Covid 19 Extension MOU Summary of Survey Data and Goals:

Retention Incentives, Mental Health, Respite, and Redeployments

September 2021
Shared Goals:

- Negotiate modified Covid 19 MOU Extension
- Greater support for Mental Health
- Greater support for Respite Leave/Vacation
- Careful consideration of Redeployments
- Retention
September 2021 AURN Member Survey Results

- Nurses are working harder with more acute patients in worse working conditions than ever before.
- 81% of nurses report their working conditions have gotten somewhat or significantly worse during the pandemic.
- 83% of nurses report their patients have become more or significantly more acute since before the pandemic.
- 87% of nurses have reported that their workload has increased somewhat or a lot since the beginning of the pandemic (51% report increased a lot!)
- Over 1000 nurses responded to survey in one week’s time, which closed on 9/20/21, spread across all major areas, years of service, very representative of all nurses.
Covid 19 MOU Extension Modifications

1. We need use of Covid Sick Time clarified to make sure nurses are eligible who are waiting on tests, or instructed by a provider to do additional testing.
2. Vacation ceiling for holding bank needs further extension beyond Sept 30, 2021
3. Education funds extended beyond Sept 26, 2021
4. Extended Call incentives for units that have nurses who were redeployed elsewhere
Mental Health of Nurses

- We need a new section of the MOU to address serious mental healthcare issues facing nurses.

1. Mental Healthcare Co-pays needs to be reimbursed in full prior to the January drop to $0.
2. Outreach program to educate managers and nurses on resources, and destigmatize use of sick time for mental health needs.
3. Financial commitment by OHSU to invest in more in-network mental healthcare providers
4. Alternative disciplinary process when behaviors are impacted by mental health, help facilitate conflict resolution, greater offer of support and resources. Separate from investigatory meeting, management should hold a meeting with nurses to discuss needs and resources for mental health when appropriate.
Survey results showing impacts on Mental Health

- 88% of nurses reported their mental health worse or much worse than before pandemic.
- Only 5.5% of nurses report OHSU addressing mental health of nurses well or very well.
- 63% of nurses have reported feeling pressured to do something at work that might put their nursing license at risk.
- 15% of nurses report having been involved with a sentinel event or close to a sentinel event occurring. Another 31% are aware of sentinel events.
- 85% of nurses report they may be experiencing moral injury while working at OHSU.
- 80% of nurses who sought mental health services could not get them right away. 48% of those nurses waited more than a month. 17% waited more than 3 months.
Survey results showing impacts on Mental Health (con’t)

- Only 36% of nurses reported feeling their employer values their physical health and safety.
- Only 29% of nurses reported feeling their employer values their mental health.
- 24% feel they may be disciplined by their manager/supervisor for issues impacted by their mental health. Another 34% feel unsure if this may happen to them. (54% total)
In the past 60 days, nurses report feeling the following:

- 85% Overwhelmed
- 78% Physical Exhaustion
- 92% Mental Exhaustion
- 60% Things previously found rewarding in job no longer rewarding
- 58% Felt like I would cry while at work
- 50% Asked to take on more than I can handle
- 36% Feel unsupported by manager/supervisor
- 63% Feel unsupported by top hospital admin
- 61% Desire to leave my job/profession
- 86% Experienced compassion fatigue/burn-out/moral distress
Greater support for Respite Leave/Vacation

1. Provide extra coverage so people can take needed respite leave with their vacation/sick time.
2. Calculate extra travelers/FTE per unit to add extra staff to cover leaves based on total accrued vacation and sick time, plus anticipated accruals for all nurses in unit.
3. Unit managers can use the increased FTE to assess and make sure all nurses can take needed vacation, and sick leave for things like mental health (out of block should not be denied).
4. With extra total FTE in each unit, lift the limits on the number of vacation requests that are approved.
5. Temporarily need to continue to accrue after annual limits are met
6. Remove cap on vacation accrual banks

- 77% of nurses report they are unsure, unlikely, or very unlikely get vacation requests approved.
- 85% of nurses report they are unsure, unlikely or very unlikely that there will be other nurses to properly cover their vacations while they are gone.
Redeployments

- Define redeployment: to different unit and/or different shift (includes staying in own unit)
- Premium for all redeployed nurses (even staying in own unit, but switching shifts): $15
- Premium for going day to night or night to day: $10 ($25 total, in addition to night shift differential)
- Change shift length from original job position: provide double-time for extra hours in shift length increases (i.e. go from 8 hour shifts to 12 hour shifts, 4 hours will be at double time.)
- Notice: two weeks notice before working a redeployed shift
- Duration of deployment for days or nights (two weeks), and two weeks before you can be redeployed again, unless the nurse volunteers for longer.
- Must seek out and take volunteers first
- Location of redeployment to units with a Covid related need,
- Agreed upon metrics for when the hospital can initiate the redeployment process. Metrics should involve when elective procedures are reduced beyond a set cutoff, projected statewide staffed hospital bed shortage at a set amount, specific ICU/Acute Care/ED projected beyond capacity by a set amount, rise in statewide covid cases.
- Free Parking for all nurses, when any redeployments are happening at OHSU
Survey Results on Redeployments

- Members split on whether Redeployments were done in a fair manner
- 29% of nurses reported facing a huge burden being short-handed with staff redeployed elsewhere
- Nurses report helping hands training & orienting very insufficient
- Nurses report helping hands not helpful, OHSU did not prepare for the surge
- Nurses report lack of deployment to Emergency Units during crisis unacceptable
- Nurses very unhappy with delayed transfers when hired to a new unit or shift, we risk people leaving to other employers
- Lean staffing models left units too short staffed to weather this crisis. The core unsafe staffing levels left no wiggle room to fill gaps. Lean staffing has to end for nurses to recover from this pandemic.
Retention Bonus/Incentives:

- $7.5K Retention Bonus for those employed July 1, 2021 to December 31, 2021
- $15K Retention bonuses for all nurses employed January 1, 2022 to December 31, 2022
- One bonus this fall to help with retention, and a second bonus to help with retention for next year. Prorated based on hours worked, including resource nurses who have completed 1040 hours.
- There is great division between redeployed nurses, nurses left in understaffed units, nurses already in the Covid units, all working on extreme conditions, all feeling undercompensated and not recognized for their sacrifices during the pandemic. So we need a retention bonus for all.
- The summer bonus was not viewed as a bonus or acknowledgement of the contributions of nurses. It was seen as payment for not taking sick days, which has negatively impacted mental health and burnout. We need a real bonus for all nurses.
- Nurses felt disrespected when given a bonus with strings attached, while management received $5000 no strings attached bonus.
- This retention program will be cost effective in reducing the cost of travelers and cost of training of new nurses to our highly specialized units.
Survey Results on Retention

- 60% of nurses express a desire to leave their job.
- 11% of nurses are unlikely, or very unlikely to remain working at OHSU, and 26% are unsure if they will remain working at OHSU.
- We cannot afford to lose 37% of our members, or 1073 nurses. It is not cost effective to pay traveler rates to replace over 1000 nurses when we could retain nurses instead.

- Of those wanting to leave:
  - 6.8% leaving as soon as they can
  - 10.6% leaving in less than 3 months
  - 10.6% leaving in less than 6 months
  - 16% leaving in less than 12 months
  - 15% leaving in less than 2 years
  - 33% unsure when they will leave
Survey Results on Retention

- Of those planning to leave OHSU, most are staying in the area as nurses:
  - 3.6% to retire
  - 24% to relocate and work somewhere else as a nurse
  - 53% to work somewhere else as a nurse, not relocating
  - 7% leaving the profession of nursing

- 48% of nurses are very unsatisfied, unsatisfied, or unsure of working at OHSU
- 45% of nurses do not feel they were properly compensated for their contributions during the pandemic.
In Summary, Our Shared Goals:

- Negotiation of modified Covid 19 MOU Extension
- Greater support for Mental Health
- Greater support for Respite Leave/Vacation
- Careful consideration of Redeployments
- Retention

Next Steps: Show management how important this is to all nurses!
What you can do:

- Make sure your unit is well represented! We need Unit Reps, UPNPC reps, and people to be involved with staffing efforts
- Get trained! Go to ONA’s statewide trainings
- Make sure your unit’s AURN membership is at 100% if possible
- Make sure all new nurses learn about AURN, join, and stay informed on negotiations
- If you do facebook, be sure to join our new facebook group
- Contact ONA’s membership department if you have any issues getting our email updates to stay informed

- Watch for upcoming events, meetings, and actions!