

Surgical Services Managers Make Unilateral Changes in Main OR

July 25, 2017

SHMC Executive Committee

- Lynda Pond (Labor and Delivery)
- Nancy Deyhle (ICU)
- Phyllis Hurt (NICU)
- Kevyn Paul (ED, University District)
- Jessica Detering (Labor and Delivery)
- Wendy Nau (OHVI 5)
- Lola Williams (Orthopedics)
- Abby Maurer (MOR)

Grievance Committee

Chair: Laura Lay
(Mother Baby)

SHHCS Executive Committee

- Shirley Hofeld (Home Infusion)
- Maggie Yokum (Home Health)
- Karen Rice (Home Health)
- Jo Turner (Hospice)

Maureen Smith

ONA Labor Relations Representative
Smith@OregonRN.org
541-726-0772

Claire Syrett

ONA Labor Relations Representative
Syrett@OregonRN.org
541-953-7736

The Oregon Nurses Association (ONA) has learned that surgical services managers at Sacred Heart Medical Center (SHMC) have decided to replace the six charge nurses in the main operating room (OR) with clinical nurse supervisors—positions that fall outside the bargaining unit. This plan came to light after one charge nurse position was eliminated and replaced with a clinical nurse supervisor position, and only after ONA requested information did surgical services managers provide any details about this decision. According to the managers, they plan on replacing the charge nurse positions by “attrition.” We think the charge nurse role is an important position and should not be eliminated, but if surgical services managers wanted to make a change, they needed to notify unit staff and ONA leadership.

The surgical services managers indicated they wanted to avoid a reorganization. However, a

reorganization is a process clearly laid out in the contract that requires nurses receive notification and certain protections as administration makes changes to the work force. The decision to replace charge nurses in the OR, however, was made unilaterally with no input from the staff, including current charge nurses, and no negotiation with your elected bargaining unit executive committee.

Nurses in the OR have many concerns about this unannounced plan for surgical services:

- Potential disparity in wages between nurses doing similar work.
- Managers doing bargaining unit work, i.e., taking away jobs from represented nurses.
- Lack of transparency in hiring. Charge nurses are interviewed by their peers but there has been no nursing input for the clinical nurse supervisor position, and no panel interview of the first clinical nurse

supervisor hired.

- Difficulty filling the positions with qualified nurses. Nurses have said they would not apply for the position if it's not in the bargaining unit.
- Potential violations of the unit staffing plan.
- Fewer nurses to share in the call burden. SHMC administration has raised concerns about the number of nurses taking call and proposed on several occasions to take away the 15-year call exemption for staff nurses in the OR, but now they are proposing to take a total of six charge nurse positions out of the call rotation as these positions are eliminated.
- Creation of unnecessary division among nurses.

At a time when the nurse leaders at SHMC are talking about shared governance and Magnet status, the surgical services managers' plan is a move in the wrong direction. Nurses in the OR have requested a meeting with SHMC nursing administration to discuss their concerns.

Update On Our New ONA RNCM/UR Colleagues

Since winning their union election in May of this year, our nurse care manager (RNCM)/utilization review nurse (UR) colleagues have been hard at work. Nine nurses volunteered or were nominated to be on the RNCM/UR bargaining team that will negotiate the terms of bringing these newly represented nurses under the ONA/SHMC contract. From that pool

of candidates, we elected three RNCM nurses—Anne-Marie Burns, Tammy Strehlow, and Michelle Zoller. Because the team wanted to ensure UR's inclusion as we proceed, we expanded our team to include Tami McNealy from UR, who received the fourth highest number of votes. McNealy's appointment to the team is permitted by

(Continued on page 2)

Update On Our New ONA RNCM/UR Colleagues (continued from page 1)

the bargaining unit bylaws, which allow the team to appoint an additional position for an underrepresented unit.

The bargaining team is now preparing an information request for SHMC administration prior to negotiations. They completed a long

bargaining training session with ONA labor relations representatives Maureen Smith and Claire Syrett, and they have drafted a pre-negotiation survey. RNCMs/URs should watch their email for forthcoming information about how to access the survey.

Preparation Work Completed

- ◆ Bargaining team nominations
- ◆ Team elected and expanded to include UR
- ◆ Bargaining training for team
- ◆ Team drafts pre-negotiation survey

Med/Surg Discharge Nurse Trial Wrapping Up

Since the January of this year, our ONA executive committee has been working with Heather Wall, director of Med/Surg, on a trial of a discharge nurse position on each of these units: 8 Medical, 7 Surgical, Oncology, Neurology, and Orthopedics. Each unit's discharge nurse coordinates discharge planning from the time of patient admission, with the goals for the position of decreasing the length of stay, expedite patient throughput, and improving patient experience.

The trial began in mid-February and ended on June 30. Both ONA representatives and the Med/Surg leadership agreed that conducting a survey before the trial ended was a good way to collect staff feedback about the trial's success, gather suggestions for improvement, and identify areas of concern.

We had 102 nurses complete the survey, which is approximately 50 percent of the nurses on the trial units. Of those 102, 86 percent said they thought the discharge nurse position is

working well on their units. Here are some comments nurses made about the position:

"Having a discharge nurse is great in my opinion, especially with SNF [skilled nursing facility] discharges. The discharge nurse frees up the primary nurse to focus on patient care."

"I believe having a dedicated discharge nurse allows for proper patient education—ie the floor RN not just trying to 'get it done and out the door.' I also believe the discharge nurse making the follow up calls is very valuable in reducing readmissions."

Nurses expressed concerns about the discharge nurse position as well, including concerns with insufficient education about the role of the Discharge Nurse, fear of losing an acuity nurse as a result of this new position, and a "messy" kickoff to the trial program. In addition, some nurses reported that they would prefer having an additional floor nurse to having a

discharge nurse.

Heather Wall assured ONA that the discharge nurse does not replace other staff and should not have an impact on the unit's ability to staff to acuity.

Our ONA executive committee has agreed that the discharge nurse positions should be permanent, but that communication about the role of the position and continued feedback from unit nurses is important to the position's success.

[Complete discharge nurse survey results](#) are posted on our bargaining unit webpage. You can also find a [breakdown of results by unit](#).

There are some differences in how the position is working on each unit, which is important information for unit-based committees (UBCs) and managers to continue to review.

OHVI 5 is also trialing a discharge nurse position, and we'll be following up with that unit soon. Thanks to all nurses who shared your feedback thus far—your voice matters!

Health Benefits Review Committee Seeks New Members

During our last contract negotiations, our ONA bargaining team advocated for nurse participation in a health benefits committee. Starting in fall 2016, ONA has been participating in a health benefits review committee with members of SEIU and representatives from PeaceHealth human resources. This committee, which meets quarterly, is charged with identifying and addressing barriers to accessing benefits and services, and other matters related to health insurance benefits. In addition to its official purpose, the committee offers a unique opportunity for represented employees from ONA and SEIU to

share their common concerns regarding health insurance with SHMC human resources and to work together to address them.

We are currently seeking two additional ONA-represented nurses to join Allison Hyder (Hospice) and Lynda Pond (Labor and Delivery) on the committee. If you are interested in learning more about this committee and its work, please contact ONA labor relations representative Claire Syrett at Syrett@OregonRN.org or 541-953-7736.