



October 28, 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
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Newsletter for ONA Members at

Sacred Heart Medical Center and Home Care Services

Staffing Issues Escalate

As you can see on the chart below, staffing problems continue at Sacred Heart Medical Center (SH). Already this year, the number of staffing request and documentation forms (SRDFs) filed is more than double that of last year and far more than any other facility in Oregon.

These SRDFs document shifts on which there were problems with: skill mix, patients' needs not being met, charge nurses being forced to take teams of patients, nurses not getting meals or breaks, acuity not being taken into account when staffing the unit, and more.

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FACILITY Code & Name		2010	2011	2012	2013	Total
1	Sacred Heart Medical Center	157	211	220	457	1045
2	Rogue Regional Medical Center	38	37	50	44	169
3	Oregon Health & Sciences University	18	36	99	70	223
4	Peace Harbor	0	0	1	0	1
5	St. Alphonsus - Baker City	5	2	3	2	12
6	Bay Area	8	2	5	26	41
7	Tuality Community Hospital	16	64	12	0	92
8	Providence Portland Medical Center	49	55	46	40	190
9	Albany General Hospital	1	6	1	1	9
10	St. Anthony Hospital	2	2	1	0	5
11	Providence Hood River Medical Center	3	0	0	0	3
12	Providence St. Vincent Medical Center	7	11	10	30	58
13	St. Charles - Bend	14	10	72	43	139
14	Samaritan Pacific Communities Hospital	0	8	22	23	53
15	Harney District Hospital	0	0	1	0	1
16	American Red Cross	0	0	2	0	2
17	McKenzie-Willamette	1	0	0	6	7
18	Kaiser Surgicenter	0	0	0	0	0
19	Sky Lakes Medical Center	13	14	26	35	88
20	Mid-Columbia	10	1	4	0	15
21	Good Shepherd	3	1	0	0	4
22	Silverton Hospital	5	2	2	4	13
23	St. Alphonsus - Ontario	6	4	6	3	19
24	Grande Ronde	0	3	1	0	4
25	Good Samaritan Regional Hospital	8	23	12	46	89
26	Blue Mountain Recovery	2	2	2	2	8
27	Providence Willamette Falls Medical Center	2	0	2	14	18
28	Providence Seaside	5	1	2	0	8
29	Lake District Hospital	0	0	0	0	0
30	Lebanon Community Hospital	0	0	0	0	0
31	Multnomah County	3	1	0	0	4
32	Columbia Memorial Hospital	84	23	17	1	125
33	Coquille Valley	0	0	9	0	9
34	Mercy Medical Center	2	6	1	1	10
35	WA County	0	0	0	0	0
36	Shriner's	0	0	0	0	0
37	Kaiser Interstate	0	0	1	0	1
38	St. Charles - Redmond	0	3	5	0	8
39	Providence Home Health	0	0	0	0	0
40	Providence Medford	72	77	32	49	230
41	Providence Milwaukie	N/A	N/A	3	5	8
Totals		534	605	670	902	2711

Staffing Problems Escalate at Sacred Heart Medical Center (Continued from Page 1)

ONA nursing leadership is very concerned about the consistent short staffing occurring at the Medical Center. We held a meeting with representatives from the PNCC; the staffing committee and the Executive Committee. As nurses, the ONA leaders have a high degree of professional responsibility in the delivery of quality, safe patient care for our community.

We have identified several critical areas that are in need of urgent attention including:

- Chronically short weekend staffing
- The limitations on incentive pay to aid in filling the holes in schedules/staffing
- Challenges with scheduling and staffing departments limited resources/staff to adequately staff current shifts and contact staff needed to fill holes on upcoming shifts
- Challenges with skill mix as many units have new nurses and new grads
- Problems with staffing in the intensive care unit that ultimately impact the whole house and present a community safety issue

- Problems with staffing in the RiverBend Emergency Department
- Questions regarding what progress has been made on orienting nurses to float units to aid in staffing

Representatives of the three committees were joined by ONA's Executive Director Susan King and we met with management on September 30, 2013. We shared our concerns and proposed actions to address these problems: immediately, short term and long term. Management shared information they had been working on called a "staffing reset".

We agreed to move the discussion to the staffing committee which met last Monday, October 7. Nurse leaders have concerns with several of management's proposals and will be contacting them shortly to document our concerns. We believe that there is not an adequate plan in place to fix the problems in the short term. These problems have resulted in mandatory overtime being invoked four times in the last several weeks.

We will keep you informed of our efforts and progress in advocating for safe quality care for Sacred Heart patients and a safe working environment for nursing staff!

Bargaining Unit Dues increased \$1 July 2013

Reminder— As voted in by our members in November 2012, Sacred Heart nurses began paying an additional \$1 per month in dues go to the local bargaining unit July, 2013. Our Executive Committee uses this money to pay for things like: actions, to support contract negotiations, trainings for unit reps and contract action teams, refreshments for members at open houses and meetings, door prizes, and refreshments for ONAs nurse's day.

Due to a delay in implementing the increase in dues by Sacred Heart's payroll department, the dues did not increase in July but the correct amount is now being deducted from member's paychecks.

ONA director, Susan King and Nurse Practice staff, Connie Mayo, will be at Sacred Heart to discuss the staffing concerns and the work that ONA leaders both local and at the state level are doing to address them.

We're holding a drop in session on Wednesday, October 30 from 1200-1800 in 12A at RiverBend.

Please join us and encourage other nurses to drop in and talk about your concerns and ideas for improving staffing at both RiverBend and University District. Help us spread the word about this opportunity!

Grievance Resolved– Bachelor of Arts (BA) in Nursing Now Recognized for Differential Pay

ONA was contacted by a nurse with a concern that her BAN (Bachelors of Arts in Nursing) degree wasn't being recognized as an advanced degree for differential pay, per 9.12 in our contract. Even after providing her transcripts and degree to human resources, she was turned down.

The nurse contacted ONA and we filed a grievance. Through the grievance process we were able to identify that the intent of the language, when it was written was, to recognize advanced nursing degrees

such as BSN and MSN, and that an BAN was an equivalent degree that should also be recognized! This nurse is now receiving the 3% differential that she deserves.

To receive advanced education pay, nurses must submit their documentation to human resources. If you have a BAN degree we want to hear from you. Contact us at smith@oregonrn.org or Lay@oregonrn.org.

Open Enrollment Begins for Benefits

ONA has been enquiring about the timeframe for this year's open enrollment. We just found out that a blast email is going out soon with important information – *check your work email for more details.*

Health Benefit Open Enrollment for benefits-eligible caregivers will begin October 28 and end November 11, 2013.

During the annual open enrollment period, you can:

- Change from one health plan to another
- Add eligible dependents not currently covered
- Drop current dependents
- Enroll or cancel health benefit coverage
- Enroll in a flexible spending account (FSA)
- Enroll or change your health savings account (HSA) contribution.
- Sell your paid time off (PTO)

We've heard a lot of dissatisfaction with the health insurance plans. One thing we wanted to make sure that our members understood was how the deductible works in the high deductible plan (*account based health plan*). This information was not shared in contract negotiations. The deductible for this plan does not work the traditional way. It's called a *"non-embedded" deductible*. *There is not an individual deductible embedded in the family deductible.*

In this situation, before your insurance helps you pay for any of your medical bills, the entire amount of the deductible must be met first. It can be met by one family member or a combination of family members, however there are no benefits until expenses equaling the deductible amount have been incurred.

ONA has asked management to get more information out to employees so they can make a good decision about which plan to choose. We will also be sending a blast email to our members regarding this issue and include examples to make sure the differences are clear.

Kronos Concerns

With the "go live" of Kronos, ONA is once again concerned about the accuracy of our member's paychecks. We've been engaged in meetings with management about the Kronos process and all the work that's gone into getting it up and running.

With the elimination of the paper timesheets, we will be increasingly dependent on an automated payroll system.

Over the next several months, nurses should make a special effort to track their time on *My Time*, look at their payroll stubs, make sure that they are being paid accurately.

ONA is very interested in hearing about any difficulties that nurses may be having with the new Kronos system.

PeaceHealth Nurses in Bellingham Reach a Tentative Agreement (TA)

As you know, several nurses from ONA went to a rally in Vancouver in support of the nurses at St. Joseph Hospital in Bellingham. We need to work more closely with nurses at other PeaceHealth facilities so that we can stand together for fair wages, benefits and working conditions.

The nurses ratified a contract on August 26 that includes:

- 2.5 percent across the board wage increases - retroactive to January 1, 2013 nurses will receive additional pay reflecting a 2.5 percent increase for hours worked from January 1, 2013 to date
- 2 percent January 1, 2014
- 2 percent January 1, 2015

- **Medical Benefits** – The new medical plan will not be implemented until 2014.
- **Full-time for nurses between .seven and .eight full time equivalent (FTE) retained until December 2015**

A nurse with an FTE status between .7 and .8 shall be allowed to continue to receive full time medical plan premium contributions up to and including the last full pay period ending prior to December 31, 2015.

Peace Harbor Hospital in Florence starts negotiations soon and we will be meeting with their team to share information about our negotiations, the health insurance and show our support.

Phil Zicchino Wins Rising Star Award at ONA Conference

Each year, Oregon Nurses Association's (ONA) Cabinet on Economic and General Welfare gives a "rising star" award to someone that's relatively new to collective bargaining and shows great promise of future leadership. This year the award was presented to our own, Phil Zicchino, hospice on-call nurse.

In addition to his on-call responsibilities and being a husband and father to four children, Zicchino is a member of the ONA Sacred Heart Home Care Services (SHHCS) Executive Committee (Executive Committee); he also participated

in the most recent contract negotiations; attended the National Federation of Nurses Labor Academy and House of Delegates; was a speaker at the rally in Vancouver in support of the PeaceHealth Bellingham nurses; and was an active participant in ONA's Lobby Day at the state legislature.

Please pass along your congratulations to Phil!



Important Information about Floating and Orientation

This letter went out by email to all staff nurses, charge nurses, house supervisors and managers back in August.

Per your Staffing Committee request, Management was asked to make available a communication with the goal of providing clarity to all staff in regards to how CN, Facilitators and House Supervisors implement the floating process.

Article 8.10 in the bargaining agreement states that *"A nurse who is scheduled to work on his/her regular unit may be required to float to any other 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 the complex."* The exception to this in the Women's and Children's complex is a nurse who has requested orientation to a unit outside of the complex.

The contract gives further clarification on this process in 8.10.1 by stating that: *"Nurses shall receive float assignments commensurate with their skills, competencies and the patient populations to which they have been oriented."*

In addition, 8.10.1 states that the process around who to float is as follows-

- 1) Volunteers shall be first,
- 2) Followed by Agency, Traveler and temporary nurses
- 3) Then Float Pool Nurses
- 4) And, then by an equitable system of rotation amongst the remaining nurses on the unit.

However, please be aware that when you get to the equitable rotation and the nurse who is selected by rotation does not have the *"skills and competencies"* required to care for the patient population, then do not float that nurse. Again the goal when floating a nurse is to make sure you float a nurse that can care for the patient population.

The contract language was not written to avoid orientation, but to allow nurses who currently care for a patient population in one area, to care for a similar population in another area. This supports decreasing work loss due to low census, and provides safe staffing levels in units of need. For example, a nurse in OHVI who may have a lot of experience caring for medical patients may be asked to float to 8 medical to care for patients for whom the nurse has the skills and competencies to care for.

Because the nurse may have never been floated to 8 medical previously, the Charge Nurse will welcome the nurse floating from OHVI and give the nurse key information required for that nurse to be successful in that unit. The Charge Nurse is also responsible for creating an appropriate assignment for that nurse. A *"buddy"* will be assigned to be a resource for the float nurse.

A welcome flyer was created and distributed to managers and is currently found on *Nursing On-Line*. The intent is to help share key information required per article 8.10.1 which states *"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*

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Important Information about Floating and Orientation *(Continued from Page 5)*

of supplies, and essential unit protocols." CNs CNAs will provide the applicable unit protocols as deemed necessary to the assigned patient assignment. This flyer is also a tool that allows nurses to provide feedback on their floating experience and we highly recommend nurses provide that feedback to the nurse manager of the unit they floated too.

A welcome flyer was created and distributed to managers and is currently found on Nursing On-Line. The intent is to help share key information required per article 8.10.1 which states

"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."

If at any time, a nurse through this process states that they do not have the skills required for a specific patient population, then the nurse's judgement must be respected. We then need to either find another float, or modify the assignment.

Flu Season is Here, Time to Get Vaccinated!

The Oregon Nurses Association (ONA) believes that all nurses and other health care workers should be vaccinated against seasonal influenza. Vaccination is a key method of protecting health care workers from influenza and helping to prevent the spread of influenza among patients and the public.



ONA Oregon Nurses Association
Voice of Oregon Nurses Since 1904

ONA encourages nurses to be vaccinated and is working to provide education to Oregon's nursing professionals and student nurses and assist them in making informed choices about receiving annual influenza vaccines.

However, ONA opposes requiring influenza vaccinations of nurses and other health care workers as a condition of employment. Rather, education and access to vaccinations, when combined with other methods to prevent influenza transmission, are sufficient and effective in protecting patients and workers.

You can learn more about ONA's position on seasonal influenza vaccination for health care workers, and find resources from the Centers for Disease Control, the American Nurses Association and the state of Oregon regarding the upcoming flu season at ONA's Flu Resource Center on the front page of the ONA website, www.OregonRN.org

