been some tentative agreements as well. Issues have been resolved like cell phones, severability, laundry/lockers and professional development. A total of seven provisions have been reached.

Next Steps—What Now?

Safe staffing, particularly a safe patient load, is the primary reason that the hospitalists formed a union. The physicians need to have a voice in their workplace, including in the care of all of our patients. It is not acceptable for administrators to exclusively decide how to save dollars--in a time when Oregon hospitals have never been profitable. They are acting very much like they have in the past, apparently forgetting that the physicians not only have a union, but that they are not alone in this fight.

ONA and SEIU, as well as AFT and other AFT PeaceHealth nursing unions (WSNA and AaNa) are all committed to achieving a viable voice for all employees of PeaceHealth when it comes to taking care of our patients.

The next negotiation session is Aug. 26 – we are asking you to join us in taking actions and escalation in response to SH's untenable positions and opposition to our first contract.

The Hospitalist's will be meeting in August to plan their next steps and how we can help.

Sacred Heart Home Care Services Update

Sacred Heart Home Care Services ONA members had a fabulous time at Hop Valley July 23 to socialize, connect and review items for our next labor-management meeting scheduled for August 5. We had more than 10 nurses join in the fun and conversation about how things are going in Home Health, Hospice and Home Infusion.

Items on our Labor Management agenda include nursing staff safety concerns, especially addressing safe care of

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Pictured left to right: back row -Susan Walters, Maggie Yokum, Allison Tharp, Shirley Hofeld, Renee Beam. Front row—Charlotte Miller and Cindy Rasavage

Welcome, Claire Syrett!

As you all know, this has been a busy time for ONA at Sacred Heart Medical Center (SHMC). The on-going staffing issues, numerous contract violations and grievances, reorganizations and upcoming negotiations, have led to ONA's decision to add another Labor Representative position to represent nurses at Sacred Heart Medical Center and Sacred Heart Home Care Services.

We're pleased to introduce Claire Syrett who will be transitioning into her new role this September. Claire will be working with Maureen Smith and your local Executive Committee members to meet members and determine how the work will be shared.

Claire Syrett joined ONA in December of 2014 and has been representing nurses at Bay Area Hospital, Coquille Valley hospital and a public health unit in Coos Bay/North Bend.

Claire brings a wealth of union and community organizing and advocacy experience to her role as labor relations representative. She served two years as the executive director of a Eugene based non-profit working to prevent childhood obesity and

five years as the field organizer and then field director for the ACLU of Oregon. Claire also worked as an organizer for the Eugene/ Springfield Solidarity Network/ Jobs with Justice and Lane Community College Education Association, and as a bargaining cadre for the Oregon Education Association. Claire is a dedicated union activist with a long history of working to build labor power. She was chosen as the Emerging Labor Leader by the Lane County Central Labor Council in 2004.

In addition to her ONA position, Claire is an active community member currently serving her first term as Eugene City Councilor for Ward 7 where she led the successful effort to pass an earned paid sick time ordinance covering all workers in the city of Eugene. In her free time, Claire serves on the board of directors for the Network for Reproductive Options and also enjoys hiking and birding throughout western and central Oregon with her husband and their dogs. Claire can be reached at syrett@oregonrn.org.



Update on RiverBend Emergency Department Reorganization

The emergency department (ED) at RiverBend is going through their reorganization selection process Wednesday, July 29. ONA and the Medical Center concluded their negotiations on the rules for the reorganization on July 8. Nurses have been scheduled for 10 minute appointments in seniority order all day on the 29th. Any nurse who gets "displaced" in the reorganization is able to schedule an appointment for the 30th in order to have another opportunity to select a position. Displacement rights continue for a year after the new positions are implemented in September. "Displaced" means that you had to choose a position –

involuntarily – that had a different FTE, shift length or start time from your current position. This reorganization increases the number of 12 hour shifts and aligns most of the Emergency Department shift start times with the rest of the Medical Center. Administration believes that 12 hour shifts will help attract new nurses to the unit. The nurse representatives on the ONA reorganization team worked hard to ensure that the changes also helped to retain the current experienced staff. The ED has lost approximately 15 nurses since March and there were 29 vacant positions when the reorganization

negotiations began. ONA hopes that administrators are able to fill the vacancies with these changes – the RiverBend ED has been struggling with staffing due to increased patient volumes for some time. Thanks to the nurses who volunteered their time and brain power to this reorganization: Jeremy Kaufman, Nicole Francis, Ally Silvey, Sean Brandt, Emily Griffith, Corrine Johnson and Nancy Deyhle!

"To see the finalized agreement regarding the reorganization, go to http://www.oregonrn.org/resource/resmgr/Sacred_Heart/SHMC_MOU_2015-06-29.pdf

Pediatric Shift Length Update

The survey results came in for the pediatrics unit. Nurses were asked questions about whether they preferred to maintain their eight hour shifts or move to 12 hour shifts.

The nurse manager, Lisa Quezada, had already shared with staff that nursing administration would support what a majority of nurses on the unit wanted as far as shift length but they would not support a blend of eight and 12 hour shifts because of the difficulties in scheduling and managing that mix.

33 of 36 nurses participated in the survey and 79 percent of those that responded said that they

wanted to maintain their eight hour shifts. Nurses shared concerns about fatigue from long hours and the potential impact on patient care. They also raised concerns about long days away from family.

The survey results were shared with the unit and the manager. The Association knows that some of the nurses did want 12 hour shifts. We encourage these nurses to continue conversations with the nurse manager to see if there's a way to do a trial or other method to create a limited number of 12 hour shifts that could be filled by volunteers. At this point in time, there will be no reorganization of the unit.

Labor Management Committee Discusses Concerns Regarding Education Pay and Time Off

ONA has been hearing from more and more nurses that they're unable to get time off for educational opportunities. Some nurses are requesting paid time off (PTO) in order to get the time to enhance their professional development. At the June Labor Management meeting, representatives from ONA and nursing administration came to an agreement that nurses could continue to request ONA education funds for conferences and education opportunities even if they used PTO to get the time off for the conference. ONA does not believe nurses should have to use their PTO for this purpose, but, they should not be penalized if they choose to do so.

Nurses cannot get education hours and use PTO but the conference registration costs and other expenses can be submitted even if you're on PTO.

The bigger concern is still unresolved. The Medical Center needs to have sufficient staff for nurses to be able to utilize the negotiated time off for nurses to further their education. This benefits the nurses, the Medical Center and the community. ONA will continue to advocate for sufficient staffing at Sacred Heart – we've heard that education leave and PTO are being denied more and more frequently. Please let us know if you've had problems with getting time off for education leave or PTO.

Safe Patient Handling for Nursing Staff when Caring for Morbidly Obese Patients

Nurses on OHVI 5 contacted ONA in mid-June to express their concerns about the safety of nursing staff in their unit. An extremely obese patient had been admitted to their unit on a Saturday night and the staff had to improvise on how to provide care for the patient, protect themselves and care for the other patients on the unit. Nurses filed SRDFs and contacted the house supervisor to ask for additional staff and a plan of action.

ONA filed an Association grievance in regard to the situation and cited the contract and also state and federal worker protection laws. Thirty-three nurses signed onto the grievance to show their support.

15.6 Health and Safety. *The Medical Center and the Association agree to comply with all state and federal regulations pertaining to the health and safety of*

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Safe Patient Handling for Nursing Staff when Caring for Morbidly Obese Patients

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employees in the workplace. The parties further agree to promote all practices necessary to assure safety in the workplace and to work collaboratively in developing additional policies and practices to that end.

We held the grievance meeting July 22.

Representing the Association at the meeting were: Maureen Smith, Lynda Pond, Cheryl Brewer, Adrienne Elsey, Shawna Fast, Leelah Perpinan, Wendy Nau and Lauren Ling. Jackie Mossakowski and Justin Thomas represented the Medical Center.

Nurses asked for specific actions and resources to be better prepared for future occurrences. The grievance “remedy” is:

- Sacred Heart to provide appropriate safety equipment to protect patients and prevent staff injuries; provide sufficient staff to safely care for patients admitted to the Medical Center.
- Develop a plan for future with nursing staff involvement that puts procedures and policies in place to address admissions, placement and protocols for safe patient handling for extremely obese patients. We asked that a committee to be convened within the next 30 days.
- To provide a safe and healthy work environment as mandated by law and the collective bargaining agreement.

- Nurses requested a lift team be instituted and an algorithm be developed for admitting extremely obese patients. And, finally, we asked for the hospital to follow the escalation policy and have the administrators on call be contacted to increase staffing and provide needed support and education for these and other staffing emergencies.

Nurses in the meeting described the chaos and lack of planning that occurred on the first days of the patient’s stay. They also shared evidenced based research about safe patient handling for obese patients. Nurses did an excellent job of pointing out their concerns and asking to be part of the solution.

We’re expecting a response to the grievance by August 3rd and will share that information with our membership. Nurses also flooded the local Occupational Safety and Health Administration (OSHA) office with questions and OSHA is finalizing their investigation into the situation.

As the information that’s been in the media lately demonstrates, nursing employees suffer more debilitating back and other body injuries than almost any other occupation, and most of those injuries are caused by lifting and moving patients. This problem is finally getting the attention it deserves. See our article about the new rules for OSHA and worker safety in hospitals.

OSHA Steps Up Enforcement at Hospitals, Nursing Homes and Long-Term Care Facilities

The federal Occupational Safety and Health Administration (OSHA) announced that it's going to begin cracking down on hospitals to help prevent an epidemic of back and arm injuries among nursing employees. A June 25 memorandum from Deputy Assistant Secretary Dorothy Dougherty to regional administrators and state designees includes BLS,

OSHA, CDC, and NIOSH data on those hazards, information about past OSHA emphasis programs and inspections, and instructions on how OSHA and state plan inspectors should focus on them during programmed and un-programmed inspections at these work sites. They are in the North American Industry Classification System Major Groups 622

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OSHA Steps Up Enforcement at Hospitals, Nursing Homes and Long-Term Care Facilities continued from page 7

(hospitals) and 623 (nursing and residential care facilities).

Dougherty's memorandum stated *"the goal of this policy is to significantly reduce overexposures to these hazards through a combination of enforcement, compliance assistance, and outreach."*

The announcement revealed that U.S. hospitals recorded nearly 58,000 work-related injuries and illnesses in 2013, representing 6.4 work-related injuries and illnesses for every 100 full-time employees, which is almost twice as high as the overall rate for private industry .

The new policy includes focus hazards:

- Musculoskeletal disorders (MSDs) relating to patient or resident handling
- Workplace violence (WPV)
- Bloodborne pathogens (BBP)
- Tuberculosis (TB)
- Slips, trips and falls (STFs)

According to the memo, the policy became effective immediately, Secretary Dougherty also stated "These focus hazards will be addressed in addition to other hazards that may be the subject of the inspection or brought to the attention of the

compliance officer during the inspection. The goal of this policy is to significantly reduce overexposures to these hazards through a combination of enforcement, compliance assistance and outreach.

Outreach, Compliance Assistance, and Training:

The National Office has developed additional information, such as compliance assistance tools to support outreach, and training of compliance safety and health officers (CSHOs) and compliance assistance specialists (CAS), to address technical issues related to the focused hazards, including ergonomics and evaluation of MSD recordkeeping procedures."

In an "enforcement memo" Dougherty further directed states to develop plans, which "must code inspections conducted in accordance with this guidance as noted in the OSHA Information System. OSHA's directive takes the agency from merely recommending safe practices to potentially fining hospitals if they do not adopt them.

OSHA also developed a user friendly companion website "*Worker Safety in Hospitals, Caring for our Caregivers*" for hospital administrators on the Department of Labor Website. It is available at <https://www.osha.gov/dsg/hospitals/>.

Sacred Heart Home Care Services Update continued from page 4

bariatric patients, guns in homes, and avoiding staff injury.

We also expect to address a state of the Staffing Taskforces and implementation of those recommendations for Home Health and Hospice. Implementation has been stalled in Home Health services for lack of staff to allow a meaningful roll out of recommendations.

Other topics include our expectations for management response to SRDFs, and updates on filling of staff RN and leadership positions.

We expect a financial update as well as updates regarding the Orientation Taskforce.

Also, with the Agency Director, Greg Thielen's resignation, we will anticipate participation in the interview process for filling of that position.