Sacred Heart Home Care Services (SHHCS) Newsletter
Dec. 9, 2020

Petition Update

On Thursday, Nov. 20 your ONA executive team delivered the petition below signed by an overwhelming 75 percent of our nurses to SHHCS administration and Human Resources. It was sent to Director Mary Allred, PeaceHealth Vice President of Home and Community Bryan Stewart, Blake Hausmann, HR, Patty Piper, HR, System Director of Labor Lorna Jones, Chad Robinson, labor relations partner and Director of HR Marie Stehmer.

ONA/Sacred Heart Home Care Services (SHHCS) Concerns Petition

We the undersigned Sacred Heart Home Care Services (SHHCS) nurses have the following urgent concerns regarding our ability to provide the quality of care that we are required to provide in compliance with the Nurse Practice Act and in the spirit of the Sacred Heart Mission. These concerns are especially high for our home health nurses but are widely felt across the Agency.

In recent months our census has grown tremendously without the resources or leadership to support it. We are increasing the risk of poor patient outcomes, failing to meet Center for Medicaid and Medicare Services (CMS) requirements, and tarnishing the reputation of our organization in our community.

Direct managers are listening to our concerns but there have been no substantive improvements. We are concerned that the primary obstruction to operating safely and effectively is our upper management. There has been continual change initiated without any collaboration or discussion with those of us that do the work or bear the brunt of the decisions. The concerns listed below have been escalated to our director through numerous channels including an agency wide nursing survey, the Patient Care Coordinators and the nurses elected to our staffing task force and executive committee.

1. **New Hire Process and Support**: Newly hired nurses do not have an effective, structured orientation program and a means of ongoing, consistent support. This occurs on a weekly basis as many “junior” nurses are giving loads beyond their abilities.

2. **LPN Support Process and Collaboration with RNs**: LPNs’ orientation process was very limited, did not follow Home Health (HH) standard process. This has resulted in dysfunctional collaboration between LPNs and RNs creating issues with processes and the foundation of care in SHHCS, increasing the risk for adverse patient outcomes.

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3. **Staffing/Case Management:** Everyday there are “uncovered” visits, which has resulted in fragmented care and nurses being asked to work overtime (OT). Case Managers (CM) are routinely being told to give away their planned straight visits to cover admission visits, which further disrupts their ability to effectively case manage the clients they are charged with. Emergency staffing guidelines have been implemented when there is no apparent emergency other than chronic understaffing/too high of a census with limited RNs training in Oasis charting. This emergency has resulted in 1.0 full time equivalency (FTE) nurses’ requirement to work weekends, which affects their ability to manage their caseloads and meet patient driven grouping model (PDGM) guideline. On their assigned weekend day, CMs are NOT case managing their team, but rather attending to the weekend routine visits and admission visits that our agency is accepting beyond their capacity. This means that the CMs only have four (4) days to manage their caseloads. Over half of our case managers and visiting nurses are inexperienced.

4. **Increased Acuity of HH Patients:** We are fortunate as an agency to have a certified Wound Ostomy and Continence Nurse (WOCN). One WOCN cannot safely oversee the care of all the complex high acuity wounds patients we have onboarded, and all the newer nurses that are not yet capable of providing the level of care these patients require without support.

We are asking for the following:

STOP building our census until we can:

- Safely provide the quality of care that patients deserve.
- Have the provision of time and resources to effectively train a solid team of care providers.

At a minimum this includes:

1. Building an advanced practice wound care team with ongoing education to support the specialty.
2. Provide proper intense education for effective case management.
3. Create a mentorship program for ongoing support so that nurses always have a “lifeline”.
4. Build a strong collaborative team between RNs and LPNs with proper policies in place to direct the work.
5. Team based patient care that provides continuity of care.
6. Supportive training for specific nursing tasks.
7. Supportive training for technical skills (EPIC, computer, phone, apps, etc.).
8. Rebuild the wellbeing of our collective team. Trust in upper management has been lost and will need to be rebuilt.

- Leadership - We need a courageous and empathic director that is capable of seeking the professional advice of those around her to improve the groups outcomes. We need someone compassionate that cares about our personal physical limitations, our fundamental need for institutional support and our professional requirement to provide consistently reliable patient outcomes.

By Dec. 4, a full 14 days later, not one of these leaders had taken the time to acknowledge receipt of your concerns or provide any kind of response. On Friday, Dec. 4 your ONA executive team sent them the following message:

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Hello,

We are checking in to be sure that you received the below communication. This petition was signed by 75% of our nurses sharing what are felt to be urgent concerns that need to be addressed. We had expected some kind of response from you especially considering the level of participation by your nursing staff. Your lack of response speaks volumes and is in line with your response to these concerns up to this point. We may need to explore ways to further escalate these concerns.

Thank you, on behalf of the SHHCS nurses.

Your ONA executive team,
Jo Turner, Desi Atwater, Danielle Kelly, Diane O’Connor.

Finally, on Dec. 7 the executive team received the below response from Human Resources

PeaceHealth

12.7.2020
Laura Lay, Union Representative, ONA, lay@oregonrn.org
Dear Laura and SHHCS Nurses,

PeaceHealth caregivers, and their dedication and commitment to the work they do in the community, defines who PeaceHealth is as an organization. Every nurse's voice matters; we not only want to honor and respect the concerns you raised; we want to work collaboratively to resolve the issues outlined in the petition. We are actively working on several of the problems you identified in your letter.

We continue to evaluate the need for support staff and improve our orientation program. In the past year, we have hired eleven nurses into the department.

We acknowledge that there have been challenges with work coordination between the LPN's and nurses. We have extended the orientation for LPN's.

Staffing and case management has always faced challenges with unscheduled patient visits. We are committed to providing the additional case manager training incorporated into our orientation, nursing Town Halls, staff meetings, daily debriefs, and 1-1 meeting. In addition, we have provided mentorship opportunities for our nurses.

We are proactively working on adding additional resources to our functional care teams; we have four (4) per diem nurse positions posted, and we are exploring adding staff support to these teams. We have not required nurses to work overtime. Historically, Case Managers have been asked to identify patients that can be seen by other nurses to take on SOCs.

The increased volume and acuity of Home Health patients is a complex issue with no simple solution. Home Health continues to be one of the fastest-growing sectors within the health care industry, with anticipated growth above fifty percent in the next ten years. PeaceHealth Sacred Heart Home Health is experiencing the community's increased need; other local agencies are not open on the weekend and limit weekend SOCs, which places patients at risk.

SHHH is committed to working collaboratively with our caregivers to identify additional resources and strategies that ameliorate the workload demands.

Chad Robinson, SHRM-CP | Labor Relations Partner | OR Network

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We are disappointed with the lack of response from the nursing administration to your concerns. Although we recognize that they are generally acknowledging some of the issues in this response they seem to be missing the root of the problem. Simply hiring more and more staff so that we can increase our census without fixing and strengthening the infrastructure does not address the problem.

The petition detailed your concerns with our director and the constant changes that she has been implementing without any collaboration with nurses. These concerns were not addressed in the response above. They state they want to collaborate yet their lack of timely response and the lack of offering any collaborative solutions says otherwise. Having their labor relations representative respond instead of hearing from Mary, the nursing leader, herself is also disappointing. Nursing leadership should be speaking to nursing staff and responding to your concerns directly.

This weak HR response (on page three) to our petition and their lack of actions further undermines our faith in our director and upper management.

Your Association leadership honors your courage to speak up and we will keep escalating your concerns until we have some progress. Be on the lookout for communication from your team on next steps.

If you have questions or concerns you would like to share please reach out to one of your ONA executive team members – Jo Turner, Desi Atwater, Danielle Kelly, & Diane O’Connor. Or your ONA labor relations representative Laura Lay at Lay@Oregonrn.org.

ONA Nurse Leadership Institute - Build Your Leadership Skills

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www.OregonRN.org/NLI