The Oregon Nurses Association/Sacred Heart Medical Center (ONA-SHMC) Executive Committee held another negotiation session with Chief Nursing Officer, Heather Wall, and her team on Monday July 9, over her proposal to move a majority of nurses to 12-hour shifts. After some discussion regarding data on meals and breaks (see related article), Ruth Franke, SHMC Director of Critical Care Nursing Services, offered the hospital’s response to the ONA-SHMC’s team request for data supporting the plan to move to 12-hour shifts. The data provided was an attempt to refute data that ONA-SHMC team member, Matt Calzia, had presented at the previous session which showed increased health risks for nurses who work 12-hour shifts mainly due to the cumulative effects of fatigue, as well as increased risk for errors at the end of a nurse’s 12-hour shift. In their response, the hospital said the most nurse fatigue studies showed problems related to schedules rather than shift length and noted a study that said errors were not more prevalent in 12-hour shifts versus 8-hour shifts. Ms. Wall noted she had read studies which found that evening shift nurses had more disciplinary issues, behavioral issues and other problems than any other shifts. (The hospital’s proposal would eliminate evening shift for most units.) Citing the fact that circadian rhythms are thrown off by night shift work, she noted that the hospital could provide things like full spectrum lamps to night shift workers to alleviate some of those issues. She shared that the SHMC is promoting the “Healthy Nurse, Healthy Nation” program and encouraging nurses to take charge of their lives and eat healthy, exercise and get more sleep. There seemed to be a major disconnect to the evidence provided by the ONA team showing the negative health effects of longer shifts. The ONA-SHMC team debated the merit of the studies cited as they involved small sample sizes that they did not consider statically valid.

Ms. Wall offered that many Magnet hospitals operate with 12-hour shifts and also cited the need for “flexibility.” She stated concerns about hand-offs of care and her belief that two hand-offs would be preferable to three. Your ONA team pointed out research that showed the quality of the hand-off is impacted by nurse fatigue and therefore two handoffs may not result in improved transfers of care. At no point did the management team provide evidence that 12-hour nursing shifts improve patient outcomes or lead to a higher quality of patient care. Following this discussion, SHMC put forward a revised proposal that would require 50 percent of all nursing shifts in the targeted units – a reduction of 25 percent from their initial proposal. In
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presenting their revised proposal, Mr. O’Connell, the out-of-state attorney hired to work with the SHMC management team, stated that the ONA-SHMC team had miss-represented our member’s desires in how we framed the results of our survey. He asserted that management believes there are more than 25 percent of nurses who would like to work 12-hour shifts. Our ONA-SHMC team stands behind our membership survey which had an 80 percent participation rate from impacted Riverbend nurses. The hospital did not directly respond to the ONA-SHMC counter proposal presented at the June 12 session which would have provided for 25 percent of positions to be 12-hour shifts with nurses taking those positions on a voluntary basis.

After asking some clarifying questions about the proposal, the ONA-SHMC team reminded the SHMC’s team that retention would be harmed by their proposal and that they were already losing nurses who have left out of fear that they would be forced to work 12-hour shifts. Nurses on the team, and observing in the room, shared their concerns about the impact of moving to 12-hour shifts on their health, family life and their ability to pursue additional education; something the hospital desires as part of achieving Magnet status. In response, Ms. Wall stated that nurses were individually responsible for making healthy choices in their lives and that she could not be held accountable for that.

The negotiation session was adjourned with parties scheduled to meet again on July 18, 12:30 - 4:30 p.m. in 22 QR (2nd Floor near Nursing Administration) and again on July 31, 12:30 - 4:30 p.m. in room 200FA. Nurses and other staff members are encouraged to attend. No further dates were agreed to at this time.

Meals and Breaks Plans: Where is the Data?

Our ONA-SHMC Executive Committee is encouraging unit based practice councils (UBPCs) currently working on meals and breaks plans, to hold firm on developing plans that utilize best practices for ensuring nurses get their legally and contractually required meal and rest periods. During the July 9 negotiation session, Ms. Wall stated that UBPC’s were not doing due diligence in using data about missed meals and breaks to develop their plans. ONA-SHMC labor relations representative Maureen Smith, objected to this characterization clarifying that it was the hospital that has failed to provide UBPCs with the data they needed to do their work.

Heather stated that the data would be provided to the UBPCs as soon as possible. ONA-SHMC has been receiving reports that SHMC managers are attending UBPC meetings having already determined that unit staffing plans must meet pre-determined budget targets. If true, this does not meet the criteria for the development of unit plans which by contract are to be done through consensus. Representatives from the RiverBend Nurse Staffing Committee and ONA Executive Team will be attending your upcoming UBPC meetings to assist units in reviewing the meal and break data, assist with working on your staffing plans, meal and break plans.
Hundreds Rally in Support of Hospitalists and other Sacred Heart Workers

On June 28, over 300 people joined together on the corner of Martin Luther King Blvd. and Cardinal Way in front of Riverbend to stand in solidarity with members of the Pacific Northwest Hospital Medicine Association (PNWHMA) who are in mediation with Sacred Heart Medical Center (SHMC). Doctors, nurses, certified nurse assistants, technical workers, housekeepers and operating engineers joined the rally standing shoulder-to-shoulder with members of the community who turned out including firefighters, teachers, university professors, graduate teaching assistants and home care nurses. The rally was covered by all the local media outlets. A number of state representatives and senators also attended. Senator James Manning spoke to the crowd and shared that he and the other elected leaders were there to stand with SHMC workers to protect their jobs and ensure they are able to provide quality patient care in our community! Other speakers included Dr. David Schwartz, president of PNWHMA, Lynda Pond, co-chair of ONA-SHMC and ONA President, Adrienne Enghouse, President of Oregon Federation of Nurses and Health Professionals, Meg Niemi, President of Service Employees Union 49 and Anna Blackman, Certified Nursing Assistant (CNA) and SEIU SHMC Executive Board member. The crowd waved signs, rang cowbells and blew whistles for two hours as they stood strong together in the face of SHMC administration’s proposals to outsource our local hospitals, force nurses and CNAs to move to 12-hour shifts and eliminate CNA and Resource and Discharge Nurse positions at Riverbend.

Don’t Give Up – Stand Together and Stand Strong!

We are hearing from many nurses that have already left their positions at PeaceHealth and many more that are interviewing and seeking employment opportunities elsewhere due to the uncertainty of the reorganization negotiations. On behalf of your ONA Executive Team, we want you to know that we hear you and we are fighting! We understand your fear and we understand why you are afraid to wait. We would ask that you stay and fight with us. Let management hear you. Together our voice is so much stronger! It’s imperative that we stay strong and stand together. If you feel like you’re unsure of what is going on please reach out to your labor relations representatives or one of your ONA Executive Team members at any time.

What else can you do?
- Show up at negotiations and wear black! Next session will be Wednesday, July 18.
- Attend an upcoming ONA member meeting and stay informed, Tuesday, July 24, time and location TBD.
- Talk to your coworkers.
- Share your story with your leaders about these proposed changes and they will impact you and your family.
Sacred Heart Home Health Services (SHHCS) notified ONA in June 2018, of their intent to eliminate the jobs of six of our members that will take effect on July 31. Some of the displaced nurses were able to transition into open positions within Home Care services, but some of the nurses were left without a choice that fit their needs. Your ONA Home Care Exec Committee has been advocating for these nurses and helping them make informed decisions about their options. Although management is within their right to do a work force reduction, we remain very concerned about how this will impact the staffing and workflow in these departments. ONA is also concerned that the decisions were made without the input of the frontline caregivers.

The following are details of the staffing changes. In Home Health, SHHCS management is eliminating two on-call positions and more than 50 percent of the full-time equivalent (FTE) from the intake department. In Hospice, SHMC management is 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.

SHHCS 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.

The nurses that are affected by this layoff have dedicated together more than 103 years to caring for patients and their families at PeaceHealth. A couple of these amazing nurses were willing to share their story.

Judy Burke graduated from nursing school at Lane Community College in 1989. She worked as a post-surgical nurse in a local hospital as well as long term senior care as a charge nurse and resident care manager before becoming involved in home health nursing. Judy had been in home health nursing for more than 15 years and she loves it! Judy said “It has been very rewarding to be part of the healing process for so many and it’s wonderful to be able to help folks stay in their own homes as they recover. Once a nurse, always a nurse.”

Rachelle Warren has dedicated 31 plus years to PeaceHealth as a nurse. Rachelle shared the following, “I was given an opportunity as a young nurse who needed some experience to work in the float pool. I was immediately assigned to the ORC. I stayed and enjoyed seven years of camaraderie with co-workers and developing my ability to provide holistic care. I obtained my certificate in Rehabilitative Nursing. Several of my co-workers had transitioned to Home Health care and with some consideration found this to be an excellent fit to my way of providing health care to the community. I have served most areas of Lane country but the majority of my Home Health career was serving the Junction City and outlying areas. I have gained so much knowledge about this beautiful oasis we live in and the salt of the earth people who have created it. I feel I have been a part of it. Which makes me proud. Thanks for the memories.”

Joint Actions Continue – “Wear Black” Wednesday is now the new fashion statement for nurses throughout the house. To show our dissatisfaction with the hospital’s continued push for more 12-hour shifts, we are asking nurses to wear black scrubs on Wednesdays. SEIU members and the hospitalists are also planning to engage in this show of solidarity. Also, keep an eye out for more “Workers United for Quality Care” stickers being handed out on the units and be sure to wear yours with pride!
Professional Nursing Care Committee Nominations Open

The Professional Nursing Care Committee (PNCC) is holding elections. The PNCC is a contractually created committee comprised of bargaining unit nurses that provides, per Article 17 of the ONA-SHMC contract, “coordinating, constructive and collaborative approaches with the Medical Center to problem solve regarding professional issues” including considerations for improvement of patient care and issues related to the practice of nursing within the hospital. This committee makes recommendations to SHMC for ways and means to improve patient care. To accomplish this work, the committee conducts research and reviews Staffing Requests and Documentation Form (SDRF) submissions as well as manager’s responses. The committee also oversees the ONA Education Funds and the ONA contracted Tuition Reimbursement funds. Time spent in committee meetings is paid time. The PNCC currently meets once a month from 4 – 7 p.m.

Nominations can be submitted using the PNCC nomination form below and you can find the form online at www.OregonRN.org/86. There are 10 positions to be filled. If more nominations are received than available positions, an election will be held. Nominations will close on Friday, July 27, 2018 at 5 p.m.

Please try to gather a signature from every nurse you nominate, including yourself. We must have a signature (which serves as a consent to serve) from each nominee before their name can appear on the ballot.

DEADLINE IS July 27, 2018

You must be an ONA member to serve.

If you have questions, contact Maureen Smith by email at Smith@OregonRN.org

CONSENT TO SERVE

If appointed/nominated, I consent to serve for the following offices (list all that apply):

Printed Name ____________________________ Signature ____________________________ Date ____________________________

Home email: ____________________________ Mobile phone: ____________________________

Best time to reach me: ____________________________ Best way to reach me: ____________________________
Congratulations to Cheryl Brewer, RiverBend Nurse Staffing Committee Co-Chair and OHVI 5 RN

We want to say “Thank you” to Cheryl Brewer! Cheryl stepped down from her position as the Chair of the RiverBend Nurse Staffing Committee in June 2018. Brewer has been a tireless advocate for quality patient care and safe staffing standards. Cheryl has been able to do all of this while remembering to keep things fun! Anyone remember the Cupcake Revolution?

She always stood up for what was right and wasn’t shy about reaching out to upper management to let them know what the nurses were thinking!

In an email that Cheryl sent just before stepping down from the Staffing co-chair role, she shared these thoughts with Victoria King, Chief Nursing Officer for the entire PeaceHealth system, “I would hazard a guess that highly reliable organizations go back after a rollout to review misses in education or unanticipated problems and fix them. Education and evaluation, is never really complete and must continue and leaders need to ask open ended questions and dig deeper. In many cases, I have not seen this occurring consistently across the organization.

For reference I have used the chain of command for years with minimal return on my time investment:

Reported problems with the phones for 10 years, no resolution.

Reported problems with West call for 10 years, no resolution.

Reported falsely low readings on thermometers due to incorrect cleaning, finally housekeeping is cleaning correctly after 8 years, though every several months have to report broken equipment as they are found taped together still occurring.

Difficultly in reporting broken equipment due to multiple systems in place requiring a staff member to figure out the name of the unit they are on - sometimes 3 names for one unit. Still unresolved.

Education difficult to document in Epic, 2 years.

No audit of nurse charting in Epic since go live 2 years ago with the exception of ICU.

No review of problems with the go live of the patient education Journeys. Many things stacked behind one thing.

Sharps containers over the fill line exposing patients and staff to possible needlesticks, some improvement but still occurring after reporting approximately 6 months ago.

Reported not having lifts in 1/5 of the rooms on my floor for 10 years. Finally purchased and installed after 10 years this month.

Over the years, I have directly reported my concerns to my manager, directors who have come and gone, used the DMS board , the C suite who has also come and gone, incident reports and most recently Safety Stops. While the new focus on zero harm is commendable, the system needs to start fixing things. Lean processes need to start at the top.”

Cheryl, you’ve inspired your fellow registered nurses (RNs) to stand up and speak truth to power. We will miss you but you deserve to enjoy your retired life and we know you’ll bring the same fun, spirit and energy to your next adventures! Congratulations!