ONA Continues to Advocate for All Sacred Heart Nurses

As COVID-19 has resurred in Lane County, your elected nurse leaders have worked tirelessly to push PeaceHealth to do more for members who have endured so much over these past eighteen months. Your executive committee has held several meetings with PeaceHealth labor relations representatives to negotiate over COVID-19 related impacts. These meetings include negotiations on renewing the COVID-19 MOU which expired before the current resurgence in COVID-19 cases and the implementation of crisis staffing. We have been calling for PeaceHealth to reinstate and replenish the COVID-19 PTO Bank, agree to cover three shifts of missed work if you have an adverse reaction to the vaccine, provide 12 hours of incentive pay to receive the vaccine, and provide a retention bonus in the form of a disaster differential to all nurses who have stayed at the bedside working to care for patients during a staffing shortage.

To our deep disappointment PeaceHealth is saying “no” to every single proposal that involves additional pay or PTO. They can offer no real rationale for their refusal. They are taking a hard stand on every aspect of the COVID-19 MOU even though they agreed to many of these things last year. In the meantime, they have brought in over 300 travelers on rich travel contracts that cost several million dollars. While members are very relieved to have the help of these travelers, the fact that they are making so much money while PeaceHealth says “no” to any kind of retention bonus or additional PTO is shameful and wrongheaded. It’s a slap in the face to every nurse who has worked so hard over the past year to provide excellent patient care.

Many members have joined these meetings with PeaceHealth as observers even when meetings were called on short notice. Your attendance in these meetings shows PeaceHealth that you care about the issues being discussed. Please continue to show up and help keep the pressure on them. It makes a huge difference to have you there even in the virtual meeting space.

The vaccine mandate issued by PeaceHealth is another piece of these negotiations. ONA issued a demand to bargain over how the policy would be implemented. While we were meeting on this topic, PeaceHealth changed the policy twice. ONA filed an unfair labor practice (ULP) charge over this with the National Labor Relations Board (NLRB). It is a violation of labor law to unilaterally change a policy once a union has issued a demand to bargain over its impacts. That charge is being investigated by the NLRB and we hope to have a ruling before the end of the year.

We proposed that nurses who receive approved medical or religious exemptions be allowed to work with enhanced PPE and frequent testing. PeaceHealth has refused to consider
ONA Continues to Advocate (Continued)

this option and instead have placed all nurses who are not vaccinated, even those with approved exemptions on unpaid administrative leave. This has added to an already dire staffing shortage that those of you still at the bedside have been left to deal with. While the recent influx of travel nurses has helped, it is not a sustainable solution.

ONA has been working to ensure that all nurses placed on leave due to their vaccination status are treated fairly and according to the contract. The way PeaceHealth has rolled out their policy has been haphazard and confusing, with inconsistent and changing information. While the question of an employer requiring staff to be vaccinated has created a lot of controversy and even hurt feelings among ONA members, the fact is you are all members of the same union, and what impacts one, impacts all. As we navigate this challenging time, it is important we stay focused on the fact that PeaceHealth is making decisions and implementing their policy in a way that has contributed to everyone’s stress and anxiety. This is a choice they made. Your union leadership and labor relations staff have sought to represent your voices, concerns, and needs to them in the strongest way possible. We are all in this together and only by sticking together will we remain the strong and effective union that we have been for many years.

We plan to meet again with PeaceHealth to continue discussion of the COVID-19 MOU and will provide members with a link to those meetings through email blasts. Please join those virtual meetings if you are able. We are not through this pandemic yet and the impacts of PeaceHealth policy will continue to have consequences for your day-to-day working conditions.

Your elected leaders will continue to push PeaceHealth to provide you with some relief and recognition of your hard work and sacrifice.

Oregon Health Authority to Survey Riverbend Nurse Staffing Starting October 5

SHMC Riverbend Nurse Staffing will be surveyed by the Oregon Health Authority (OHA) on October 5! You may be approached by a surveyor who will ask questions about your unit staffing plan; how patient acuity and nurse work intensity are used to determine assignments; how meal and rest breaks occur; and if your unit has violated the staffing plan. SHMC was out of compliance with these statutory requirements when OHA surveyed them in 2017 and performed complaint investigations in 2016, 2019, and 2020.

OHA has a survey monkey “interview” open to all SHMC RB nurses, CNAs, doctors, other staff, and patients. Per OHA: “As part of the survey, hospital staff, patients and family members may participate in a nurse staffing survey interview. The survey interview is currently open for participation and will remain open until 5:00 p.m. on October 12, 2021. Please make sure staff are informed of the opportunity to participate in the survey interview and receive the survey interview address.”

It is critical SHMC RB nurses complete this survey and provide detailed answers to the questions. This opportunity only comes once every three years, use it and encourage your colleagues to participate! Reach out to your staffing committee representatives, stewards, or ONA representatives for more information.
Q. I received a message to participate in this online interview: https://www.surveymonkey.com/r/SacredHeartMedicalCenterRiverbend-2021NurseStaffingSurveyInterview
I have survey fatigue, why should I fill this out?
A. OHA wants to hear from direct care staff and this survey is your opportunity to share your experience. Has your unit been short staffed? Are you using the buddy break system? Have you been required to work mandatory overtime? We know OHA uses the results because the survey of OHSU references the data they gathered from the online interview. SHMC does not have access to the surveys. This is your chance to directly communicate your experiences to the regulatory agency.

Q. What do I do if a surveyor asks me questions?
A. Be honest with the surveyor, they are there to gather data on how well SHMC adheres to staffing plans and the law and the OHA report provides guidance to SHMC on how to make your work environment better. The surveyor may ask questions about how many shifts are not staffed to the unit’s minimum; how nurses get meals and breaks; how assignments are made based on acuity and intensity; and how admissions, discharges, and transfers are handled.

Q. I am scared I will be retaliated against if I talk to the OHA surveyor or fill out the online survey.
A. The online survey is anonymous, and the law is clear that OHA may not retaliate if you raise concerns about nurse staffing. If your manager attempts to be present if you are interviewed by the OHA surveyor, you can politely ask them for privacy.

Q. Why is the Oregon Health Authority (OHA) coming to survey SHMC RB?
A. OHA surveys nurse staffing at every hospital in the state once every three years. SHMC was last surveyed in 2017 and OHA paused surveys in 2020 due to the pandemic. In addition to the triennial survey, OHA is also conducting a revisit to ensure SHMC has implemented changes to nurse staffing based on the 2017 visit. OHA may also be investigating any complaints about nurse staffing they have received.

Q. OHA has already conducted a survey and complaint investigations and it doesn’t seem like it makes a big impact on staffing in my unit. What is different this time?
A. 2017 was the first year OHA surveyed hospital nurse staffing and, as OHA has put it, they were not prepared for how out of compliance hospitals would be. The law states OHA must revisit a hospital 60 business days after accepting a plan of correction to ensure the plan was implemented; unfortunately, OHA has never performed a revisit of any hospital. In the past legislative session, ONA was able to get OHA more funding to enforce the staffing law and we anticipate OHA will have a more robust process this cycle. OHA will now have plans of correction to follow up on with SHMC, so we can be hopeful the survey will lead to more meaningful enforcement where it is needed. The Nurse Staffing Advisory Board (NSAB) advised OHA on creating a new survey process that is focused on the key components of nurse staffing: patient acuity, nursing work intensity, and how nurses get meals and rest breaks.

Q. What did OHA find when they surveyed nurse staffing in 2017?
A. You can read the full report and plan of correction here. Important finding of the extensive report includes not providing additional nurse staff for meals and breaks; not recognizing the differences in patient acuity and nursing care intensity; and a failure to identify minimum numbers of nursing staff required on a specific shift. OHA will be checking that SHMC has corrected the deficiencies found in 2017.
Low Census Order Per Contract

Now that there are so many travelers at the Medical Center and Home Care, we are starting to hear about contract violations in the low census order. Article 14.2 dictates that travelers must be low censused before staff nurses, except when a staff nurse volunteers. If you were low censused out of order you should notify your manager and request that you be paid for the shift that you were sent home from. If you need assistance with getting made whole, please contact one of the ONA labor reps listed on the first page of this newsletter.

Here is the text of Article 14.2 Low Census: In the event of low census days/hours, nurses shall be placed on low census in the unit and shift where the low census occurs in the following order: (1) “agency” traveler and temporary nurses (unless a bargaining unit nurse volunteers to be placed on low census ahead of such a nurse), (2) nurses working at a premium rate of pay, including sixth and consecutive day pay, (3) volunteers, (4) per diem nurses scheduled following the posting of the work schedule, (5) regular nurses who are working that shift in excess of their regularly scheduled hours, (6) per diem nurses scheduled on the posted work schedule, and (7) finally, by a system of equitable rotation among the remaining nurses, provided the remaining nurses shall be qualified and available to perform the available work.

For purposes of this provision, equitable rotation shall be defined as a system that assures that individual nurses over a span of two (2) consecutive work cycles do not bear a burden of placement on low census disproportionate to their assigned FTE. The system of equitable rotation shall be established by consensus of the manager(s) of the nursing unit and a majority of the staff nurses on that unit. Nurses who are intermittently assigned to an area shall be deemed qualified to perform in those areas for purposes of low census staffing adjustment. Floating will not be counted as low census.

ONA and Sacred Heart Reach Temporary Agreement on Limited Floating Exceptions

The ONA nurse executive committee has reached a temporary agreement with Riverbend Chief Nursing Officer Heather Wall to allow for some limited exceptions to the contract on floating. These exceptions apply only to floating to the ICU or other critical care COVID-19 units, not all floating throughout Riverbend or University District. The agreement is meant to help units that are sending nurses to float retain a safe skill mix for the shift as well as address various COVID-19 related staffing challenges while maintaining the integrity of the contract.

The agreement reinforces that all nurses, regardless of shift length, are to be included in the float rotation and that nurses cannot be required to work beyond their scheduled shift length. It will require that nurses be informed they will qualify for premium pay if they voluntarily stay beyond their scheduled shift. It also requires units to maintain a list of nurses who are generally willing to volunteer to float before the immediate need arises. It does allow a limited exception to Article 8.10.1 by giving charge nurses who are sending a nurse to float to ICU or another COVID-19 critical unit the discretion to make an exception to the float rotation in order to ensure that skill mix on their unit is safe for that shift. However, no nurse can be floated more than three shifts in a row unless they agree to do so. The other exception to the contract is around floating of new residents as supplemental assist.

The agreement allows for new residents to be floated for supplemental assist prior to the six months of orientation required by the contract if they and their preceptor agree that they have achieved sufficient competency to do so safely. The agreement will be in effect until January 2022 or until the current COVID-19 state of emergency has been lifted whichever occurs first. A copy of the agreement can be found on the ONA Sacred Heart Medical Center webpage here: [https://www.oregonrn.org/resource/resmgr/shmc/SHMC_LOA_2021-09-30.pdf](https://www.oregonrn.org/resource/resmgr/shmc/SHMC_LOA_2021-09-30.pdf)
SHHCS Staffing Concerns

ONA reached out to management in August to address escalating and ongoing concerns around staffing due to patient volumes, COVID-19, and the staffing impacts from the PeaceHealth vaccine policy. Your ONA labor representatives and elected nurse leaders from the Executive Team, the PNCC, and the Staffing Task Force have now met numerous times with the SHHCS management team. The nurses have done an excellent job sharing about the strain that you all have been working under in these conditions and advocating for the things they believe will help make a difference now.

Management informed ONA that they were monitoring admissions and caseloads and turning patients away as needed. They also shared that they had secured traveler contracts as part of their crisis staffing plan for Home Health and Hospice which we understand have arrived and have started working. We asked that those travelers be used to assist with staffing the evening and night shifts to help reduce the burden of the increased after-hours coverage on the regular nurses. Our understanding is that this will be happening. In the meantime, we have reached an agreement that nurses covering those after-hours shifts in Home Health and Hospice will be paid for that time covering the vacant shift not just for being on-call. Once these shifts are sufficiently staffed, nurses should no longer be prescheduled for on-call.

This team has also advocated for incentives to be offered to nurses working their regularly scheduled shifts. We believe this would help to recognize your hard work and commitment during this difficult time, and may help reduce the number of vacant shifts that need to be filled. Management is generally supportive of this idea but hasn’t been able to provide a response yet to our request for these incentives. We hope to hear back on this soon.

Thank you to all the elected nurse leaders for your engagement in these meetings. Thanks for passionately sharing what is going on out in the field, and for advocating for what your coworkers need to do their jobs safely and to maintain the high level of care you want to be able to provide your patients.

SHHCS Committee Vacancies

We are looking for volunteers to fill vacancies on the Staffing Task Force committee and the Workplace Violence and Prevention committee. This is a great opportunity to have your voice heard and to advocate for your co-workers and the patients you serve.

The Staffing Task Force meets every other month on paid time. This committee makes recommendations to the agency and assists with creating and reviewing the staffing models, and all of the components that impact staffing. This committee also addresses staffing issues that impact the agency and occasionally meet on an emergent basis. We currently have a vacancy for a hospice nurse to join our team. If you are interested, please reach out to Alison Tharp (committee co-chair) or Laura Lay at Lay@Oregonrn.org.

The Workplace Violence and Prevention committee meets monthly on paid time. This committee is tasked with addressing issues that impact safety in your work environments. They collaboratively work towards solutions which could be new or improved policies, education or trainings that help benefit patient and staff safety. We have a vacancy for one nurse from any program to join the team. If you are passionate about this type of work please reach out to Charlotte Miller (committee co-chair) or Laura Lay at lay@Oregonrn.org.
ONa would like to remind you that if you experience a workplace exposure and are required to miss work, that by contract you should be paid for up to 14 days for your hours lost. If you experience challenges with this or have been denied this contractual pay after a workplace exposure, please reach out to one of your ONA labor reps.

15.4 Communicable Diseases. When a nurse is required by the Medical Center to be absent from all work because of exposure to a serious communicable disease, which likely occurred while on duty as determined by Employee Health, the Medical Center will pay the nurse at the nurse’s straight-time rate of pay for scheduled hours lost, for up to fourteen (14) days. This section will not be applicable when (a) the nurse is eligible for workers’ compensation or other disability insurance benefits for which the Medical Center has made contributions, or (b) the nurse, after having received actual or constructive notice in writing of this provision, has refused the Medical Center’s offer of timely vaccination in connection with such disease except for medical reasons. In the event of a potential epidemic, the Association and the Medical Center will meet to discuss guidelines for maintaining employee and patient safety and compensation for hours lost.

ANA Resilience & Nurse Suicide Prevention Resource Site

The American Nurses Association (ANA) is committed to meeting the needs of nurses and has launched a NEW Nurse Suicide Prevention and Resilience Resource site to provide information and tools to address the critical issue of suicide prevention. Research indicates that nurses are at a much higher risk of suicide than the general public. During this unprecedented time, nurses are struggling with mental health issues like fear, anxiety, depression, and post-traumatic stress as they respond to COVID-19 and continue to care for all patients.

Effectively managing these mental health issues is essential in nurse suicide prevention.

ANA’s Resilience and Nurse Suicide Prevention Resource site provides information and tools to:
- Build resilience
- Assist in active crises
- Support suicide survivors
- Offer grief and bereavement coping strategies
- Honor a nurse’s memory

We encourage all nurses to check out the site, bookmark the pages, and share the resources with a colleague or a friend in need.

Nurses, you are not alone. Help is available. Learn more here.

Space is limited, register now!

www.OregonRN.org/Steward-Training

Topics and Dates

Introductory Steward Training
- Saturday, October 16, 2021
- Wednesday, November 17, 2021
- Thursday, December 9, 2021

Grievance Handling Training
- Saturday, October 9, 2021

Building Worksite Power Training
- Wednesday, November 10, 2021