Health Insurance Impact Negotiations Begin

ONA and PeaceHealth met on Thursday, May 27 to bargain over the impacts of the changes to members’ health insurance coverage.

PeaceHealth is obligated to inform ONA of significant changes to your benefits plan in accordance with our collective bargain agreement. Instead of informing us there would be changes, they actually told us there were no significant changes. It was not until members started coming forward with startling stories of higher costs and lost services that we realized the changes were in fact significant. A large part of the session was devoted to sharing direct testimonials from members of those negative impacts with PeaceHealth administration.

Bargaining team members from SHMC, SHHCS, Peace Harbor Medical Center and the hospitalists’ union took turns reading members’ stories and sharing their own. The stories shared ranged from having to pay hundreds of dollars out of pocket for care that used to be covered by insurance to a heartbreaking story of a nurse’s dependent who spiraled into a suicidal depression because the new insurance wouldn’t cover the medication that had kept his mental health stable.

Surprisingly, the PeaceHealth representatives offered no response to these testimonials – not even a “we are sorry employees had these difficult experiences.” There was zero acknowledgement of the stress, anxiety and health impacts the changes in insurance has caused; changes implemented while caregivers struggled with a pandemic.

The PeaceHealth representatives did say that they were willing to work with individuals to try to resolve any problems they were having. When we pointed out that none of our members were aware of this offer or had contact information for someone who would help them, management offered no guidance or information for us to pass along. Stephanie Sloggett O’Dell, the lead PeaceHealth negotiator, kept insisting that they would fix things for members on a case-by-case basis.

ONA believes that this situation needs a global solution. Leaving it up to individual members to get in touch with some unknown PeaceHealth representative to try and get their situation resolved is not an acceptable solution.

The ONA team requested that PeaceHealth send out communication to all members alerting them to this offer for help and providing contact information. The PeaceHealth reps wouldn’t commit to doing this. ONA is seeking that all members be made whole financially for any increased cost they experienced due to the changes.

The lack of responsiveness by PeaceHealth negotiators in this session was frustrating and discouraging. We were able to get a commitment that PeaceHealth would provide ONA with information about the impacts to ONA members, rather than the general information they had provided about the

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impacts system-wide, which aren’t relevant to our experience in Lane County.

ONA made clear that the remedy is to make everyone whole. We plan to meet again in about a month to continue discussion, hopefully informed by better data about what our members have experienced.

We strongly encourage all members to keep any receipts for health care expenses you have incurred since January, along with every piece of detailed information you have that demonstrates your increased expenses. These could be very important in getting you made whole if we reach a positive resolution to this issue.

Please keep your stories coming too. You can send them via email to Syrett@OregonRN.org.

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**SRDFs Trends at RiverBend and University District**

**Staffing Request & Documentation Forms (SRDFs) provide important information on trends at RiverBend and University District**

Every SRDF filled out gets sent to a large list of recipients. This includes the chief nursing officer, directors, managers, the Staffing Committee, the Professional Nurse Care Committee (PNCC), and the Labor Management Committee (LMC). Members of the PNCC do a detailed review of the SRDFs on a monthly basis to identify trends and areas that need attention. Here is a summary of those trends from RiverBend:

- Meal & Break RNs being frequently used and pulled off their meal/break role to take patient teams or to resource leading to an uptick in missed meals/breaks for nursing staff.

- Not enough resource nurse availability for units that allow for resource nurses (e.g. ICU); generally, a need and consistent ask for resources/acuity nurses and CNAs to be available or provided for all units.

- Not enough ancillary/CNA/PCS/CMU/Telesitter/Surgical Tech staff available house wide. Many incidences of not having enough PCS staff and utilizing 1 PCS as a 1:1 for multiple patients at the same time, or not having enough Telesitters and CMU/Telesitter staff to monitor high safety/falls risk patients house wide.

- Reports of actual and potential nurse practice and patient care delays, omissions, and/or errors as a result of being short staffed that could have led to patient injury and one incident of an actual patient injury.

The analysis for University District also pointed to missed meals and breaks and not having enough ancillary staff on shift as being the main causes for units not being able to maintain staffing to the staffing plan.

Filing SRDFs does make a difference so please take the time to fill one out if you experience unsafe staffing, missed meals or breaks or can’t maintain your staffing plan. The SRDF form can be found on Crossroads.

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**Riverside Chats at RiverBend**

**By Anne-Marie Burns, nurse care manager, Professional Nursing Care Committee (PNCC) and Cultural Transformation Council (CTC) member.**

Riverside Chats are a forum currently held three times per month with the goal of changing the culture at SHMC one conversation at a time. These conversations are hosted by Heather Wall, Chief Nursing Officer and me.

The Riverside Chats is one of the initiatives created from the CTC. It is a joint forum where all nurses are encouraged to come and talk or listen about experiences with any kind of incivility, bullying or moral injury that they have experienced.

With no formal agenda, the forum is a time for nurses to speak or listen and engage directly with Heather Wall and other Sacred Heart caregivers. The dialogue is respectful, sometimes uncomfortable, often very moving, honest, open and inclusive.
Riverside Chats at RiverBend  (continued from page 2)

Nurses who have spoken up have found that they are really listened to and that they will get the support that they need whether it be scripting on how to respond to a colleague or another member of the team such as a physician. It is for all who want to come together and create a culture at RiverBend that is deserving of the hardworking, caring, and professional team that we are.

Renee Thompson, DNP and CEO of Health Workforce Institute is another solution identified by the CTC. She is an expert on eradicating bullying and has consulted in hospitals all over the country to initiate programs to change the culture of incivility and bullying. Renee has wonderful ideas, tips, and advice on how to respond to bullying in the workplace. She also advises on how to treat each other in a positive and kind way. Many of her tips and ideas are simple and take little time, but they can change a bad day to a great day.

Another way of improving culture is transparency. At Riverside Chats you can learn and ask questions about new initiatives at Sacred Heart. Some of the past and or recurring topics are staffing shortages, staff retention, COVID policies, and anything else that nurses want to talk about. There is no pressure to speak. Just listening to the discussion and the ideas that are being tried out can create new ways of working and looking at how we cope with our stressful work.

Measuring our success at changing the culture is more difficult than measuring the other things we do each day. We are trying with tools like the bullying and incivility survey, but it’s tough to really quantify. Some nurses may feel that they are not seeing any changes whereas others may see a lot. Everyone can feel culture. You can feel when you are welcomed and respected. You can feel when you are treated like a replaceable part in a machine. Over time, a toxic culture creates moral injury and emotional trauma. This can negatively affect a nurse on a personal and professional level. Over time this can lead to mistakes that can cost a nurse their license. A positive and supportive culture empowers nurses to be their best and to stay in the profession longer.

Changing a culture is often painful, uncomfortable and sometimes difficult. It takes a lot of effort from everyone. It also takes dedicated leadership that’s willing to pay for the extra time necessary to slow down and fix things. But we are doing it at Sacred Heart through the CTC and the Riverside Chats, one conversation at a time.

The CTC and PNCC would like to invite each and every one of our nurses to join us in transforming our culture at RiverBend to one that is full of kindness, support, and professionalism. One step that you could take would be to attend a Riverside Chat. We look forward to hearing your voices, as we speak up together, to improve the culture we share at RiverBend through Riverside Chats.

SHHCS Committee Updates

PNCC Election Results

After a close race, a tie, and then a run-off we are excited to announce the SHHCS Professional Nursing Care Committee (PNCC) election results! Thank you to everyone that ran for this important committee and to everyone that voted.

◆ Alicia Harrison (HI)
◆ Allison Hyder (HO)
◆ Paul van Waardenburg (HO)
◆ Rebecca Coons (HH)
◆ Cindy Rasavage (HH)
◆ Joy Straub (HH)

SHHCS Workplace Violence and Prevention Committee

We recently have had some members take new positions in the agency and step down from their committee roles. The following nurses have been appointed to the vacancies on the Workplace Violence Prevention Committee: Lise Tilley (HO), and Jamie Williams (HO). Thank you to these nurses for stepping up to fill this important role!
This year’s Bargaining Unit Leadership Conference will look at the concept of Bargaining for the Common Good (BCG), how it impacts bargaining in health care, how it impacts our communities we care for, and how ONA might utilize these concepts to further our commitment to diversity, equity and inclusion (DEI) in the future.

Bargaining for the Common Good is a return to the roots of unionism – the basic idea of advancing shared interests. We are not just nurses, we are community members, parents, users of public transportation, social justice advocates and renters too! Our employers are required by law to negotiate employment contracts with us, but that only addresses one part of our lives and largely ignores the community members we live with and care for.

Failing to support our community members outside the hospital leads to problems inside our workplace. For example, nurses have cited the lack of community-based mental health services as a factor in increasing boarding and violence in hospitals. This is the definition of a lose-lose issue. Patients, nurses, and our community are all needlessly suffering because of the same problem. So, what happens when union members, especially nurses, take the power of bargaining and pull in the concerns of the communities we live in? How can we use our collective power to advance social justice goals and our values of diversity, equity and inclusion?

Join us virtually for ONA’s 2021 Bargaining Unit Leadership Conference, Friday, June 25 to learn more about the BCG framework and how negotiations can achieve win-win results both for ONA members and our communities.

Who Should Attend?
ONA members who are in a bargaining unit can attend for FREE. If you want to attend but are unsure about your membership status, please contact us.

Continuing Education
Limited continuing nursing education contact hours will be available.
Oregon Nurses Association is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.

Registration
Registration is open through June 4. Visit www.oregonrn.org/event/2021BULC to register today!