Update on June 12 RiverBend Reorganization Negotiations

Two twelve-hour shifts – where’s the evidence?

We opened up negotiations with Oregon Nurses Association (ONA) Executive Committee member, Matt Calzia, presenting evidence-based research on the negative impacts of 12-hour shifts on nurse’s health and patient outcomes. Matt shared that many hospitals are working to eliminate 12-hour shifts. In light of the vast amount of evidence it’s difficult to understand how Sacred Heart administration could be proposing to increase 12-hour shifts.

We asked management to share the data that they used to recommend the dramatic increase in 12-hour shifts. They said they were not prepared to do so but would be able to respond to us in July. That surprised us since we assumed that they had conducted this research before making their proposals. Heather Wall did say that one of the reasons was to have more “flexible resources” as recommended by “The Advisory Board” a consulting firm.

Heather also mentioned the need to have nurses working at straight time and not at premium pay. We’re not clear on how twelves solve that problem but management’s proposals do create many more part-time positions than currently exist.

Charge Nurses Speak Out

Charge nurses did great presentations on the impact of the proposal to eliminate some of the charge nurse positions and change all of them from 9-hour to 12-hour shifts.

Kathy McBride - night shift charge nurse, pediatrics, shared her personal view of how these changes would affect her both professionally and personally. This is an excerpt from her statement, for her full presentation follow this link.

“I have been with PeaceHealth for almost 14 years. I have spent all my time on nights. I have also been a preceptor and mentor to many RNs. Where do the new grads go? They mostly go to nights, I have mentored many RNs and continue to mentor new grads on pediatrics.

We all understand that this is a business and you are trying to make business decisions. But what I feel you have forgotten is this is a business that is all about people. No one really gets into nursing for the money, we are in this because this is where our heart is, because we are caregivers. It is in all the little and big things that we do. I have been there when a family and patient find out they are going to be okay and I have been there holding a mother who just lost her child.

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Sacred Heart Medical Center (SHMC) and Sacred Heart Home Care Services (SHHCS)

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If your hearts were at the bedside, you would not be doing this. You would realize how this will impact the patients, the staff and the community. You will be losing the heart of this hospital which the nuns worked so hard to build to serve the patients and the community. You will be losing so many knowledgeable and experienced nurses.”

**Lola Williams** – day shift charge nurse, orthopedics: shared that she would lose three nights a week at home sharing meals for her family, she’d have no ability to attend her child’s after school games or other activities. She also stated that the physical toll would be great on her and that the patient outcomes would likely suffer due to nurse fatigue. She said that mistakes will happen due to these long hours of work.

**Cathy Cochran** – OHVI4 evening shift charge nurse, talked about the loss of expertise if this proposal results in charge nurses leaving the institution and how the acuity on OHVI 4 would be extremely challenging on a 12-hour shift. She challenges Sacred Heart Medical Center (SHMC) as a Catholic herself to be in service to others which is part of the Catholic mission. Why doesn’t the hospital take the progressive stance of listening to their nurses who have spoken up to say that the 12-hour shifts move will not work for them? Cathy suggested that a blended model of eight and twelve-hour shifts will create more happiness and keep SHMC on the pathway to Magnet Status.

**Jacqui Weaver** – labor and delivery, day shift charge nurse, shared that she’s been a charge nurse for over 15 years. Labor and Delivery can be extremely challenging with the nature of the patient population of both mother and infant presenting emerging cases with no ability to anticipate. To be the charge nurse responsible for all the patients (two per each case) and the RN’s, anticipating the staffing needs, etc. already contribute to fatigue which would be much worse with a 12-hour shift. She stated, “We had some bad outcomes in the past couple of years in this department and implemented changes to make sure we can be safe in the future and I would hate for those things to be lost due to nurse fatigue.”

**Lynda Pond** – ONA executive committee co-chair and former labor and delivery charge nurse, spoke about her experience of going back to the floor in a 12-hour shift after being a 9-hour charge nurse. She shared that at 65 years of age, working three days in a row, by the third day she is unable to function. This has had a negative impact on her physical health. She shared that “I think it is going to cost the hospital in terms of quality care givers.”

We hope that nursing administration heard the voices of these charge nurses and our survey results which showed that nurses are less likely to want to be a charge nurse if they have 12-hour shifts and many nurses will no longer want to facilitate. Nurses also expressed disappointment on the negative impact the proposal would have on these senior, respected and experienced nurses.

Discharge and Resource Nurses

Management was not moved by the huge show of support for the Resource and Discharge nurses. When your ONA Executive Committee asked for a response after the May 18 negotiations, they said that they have not changed their position on the Resource and Discharge nurses and maintain that they want to “reassign” those nurses. These are not assignments, they are positions and nurses should be respected for their valuable contributions to patient satisfaction and quality care. These positions have also proved to be helpful in nurses getting meal and break relief. No plan has been shared as to how units would be able to maintain the level of care for patients or support for nursing staff if these positions are eliminated.

We have not given up the fight and will continue to advocate for these important positions. We maintained our proposal that these positions are maintained and that the vacancies are posted.

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Sacred Heart Unions Band Together for Action

A delegation of approximately 40 Sacred Heart caregivers gathered together on the morning of Monday June 18 to deliver their messages to Sacred Heart administration. Wearing “Respect our unions respect our contract” stickers hospitalists and housekeepers, certified nurse assistants and nurses crowded shoulder to shoulder in the small administration reception area and filled the hallway outside. The hospitalists were there to provide Sacred Heart administration with a courtesy notice of their rally planned for June 28 to draw attention to their fight against subcontracting language proposed for their contract. ONA members delivered a letter announcing their intention to participate in that rally. SEIU members handed over a stack of signed petitions calling on administration to respect the negotiations process. Delegation leaders asked to speak briefly with Joe Mark, interim chief executive officer, but were told he was in a meeting and unable to meet with them. The receptionist offered to relay their message to Mr. Mark as well as letting him know how many people had come to speak with him. While she would not take the letters or petitions directly from the delegation leaders she did promise to let Mr. Mark know the documents were waiting for him at the front desk. No communication or acknowledgement of the delegation has been provided by Mr. Mark but there is little doubt that this joint action by Sacred Heart unions drew his attention to our combined strength and willingness to stand up together.

Our next session is Monday, July 9 at 12:30 in 200 CD. Show your solidarity by wearing black!

The delegation of PNWHMA, ONA and SEIU members on June 18th
ONA has delivered a notice to interim chief executive officer, Joe Mark, that we intend to hold a rally with the other SHMC unions to support the Hospitalist who are in federal mediation with PeaceHealth for a renewal of their contract.

The Rally will be Thursday June 28 from 3:30-5:30 p.m. on the public sidewalk at the intersection of Martin Luther King and Cardinal Way. The theme of the rally is “workers united for quality patient care” and we’re asking people to wear black as a show of solidarity. We have invited the media and local elected officials to help bring attention to the tough situation facing the hospitalists.

One of our unit representatives shared this message when talking to their co-workers about why to attend the rally. “In the last several years, we have seen more and more of our colleagues come together and vote to be represented by a union. In 2014, our brave hospitalists banded together and formed the country’s first hospitalist union. They were compelled by PeaceHealth’s intention to outsource their jobs, which would have left them in the power of a remote outside company which would not understand our community or share its values. They stood up and after a long and arduous negotiation obtained their first contract.

They are now in the middle of tough negotiations, currently in federal mediation, for their new contract. PeaceHealth has dug in, demanding language that would allow them to outsource these positions. If they get this and use it, it would effectively dismiss their union and leave them at the mercy of an unknown outside entity. We will join workers from our other unions to stand with the doctors as they have stood with us. We stand taller when we stand together.”

Remember - this is not a work stoppage or slow-down. You can attend this rally before or after your shift or on a day off. We encourage you to bring your family and friends! Let’s show PeaceHealth Administration that we are united for quality patient care!

ONa Layoffs Announced at Sacred Heart Home Care Services

ONA was notified last week while we were in the RiverBend Reorganization negotiations of Sacred Heart Home Care services intent to eliminate the jobs of seven of our members. We were invited to attend meetings on that Wednesday and received the details of the layoff at the same time as the impacted nurses. We believe that the way this was handled is a violation of our contract. It is also our understanding that this change did not go through the contractually negotiated staffing task force.

ONA is communicating with the impacted nurses to help support them through this difficult announcement.

The following are more details of the staffing changes announced last week. In Home Health management is eliminating two on-call positions and more than 50 percent of the full-time equivalent (FTE) from the intake department. In Hospice they are also eliminating two on-call positions (one is vacant). There will be two new evening and two new night shift positions to cover patient calls in addition to being assigned other work duties for the duration of the shift. This is a significant change to these positions as evening and night shift positions have previously only been covered by call.

Management is also creating three new Patient Care Coordinator (PCC) positions - similar to Charge Nurse positions. These positions are not filled solely based on seniority but with an interview process so none of the displaced nurses have rights to the PCC jobs although they are able to apply for them if qualified.

ONA has agreed to the posting of these newly created positions but stipulated that they can’t be filled until the impacted nurses have an opportunity to learn more about these new positions and their layoff rights. We are still waiting on some of the necessary information to help these nurses make informed decisions and hope to receive that at our meeting. We understand that the Hospice nurses have had an increased call burden due to management not posting one of the call positions while they were developing their new staffing model. While we understand the desire to post and fill the new positions as soon as possible, ONA representatives are doing our best to support everyone involved. The majority of the impacted nurses have worked for PeaceHealth for many years and this has been quite a shock to them. The ONA Home Care Executive Committee and ONA staff will be advocating for these nurses at the upcoming meeting and will keep you all informed about the outcome.