



Oregon Nurses Association  
Bargaining Unit Newsletter

# Sacred Heart Medical Center (SH) and Sacred Heart Home Care Services (SH-HH) Newsletter

February 13, 2014

## 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)  
Kevyn Paul (ED-UD)

## SACRED HEART HOME CARE SERVICES EXECUTIVE COMMITTEE

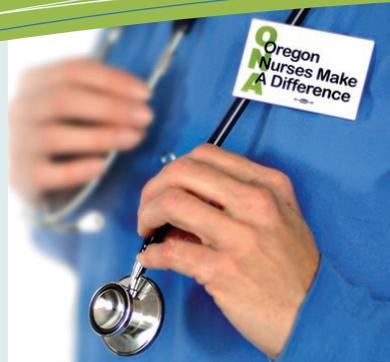
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## The Pre-negotiation Surveys are Out!

The pre-negotiation surveys for both the Sacred Heart Medical Center (Medical Center) and Sacred Heart Home Care Services (Home Care Services) are out! It's really important that we hear from our members to help set priorities and develop proposals for negotiations.

The executive committee for the Medical Center set a goal of 70% participation in the surveys. In order to help reach that goal, we'll be getting lists to the unit representatives of nurses that have not yet completed their survey so they can remind

nurses of the importance of sharing this information with the negotiating committees.

**Pizza Party Challenge** (for Medical Center RNs) – this year we've also decided to have some fun with the 80% unit challenge. Any unit that has an 80% participation rate or more will get free Pizza for your unit! If you want to help your unit get to 80% - fill out your survey! And, talk to your unit representative to see if they need help in reminding other nurses about getting the survey complete by February 19!

## How to Take the Survey

**For Sacred Heart Medical Center Nurses:**

**Go to [www.OregonRN.org](http://www.OregonRN.org) and select Sacred Heart Medical Center under Find Your Bargaining Unit. Click on the survey link.**

**For Sacred Heart Home Care Services Nurses:**

**Go to [www.OregonRN.org](http://www.OregonRN.org) and select Sacred Heart Home Care Services under Find Your Bargaining Unit. Click on the survey link.**

## ONA Welcomes New Nurses

ONA is hosting two New Nurse Gatherings to welcome new grads and new hires to Sacred Heart and ONA! If you started at Sacred Heart between January 2013 and now – please join us to learn more about ONA, upcoming contract negotiations, the ONA Convention and more! This isn't a meeting – it's a drop-in so stay as long as you can. We hope to see you there!

We'll serve light food and beverages (non-alcoholic)

at both events, have free giveaways and raffle prizes! More details to come soon!

**Tuesday, February 25** – 1800-2000 Hop Valley, 990 West First Street, Eugene  
**Wednesday, February 26** – 0730-0900 at River Bend in the Private Dining Room next to the Cafeteria.

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## Join ONA for a Unit Representative Training at Good Samaritan Regional Medical Center

This training will help you develop the knowledge, skills, and resources necessary to become a unit representative at your facility. Unit representatives play a critical role in ensuring the voices of all nurses throughout a facility are heard. They are the first line of response on questions, disputes, and issues of concern raised by nurses on his/her unit and are the primary communicators between nurses on his/her unit and ONA committees and

leadership.

We welcome all nurses in the Samaritan Health Systems to join us and also nurses from other nearby facilities, such as those in the PeaceHealth system and McKenzie-Willamette Medical Center.

Lunch will be provided with the training. Due to space and food count, **YOU MUST REGISTER** in order to join us for the training.

**Saturday, February 22**  
**9:30 a.m. to 4 p.m.**  
**Good Samaritan Regional Medical Center**  
 3600 NW Samaritan Dr, Corvallis, OR 97330  
**Conference Room A**

To register go to: [OregonRN.org](http://OregonRN.org) and look under Upcoming ONA Events.

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## Sacred Heart Home Care Services Low Census in Hospice

Since the fall, nurses and other staff in hospice have been experiencing excessive low census loss of shifts due mostly to our patient census being lower than what was budgeted for in the current fiscal year. This has placed a financial burden on staff and particularly on per diem nurses, since they are usually the first nurses to be placed on low census and do not have paid time off (PTO) to utilize.

In order to address the situation, ONA requested a meeting with management as provided for in Article 14.2.3 in the ONA contract. ONA invited all hospice nurses to attend the meeting, which was held with management and human resources staff December 18, 2013.

In this productive meeting, the causes of the situation were discussed and management spoke about the steps that are being made to improve our census, which are now having some effect.

Maureen Smith, our ONA labor relations representative, presented a number of measures that had been employed at the Medical Center when nurses were dealing with similar issues. A number of these have now been implemented including:

- Two hospice per diem nurses are floating to home health to help out with their staffing during this very busy time in home health.

*Continued on Page 3*

## Low Census in Hospice *continued from page 2*

- Five benefitted nurse have voluntarily taken a temporary reduction in their hours without having to use PTO. Their current benefit level will be maintained. This helps provide more work for the per diem nurses and should reduce the amount of low census for full time equivalent (FTE) nurses.

- One nurse has been granted a furlough without use of PTO to allow more work for the per diem nurses and reduce overall low census.

Predictably but unfortunately, a number of our very skilled per diem nurses have taken other positions in order to meet their financial needs. However, they have kept their per diem status in hospice so they can still help out when

we are busy. In order to facilitate this, there has been an easing in the work requirements for per diem nurses.

This has been an excellent collaborative effort by ONA, the hospice nurses and management to deal with this difficult situation. We will continue to monitor the low census and look for ways to mitigate the impact on the nurses.

## Kronos and Staffing in Home Care Services

There is concern that nurses are not recording all of their hours worked using the Kronos system. Perhaps this driven by nurses not wanting the hassle of getting overtime approved by managers and then having to complete an exception log.

Nurses would be well advised that they are putting themselves and the agency in jeopardy if they are working off the clock. If nurses are being given unreasonable assignments or their day is taking longer than originally anticipated, they need to speak to their manager. If the manager does not provide an adequate solution, nurses are strongly encouraged to complete a staffing request and documentation form (SRDF) to document the situation. The ONA/Home Care Services Executive Team put in a lot of work modifying this well established hospital form for use in Home Care Services. It provides an effective way to bring staffing issues forward and management is required to respond in writing to the concern.

To find the SRDF form, look at the top of the Crossroads page and click on “My Department” and the form is at the top of the drop down menu. If you have questions or problems with the form, speak to a member of your ONA/Home Care Services Executive Team.

## Have You Heard About the “Staffing Reset”?

Nurses may have heard that management is planning on doing a “Staffing Reset” at the Medical Center. Here’s what we know at this point in time.

Management has decided to follow a plan created by a consulting group called “The Advisory Board.” The plan promotes flexibility in staffing by creating a mix of 60% full time (32 hours or more/week); 20% part-time and 20% per diem staff in all units. With this plan, management is proposing to reduce the core staffing on each unit and have it rely more on nurses willing to “flex up” to meet the peak patient volumes. The units will also rely more on the float pool to staff their units on a regular basis and that is spelled out more in the article on the next page (see Float Pool Reorganization on page 4.)

ONA agrees that the current staffing method at the Medical Center has not been successful. However, we do have several concerns that we’ve shared with management about their plan. These include:

- The lack of staff nurse involvement in creating their new plan.
- Concern about reducing cores in units and relying on the Super Float Pool to fill in when patient volumes rise.
- Concern about the creation of a part time work force with very costly premiums for their health insurance.
- Per diem staff that don’t get paid time off or health insurance benefits.
- Lack of continuity in patient care and difficulty in keeping up skills for part time and per diem workers.
- The potential for huge turnover in positions as nurses hired into half time positions move as soon as they have an opportunity to increase their hours.

We will post additional information on our local web page. Go to [www.OregonRN.org](http://www.OregonRN.org), click on “Find Your Bargaining Unit and Sacred Heart Medical Center.”

# Float Pool Reorganization

ONA was contacted by management on January 13 regarding their intent to reorganize the float pool into multiple “super float pools.” We’ve had two meetings with management so far to gather information regarding their ideas for changing the float pool.

## *These are some of the key changes being proposed:*

There will be three “super float pools” - a Med/Surg Float Pool; a University District (UD) Float Pool and a Critical Care Float Pool.

## *The following information is from management’s notice to ONA:*

Nurses currently in the float pool will be expected to select either the Med/Surg Float Pool or the UD Float Pool as part of the reorganization.

### **The Med/Surg Super Float pool will consist of:**

- 8 N Medical
- 7 N Oncology
- 7 S Surgical
- 6 N Orthopedics
- 6 S Neurology
- OHVI
- SPA

**Note:** they recently added Mom/Baby and Pediatrics

Each nurse in the Med-Surg Super Pool will be ACLS certified and will orient to four of these seven units. The nurses will be competent caring for all the populations served by units oriented to with very few exceptions.

### **UD Super Pool will consist of:**

- BHS (Behavioral Health)
- 3 Medical/ACE
- Rehab
- RIC (Regional Infusion Center)

Each nurse in the UD Super Pool will be ProAct trained and will be oriented to BHS 3Medical/ACE, and Rehabilitation. A small number of experienced day shift nurses will be oriented to RIC; nurses must have demonstrated excellent IV skills.

### **Critical Care Super Pool will consist of TBD**

- ICU (Medical and Surgical)
- Intermediate Care Unit
- Emergency Department – RB
- Emergency Department – UD
- OHVI
- PACU

Nurses have sent a list of questions to management regarding their plans for this reorganization. Including questions about units that aren’t on any of the lists. And, we’ve now learned that the float pool nearly double in size under their proposal but most of the new positions will be part time and per diem positions. What is the evidence that you utilized to increase the number of per diem positions from four to 18 in the new super pool?

- What impact do you perceive this large increase in per diem nurses to have on the amount of work available for per diem nurses?
- There’s a large increase in the number of part-time positions in the proposed Float Pool. For example, we see the number of .5 FTE positions increasing from seven to 23. Is there any indication that there are nurses that desire a .5 FTE? We have concerns for potential high turnover of nurses that take these positions but prefer more hours.
- And, we have concerns with the large numbers of per diem nurses and part time nurses being able to keep up their skills to the level expected in four units. Do you have ideas about this?

We have a reorganization nurse team that will participate in these negotiations and will keep you informed as we get more information. This reorganization impacts all nursing units in addition to the float pool. Your unit’s core staffing will be reduced and you will rely more on the float pool to meet the unit’s staffing needs. The reorganization team nurse representatives are: Tawny Dwyer; Stormy Greenawald; Jesse Kennedy; Beth Harvey; Angelica Calderon and Ray Zielonka. Lynda Pond and Nancy Deyhle from ONA’s Executive Committee and Maureen Smith, ONA labor relations representative will be assisting with the reorganization negotiations.

For more information, including the complete list of Questions and Management’s responses see the ONA Sacred Heart web page [www.OregonRN.org](http://www.OregonRN.org), Find Your Bargaining Unit then Sacred Heart Medical Center.

## ONA Membership Benefits

As a member of ONA, you are entitled to a wide variety of benefits ranging from professional development to discounts on products and services to American Nurses Association benefits and a lot more!

Go to [OregonRN.org](http://OregonRN.org) to learn more about the benefits of being an ONA member.

[ONA Working for Nurses](#)

[Professional Development](#)

[Continuing Education/Conference Discounts](#)

[Collective Bargaining](#)

[Leadership Opportunities & Trainings](#)

[Consumer Benefits & Discounts](#)

[Newsletters & Communication](#)

[ANA Benefits](#)

[Scholarships](#)

## 2014 ONA Convention

Save the Date:

**2014 ONA Convention**  
**May 20-21, 2014**  
**Wilsonville, Oregon**

Mark your calendars! The 2014 ONA Convention, “Stability in the Storm: Nursing’s Role and Authority in a Changing Environment,” will be held on May 20-21 at the Holiday Inn, Wilsonville.

May 20 will be ONA’s Continuing Education Day and May 21 ONA will

convene the House of Delegates. Please join us for an exciting educational event that explores how nurses can be the solid foundation during health care transformation and learn how we can be proactive and help lead the way through seas of change.

## Let’s Keep Oregon Working

Now more than ever, nurses need to come together. Over the past few years, nurses have seen corporations across the U.S. grab record profits by cutting workers’ wages, benefits and hours. Now out-of-state corporate interests and billionaires like the Koch Brothers are pushing Bill Sizemore’s old ideas back onto Oregon’s ballot.

In 2014, anti-worker ballot measures that would hurt nurses’ ability to advocate for safe staffing levels, safe working conditions and modern equipment will likely appear on Oregon’s ballot.

Learn more: Join Keep Oregon

Working on Facebook NOW!

<https://www.facebook.com/keeporegonworking>

ONA has joined the **Keep Oregon Working** coalition to fight these harmful anti-worker measures and ensure that Oregon’s nurses can continue to have a voice in the workplace and join together to negotiate for better safety for nurses and their patients.

Stand with ONA and show your support for Oregon’s working families by visiting Keep Oregon Working’s Facebook page and



clicking ‘Like’ today at <https://www.facebook.com/keeporegonworking>

## A Message from ONA's Board President, Steve Rooney, RN

*Reprinted from Oregon Nurse Winter 2014*

The situation at the hospital where I practice provides a good illustration of some issues that are nearly universal to acute care facilities in Oregon and across the country.

In 2012, we experienced difficult negotiations, with administrators proposing the hospital save money by shifting resources from the bedside. As a result, we saw reductions in both RN staffing and hospital support staff. Thankfully, our ONA team worked with the Staffing Committee, and was effective at forestalling the worst of the proposals.

Next, the St. Charles' Board of Directors hired a consultant whose verdict was: *"Your culture is broken"*. This is the exact message our bargaining unit leaders, ONA staff, PNCC and the Staffing Committee have been telling administrators for years. On this we all agree.

The consultant's solution, just underway, is called the "Cultural Evolution". Our first project is attending classes that teach us that caring is healing. It is called *"The Soul and Science of Caring"*. Class one featured recent physician research that asserted medicine is not providing a healing environment – that if we started caring, our patients would do better. To a room of nurses (and others) this message was hardly new. In fact, many of us were dumbfounded that a speaker should suggest such a long standing value and practice of nursing had been "discovered" by medicine. The entire *"Soul and Science of Caring"* project is scheduled to last 18 months and will include bi-weekly small group meetings as well as four weekend retreats. Its evolution will be interesting to follow.

So what are the big picture points?

Health care facilities have amazing resources in their army of front line caregivers – nurses. If administrators would seek and adhere to the advice of their nurses and reallocate resources, we would devise a system that delivers better outcomes at lower cost.

We know how to care and we bring about healing in our patients. We also know that caring doesn't stop at the bedside. Caring means RNs standing up and fighting for the proper resources needed to provide effective care.

Another important point, historically, is our voice. Nurses have done the research showing caring is healing, dating back to Florence Nightingale. Unfortunately, unless a physician completes the same research, the results go unheard outside the nursing community.

This same thing is happening in our efforts to reform health care. Physicians and administrators have voices that dominate. Government staff, writing new health care regulations, often defer to them. Nurses' voices, which represent the largest group of health care workers, are all too often not heard – or worse, heard and not heeded. If nurses are to affect lasting change, we must become full professional partners with physicians and administration in our new health care environment.

One solution is: join together with your fellow nurses in your professional association and union, ONA. Collectively, your voice is powerful on the issues that matter to our patients. It is only through collective action that we will be able to shape the future of health care.

***Join me. We'll make the difference.***



### NPO 2014 Spring Pharmacology Conference

Saturday, March 29, 2014  
Legacy Meridian Park Health Education Center  
Tualatin, OR 97062

For more information go to:  
[OregonRN.org](http://OregonRN.org) and click on Conferences and  
Trainings under News and Events.