Home Infusion Bargaining Updates

In July, SHHCS notified ONA of their intent to bring the Home Infusion program under the Home Health department for the purposes of billing and to have a nurse supervisor in the reporting structure.

ONA issued a demand to bargain any impacts to working conditions for the nurses although SHHCS didn’t believe there would be any impacts. During initial meetings with human resources we agreed to memorialize the structural change with a memorandum of understanding (MOU). During this time there was some turnover in human resources. We then heard from nurses that an implementation date was set and concerns were brought forward by the nurses. The nurses shared that there were discussions happening about potential significant changes to their working conditions including an expansion of the types of patients they would be expected to see. ONA filed an association grievance on behalf of the nurses to escalate the issue.

The ONA executive team met with management and they shared that their intent had changed and that they wanted the Home Infusion nurses to start also seeing Home Health patients. The nurses had a lot of concerns about this proposed change.

Per our contract language, nurses can volunteer to work in other programs but cannot be required to do so. Your ONA team let management know that we weren’t willing to agree to that type of change to our contract language. We continued negotiating an MOU and have reached an agreement.

We have memorialized the structural change and created some clear language around voluntary cross orientation, not being assigned to work in another program without that nurse’s consent and offering of available work in times of low census.

We are happy with the outcome of this and believe it preserves what’s best for the nurses and the population of patients the Home Infusion nurses serve! Thank you to the nurses on the executive committee who worked so hard to ensure the rights of nurses were honored. If you have questions, please reach out to a member of your ONA executive team or your ONA labor rep. To view the final MOU, click here, or go to www.OregonRN.org/85.

Weekend Staffing Concerns

As you know, the patient volumes for SHHCS have continued to be high. This created a need starting in late July for increased weekend coverage.

The contract language around this issue changed in 2019; see end of article for exact language.

continued on page 2
Weekend Staffing Concerns  (continued from page 1)

The language allows for the rotation of full-time nurses to assist with staffing due to critical staffing needs, limited to one weekend out of any eight-week period consisting of two months. The intent of this language is that it is to be used for a limited period of time while there is a critical need. It cannot be part of an ongoing plan to staff the weekends.

At the Labor Management Committee (LMC) meeting on Thursday, Oct. 15, 2020, the ONA executive team let management know that we believed their ongoing use of full-time nurses to staff the weekends was in violation of our contract language both how its written and how it was intended. We told them our expectation was that the rotation of full-time nurses should end before the posting of the next cycle.

Management shared that some full-time nurses are enjoying the occasional weekend work and we reminded them that nurses could volunteer to do this but the requirement to do so had to be in line with Article 8.13. We also shared that it was our position that SHHCS should never be in a position of not being able to meet their staffing needs, with the exception of unforeseen circumstances. If you have questions about this, please reach out to a member of your ONA executive team or your ONA labor rep.

Article 8.13 Scheduling. Regular part-time and full-time nurses shall participate in weekend coverage based on Agency’s (SHHCS) patient care and operational needs. They shall also be included in holiday scheduling on a rotating basis within their program. They shall also participate in the SHHCS’s on-call program in accordance with on-call scheduling guidelines. Due to critical staffing needs the Agency (SHHCS) will limit full-time Home Health and Hospice Program nurses to no more than one (1) weekend out of any eight (8) week period consisting of two (2) full months.

COVID Agreement Update

Your executive committee negotiated an agreement with PeaceHealth to get us through the first few months of the pandemic. Now we are working on a second agreement to reflect the new conditions we find ourselves in. We have held two negotiation sessions and have a third one scheduled for Nov. 6. Here are some of the highlights of what we are seeking in this updated agreement:

- We want to get updates on everything COVID-related every other week so we can ensure patients and staff are safe. We want those updates to include PPE supplies, number of infected patients and staff, PeaceHealth policy updates, and COVID unit staffing.
- Nurses should know when they have likely been exposed.
- We feel that the COVID Sick Bank should be replenished so that nurses don’t have to lose pay when they have COVID symptoms.
- Extra space should be made available for meals and breaks, and extra time should be provided to get to the spaces.
- Education hours and funds should be rolled over so nurses have time to take them should they be canceled or postponed due to COVID-19.
- Members with childcare issues caused by COVID-19 should be allowed to request Per Diem positions be posted on their unit and shift.

We believe that all of these proposals are reasonable because we now know getting through this pandemic is a marathon, not a sprint. We need to stay healthy and strong for the duration of the pandemic, not rely on quick fixes. These proposals can get us across the finish line. Your support can help us get the agreement we need to last.
ONA Gets Assurances About Safety Absolute Policy

Your executive committee was very concerned when PeaceHealth issued their Safety Absolute policy in August.

On its face, the new policy violated the progressive discipline provisions of your collective bargaining agreement. Referencing adherence to both the Patient Look Up and Patient Identification policies, the Safety Absolute policy states “the first confirmed violation of a Safety Absolute will result in a minimum of a step 3: Final Written Warning. Any future confirmed violations will result in termination.”

Starting at step 3 for a corrective action has typically only been done in very egregious cases involving potential patient harm or similar serious circumstances. To announce this would automatically be the level of discipline under this policy was a change in practice and inconsistent with the your contract provisions. We also had concerns about how investigations would be conducted of potential violations of those policies.

ONA issued a demand to bargain with PeaceHealth and met twice to discuss the matter. We were able to get assurance in writing that all cases involving a violation of the Patient Look up or Patient Identification policy would be reviewed using the Just Culture algorithm and investigated fairly.

The Just Culture algorithm is a tool used by management to guide discipline decisions. While it is not always applied properly in ONA’s view, when it is used correctly it does help ensure that extenuating circumstances and other factors will be considered when a manager is determining a level of discipline. This is just one more area that your ONA executive committee has been looking out for you and defending your contract.

As a reminder: If you are ever issued a discipline please consult with your steward or ONA Labor rep so that we can help review the discipline to be sure it is fair and accurate, and to be sure it is an appropriate level of discipline.

Staffing Request and Documentation Forms (SRDF)

Thank you to everyone that has documented your staffing concerns recently by filing a Staffing Request and Documentation Forms (SRDF)! The PNCC shared that they haven’t seen any written responses to these SRDF’s which are required by contract. These written responses are to be sent to the nurse filing and the PNCC chair. The executive team recently reminded the management team of this obligation so you should start seeing responses soon. Please continue to document your concerns and if you have questions please reach out to a member of the PNCC!

SRDFs are a vital way to document and elevate your concerns around safe staffing. There has been some confusion lately over how to find and submit an SRDF; see below.

SRDF

- Is your staffing compliant with your staffing model for your shift?
- If no, notify your supervisor.

Patient Care Coordinator is expected to notify your manager or supervisor.

When to fill out an SRDF

If you are unable to meet your assigned patient care needs without a risk of patient harm and/or are not getting lunch or breaks, please fill out an SRDF and utilize the chain of command to advocate for help in the moment.

Chain of command includes the following order:

1. Patient care coordinator or weekend facilitator
2. Nurse manager or nurse supervisor
3. If they are unavailable, please call the manager on-call at 541-554-8885
4. Director Mary Allred
5. Administrator on call at 541-852-8847

How to fill out an SRDF

1. Sign onto a work computer

continued on page 4
Update on Flu Vaccine Declination Process

PeaceHealth created a lot of confusion recently in their communications about the seasonal flu vaccine. ONA wants to assure you that you have the right to decline the vaccine and do not need a medical reason to do so.

We recently received updated information on how you can register your declination if you do not want to get the vaccine. A link to the declination form can be found by clicking on the “Flu Vaccinations!” tile shown on photo that is found on Crossroads.

Documentation showing the caregiver received a vaccination or the declination form can be sent to Employee Health via email at RSPHO-EHRNSharedEmail@peacehealth.org or by faxing the documentation to (541) 222-2548.

You are not required to make an appointment with Employee Health to register your declination.

ONA Nurse Leadership Institute - Build Your Leadership Skills

Are you interested in taking your career to the next level? Apply today for the Oregon Nurses Association’s Nurse Leadership Institute (NLI). This free, year-long program is designed to help you improve your leadership and communication skills. Join a dynamic group of people who want to make positive change in health care through politics, practice and labor. In 2021, the NLI will focus on equity in nursing and health care during a series of monthly classes, a group project and a mentorship opportunity.

Space is limited and the deadline for applying is Nov. 30.

To learn more and complete your application, visit:

www.OregonRN.org/NLI

Staffing Request and Documentation Forms (SRDF) (continued from page 3)

2. Click on “Crossroads"
3. Click on “Clinical"
4. Click on “Nursing Online”
5. Click on “Resources for ONA”
6. Choose “Home Care SRDF”
7. Fill it out the best you can

Where does the SRDF go?

Nursing administration, ONA and the Professional Nursing Care Committee (PNCC) for review and analysis with a contractual response from nurse managers within 30 days.

Per ONA/SHHCS contract Article 17.7: The SHHCS will assure that documentation of staffing deficiencies and requests are not discouraged.

Why fill out an SRDF?

To increase patient safety, staff safety and improve patient care. Just like charting: If it isn’t documented, it didn’t happen.

Do you have questions and/or concerns? Reach out to one of your PNCC members listed on the ONA/SHHCS website: www.OregonRN.org/85. You may also email ONA’s Nurse Practice Consultants for assistance: Practice@OregonRN.org