COVID-19 Impact Survey

Results Reveal On-going Harm to Nurses

Survey Says: You’re burned out, frustrated and you feel unappreciated! In just one week, more than 500 of you responded to your ONA executive committee’s COVID-19 impact survey asking how you have been experiencing this pandemic at work. That’s a great response and it validates your concerns even more. And yet, PeaceHealth continues to use their out of state lawyer to tell you that you DO NOT DESERVE any sort of meaningful ACKNOWLEDGEMENT. Read below for some big findings of this survey of Medical Center nurses and find all the results online. Click here or go to www.OregonRN.org/shmc.

One quote that kept coming up was that many members feel they have been “slapped in the face.” This phrase was used to describe many different actions and inactions taken by PeaceHealth administration throughout the survey. More than 26 percent surveyed are planning to leave Sacred Heart within a year. One RN shared “I am currently looking to leave, and when the second a job comes up that is close to the hours I want, I will leave, even if there is a pay decrease. I have been loyal to PH for over 10 years, not anymore.”

More than 33 percent of you who are looking to leave say you plan to stay in the area but will not be working for PeaceHealth. Taking a travel nursing position had the second highest response of 28 percent. As one nurse put it “The hospital spent a frivolous amount of money to institute the BioVigil hand hygiene wearable monitors that nurses on my unit don’t even use. We are paying travel nurses tens of thousands of dollars for temporary assignments. Nurses here are leaving for travel assignments...because there is no incentive to stay. “

An outstanding 67 percent of you feel that PeaceHealth has treated its employees poorly or very poorly during the pandemic. One comment read “The daily lack of leadership and management skills has really built up over the pandemic making it even easier for people to leave...the hospitals response of food trucks and bullying seminars is just insulting.” Seventy-seven percent feel that working conditions have gotten worse or somewhat worse during the pandemic. This nurse shared “…we do not have enough staff to ensure our patients are bathed...they come down for surgery dirty and then we are surprised when there are infections." And another said “it’s constant running from one crisis to another. Fix one mess halfway to get to the next mess. It’s like juggling mud. This is NOT sustainable, and staff are bailing for better pay and less work elsewhere.”

Seventy-five percent feel the acuity of the patients has gotten higher. This comment reflects that of many others “We sure aren’t getting treated like heroes. Blowing sunshine with the emails while simultaneously cutting positions or combining one role with...
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another, making our jobs harder and way less satisfying...we have been forced to reduce the patient experience to just survival, not health.” More than one RN remarked that friends, family, and community members have approached them to ask if it is safe to seek care at the facilities.

Sixty-four percent of you have been asked to do things that could put your license at risk. Comments included “the bullying, harassment and gaslighting continue”; “Emotionally, physically and psychologically this place has broken me”; “We have nothing for (our elderly dementia patients). These elderly folks are basically housed and caged. Stay in your room, you can’t go outside! You can wander the hall if you can walk. We don’t have time to provide what they deserve because they are long term pts on a short-term floor.”

Sixty-eight percent feel like some sort of recognition like a crisis differential, retention bonus, early raise, or other form of compensation would impact your willingness to stay at SHMC. This is not surprising considering how little PeaceHealth has done for all of you while they spend millions of dollars a month on travelers.

With all the thoughtless decisions being made by the PeaceHealth administrators, it’s no wonder that 71 percent of you feel mental exhaustion, 69 percent feel overwhelmed, 60 percent feel unsupported by administrators, 61 percent desire to leave your job, 44 percent feel like crying at work, and 38 percent actually end up crying at work, during, before or after your shift. As one nurse put it “My work assignments have been such that I am demoralized almost every time I come to work. I feel like I no longer practice nursing. I am heartbroken.”

Eight-three percent feel that PH is addressing the mental health of nurses either poorly or very poorly.

As one nurse summed it up for many of you “We are working in hell right now. We have lost so much of our experienced staff. Majority of night shifts are >75 percent new grads or travelers. It is completely unsafe. Management turnover is unreal. COVID-19 benefits are gone but COVID-19 is still here, and we are getting sick without any time off. Burnout is so real and nobody in management gives a damn. How long can I continue to work in hell? How long can I stay loyal? How long can I continue at this pace with unrealistic work conditions? …My cup is empty.”

In summary, this outpouring of anger, frustration and heartbreak shows how tough things are for Medical Center nurses right now and have been for more than a year and half. Many of you are ready to leave the profession just to maintain your own health. But together we can turn this around. Together, we can put pressure on the hospital administrators to start doing the right thing. Together, we can send a message that these practices are unacceptable and not in alignment with their mission to serve the community. These survey results have already had an impact (See COVID-19 MOU Negotiations Update) but only by standing together will we be successful in moving PeaceHealth to take real action to support and recognize your needs.

See the full survey results (minus individual comments). Click here or go to www.OregonRN.org/shmc.

COVID-19 MOU Negotiations Update

In the wake of the revelations from the recent ONA SHMC COVID-19 impact survey (see article above), chief nursing officer Heather Wall, requested a postponement of the COVID-19 MOU negotiations that had been set for Friday, Nov. 12. She indicated that this would give her time to use the survey results to press PeaceHealth to move closer to ONA in our requests for additional compensation whether through a “disaster differential” or additional PTO for nurses who have stayed at the bedside during the past year and half. While we remain frustrated at the length of time these negotiations have dragged on without any movement from PeaceHealth, we agreed to this postponement in the hopes it will get us some more positive answers at the next session. That session is not scheduled yet but will likely occur after Dec. 3. We will share the link to that meeting once it has been set. Please try to join if you are able.

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Having nurses observing this discussion is very important to reminding PeaceHealth administration who we are fighting for and why.

In the meantime, we have been reaching out, in a joint effort with the hospitalists, to gather letters of support from other unions in Lane County. We have pledges of support from the International Association of Fire Fighters and the Graduate Student Teaching Fellows at the University of Oregon. We expect more letters to come in over the next week.

We plan to give these letters to PeaceHealth Oregon Network Chief Executive Officer (CEO) Todd Salnas once we have more in hand. If you have a connection with a local union, please let us know so we can approach them to support you in this effort to get some compensation for all the incredibly hard work you have put in over the course of this pandemic.

Support a Fair Contract for the Hospitalists

The Sacred Heart Medical Center hospitalists union, the Pacific Northwest Hospital Medicine Association (PNWHMA), is currently in mediation working to get a fair contract. This is the third renewal of their contract since they unionized in 2015.

The union is seeking an increase in their base salary that would bring their compensation more in line with regional salaries. They conducted market research and discovered that they are in the twenty-sixth percentile for compensation in our region. In other words, PeaceHealth has been getting a really good deal on them.

This is especially true given the many specialty lines of service the hospitalists support and their deep involvement in helping administration improve patient outcomes and reduced costs.

While there has been progress in the negotiations, the two sides are still far apart with PeaceHealth offering a measly two percent annual increase to the base salary over a three-year contract.

Your support can make a difference in this union’s fight for a fair contract. Please scan the QR code and take action on behalf of these union members. Like all of you, they have worked long arduous hours at the bedside all throughout the COVID-19 pandemic.

And like you, PeaceHealth is taking them for granted, assuming they can shortchange them and still count on them to continue to labor under difficult conditions of understaffing with high acuity patients.

The QR code will take you to an action.org page where you can learn more about their issues and send a message to CEO Todd Salnas. Stand in solidarity with the PNWHMA! Together we can help them get a fair contract and show PeaceHealth we are united.

Have you recently received a discipline?

Did you know that you should reach out to your unit steward or ONA labor representative to help you review it? Sometimes disciplines are fair and just but need to be modified for accuracy. Some may also need an appropriate plan going forward that it clear and attainable to help you be successful.

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Sometimes discipline is too severe or unjust based on the principles of just cause. A steward or ONA labor rep can help you review your discipline for these things and can help facilitate having it corrected if needed or in some cases grieved if appropriate. If there is a need to file a grievance, by contract we only have 21 days from the date you receive it to do that and only seven days if the discipline is a termination. If you have questions about this, please reach out to one of your ONA stewards or labor reps. We are here to help!

ONA has recently filed a number of grievances for nurses that believe they may have been exposed to and contracted COVID-19 in their workplace but were denied 14 days of contractual pay for workplace exposure per article 15.4. ONA is working through the grievance process for the nurses we are aware of.

We have heard that employee health is interviewing nurses after exposure or infection and asking if they “had a break in PPE”. If the nurse says no, then employee health may be determining there was no risk of workplace exposure. There is still a lot we don’t know about COVID-19. We do know that PPE is your last line of defense and unfortunately isn’t always 100 percent effective. We also know that there are a number of other factors to consider around what constitutes an exposure.

If you believe that you contracted COVID-19 at work but were denied a workplace exposure by employee health, please let us know. Contact Lay@Oregonrn.org.

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Your Sacred Home Care Services Professional Nurse Coordinating Committee (PNCC) wants to remind you to use your education funds!

Is there a conference you wish to attend? Looking for a book you could use for your nursing practice? There are ONA-negotiated funds available for these kinds of education needs.

Simply fill out an education request form located outside of Terre Bagnell’s office then place completed form in manilla envelope on bulletin board inside Home Infusion office on first floor.

You will then be contacted by PNCC with approval and further directions. Remember, DO NOT put in for Paid Time Off (PTO) for education days. You will be taken off the schedule (if possible) once your education request is approved.

ONA education funds may also be accessed for key certification fees, professional memberships or any education endeavor that supports your professional practice. PNCC members review each submission for approval. You will be asked to present on content...
Sacred Home Care Services PNCC Corner  (continued from page 4)

learned to colleagues in form of a handout, presentation, poster etc. Let’s use up those Ed funds!

Wondering when to submit a Staffing Request and Documentation Form (SRDF)?

When a nurse on a shift is faced with staffing which is imminent or potentially unsafe. This includes an assignment requiring mandatory OT to complete as assigned. When facing this situation, It is expected that the nurse a) notify someone in the chain of command, b) ask for additional staff, and c) ask for a response in a reasonable period of time, e.g., minutes, hours. Following this, the nurse assumes the patient caseload as assigned, asking for help as needed.

At the end of the shift, or within 48 hours, the nurse should complete the SRDF online which is routed to nurse manager, PNCC and ONA.

Management, by contract, is required to respond within 15 days. PNCC tracks SRDFs and follows up to assure each form is addressed. SRDFs help determine areas of staffing needs in the unit which can help management justify new positions. If you missed the

PNCC presentations during nurse meetings last month in Home Health, Hospice or Home Infusion, you will find copies of presentation in the Hospice office on shelf above mailboxes.

“UnderAware” Drive is on! December is time for the annual PNCC Sponsored “UnderAware” drive to benefit folks at the Eugene Mission.

A barrel will be in the Home Care Services Lobby Dec. 6-10 to collect new undergarments for adults and children accessing service at the Eugene Mission. Thank you to all who donated last year, your generosity made for a huge success! Dignity starts with the basics; we hope to help again this year.

Thank you for all you do, please reach out to any PNCC member for any questions. Alicia Harrison (HI), Allison Hyder (HO), Tricia Haley (HO), Joy Straub (HH), Rebecca Coons (HH), Cindy Rasavage (HH).

Solidarity Means Victory

ONA members, and other unions across the country, showed the strength of solidarity when they helped our sibling AFT healthcare union, OFNHP, reach a landmark tentative contract agreement with Kaiser Permanente – cancelling a scheduled national health care strike. OFNHP, representing 3,400 Kaiser caregivers, including over 2,000 RNs, could not have achieved a contract of this magnitude without unity and support from their union colleagues; that means YOU.

After Kaiser demanded pay reductions of more than 25% for new hires, and proposed cuts to staff beyond the expiration of their contract, OFNHP caregivers committed to going on strike. Just two days before healthcare workers planned to walk the picket line, and many more pledged thousands of dollars in “strike fund” support. Every single ONA Bargaining Unit pledged not to cross the picket lines, and many units created Mutual Aid Committees dedicated to providing support for OFNHP members should a strike come to pass. After reaching their agreement, OFNHP's leadership acknowledged this kind of community support as a significant reason for the success at the table. This is what can happen when we stand together, in solidarity, to support patient safety, safe staffing, and fair contracts.

This fight showed the power nurses and other caregivers have over major health systems when we are willing to unite and demand change!

Nearly 400 ONA members showed union solidarity by volunteering to walk the picket line, and many more pledged thousands of dollars in “strike fund” support. Every single ONA Bargaining Unit pledged not to cross the picket lines, and many units created Mutual Aid Committees dedicated to providing support for OFNHP members should a strike come to pass. After reaching their agreement, OFNHP's leadership acknowledged this kind of community support as a significant reason for the success at the table. This is what can happen when we stand together, in solidarity, to support patient safety, safe staffing, and fair contracts.

To learn more, visit www.oregonrn.org/ONAwithOFNHP.
ARTICLE 14.2
LOW CENSUS ORDER QUESTIONS

Are travelers or temporary nurses working?

YES

1. Look for regular staff who have volunteered to be on low census. Give these nurses low census before cancelling travelers.
   - After cancelling volunteers, follow through with low censusing travelers and temporary nurses.

NO

2. Nurses working at a premium rate of pay, including sixth and consecutive day pay (see Article 9.4 for other premium rates of 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.
7. Follow a system of equitable rotation among the remaining nurses, provided the remaining nurses shall be qualified and available to perform the available work. Equitable rotation shall be defined as a system that assures that individual nurses over a span of two 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.