

MARCH 6, 2025

“Do More With Less” Doesn’t work with Healthcare at St. Charles, or Anywhere else

The concept of “do more with less” doesn’t work effectively in healthcare because when measures based on it are implemented, it often leads to overworked caregivers, underfunded systems that directly impact patient and nurse safety, and can compromise patient care. “Do more with less” often can be disguised as other phrases such as “enhanced productivity”, “maintaining budgetary discipline,” and “creating flexibility in operations.”

Nobody denies providing quality healthcare to patients is expensive. In Central Oregon, St. Charles has a monopoly on hospital-based healthcare and also has a major share of physician and clinic-based healthcare. St. Charles is simply “too big to fail” in our community. According to ProPublica’s Nonprofit Explorer, St. Charles’ revenue exceeded expenses in 2023 as a not-for-profit organization. Data for 2024 is still pending.

As RNs our duty is to our own and our patients’ safety and well-being. Through the Bend ONA, we can push back against “do more with less” concepts and stand for continued patient safety. If you see something in your department, say something. Verbally tell your charge RN and/or department management if there are patient or caregiver safety concerns. Remember to document everything, if you didn’t write it down in an SAS or email to a manager, it didn’t happen!

Remember to file unsafe staffing complaints with the State of Oregon, using the Oregon Health Authority internet reporting tool. Fines for staffing violations begin on June 1, 2025 but even before then, get into the habit of reporting unsafe staffing.

You can’t “do more with less” when it comes to patient or nurse safety. Creating and maintaining safe conditions for patients and nurses is a team effort and begins with you standing up and promoting patient and caregiver safety.



ONA/ STC-B Executive Committee

Chair:

Rosa Brock, RN (Cath Lab)

Vice Chair:

David Hilderbrand, RN (OR)

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Megan Bovi, RN (NICU)

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Julie Bostrom, RN
(Pre-Surgery Clinic)

PNCC Chair:

Nichole Ryan, RN (PACU)

Grievance Chair:

Kelsey Kelly, RN (FBC)

Membership Chair:

Erin Harrington, RN (PACU)

Staffing Co-chair:

Joel Hernandez, RN (OR)

ONA Unit Rep:

Vacant

Alternate:

Robert Carlomagno, RN
(IMCU)

Labor Representative

Jason Herring

(503) 293-0011

Herring@OregonRN.org

STC-B Website



[https://www.oregonrn.org/
page/STCB](https://www.oregonrn.org/page/STCB)

5K+ ONA-Represented Providence Health System RNs, MDs, and APPs Ratify Contracts, End Strike and Return to Work

With 94% of ONA-represented Providence Health System members voting, 8 RN bargaining units from across Oregon have voted to ratify tentative contracts and end their 46-day strike. After more than a year of bargaining, informational picketing and protest, a general open-ended strike, and additional negotiation and mediation; the dedication to patient and caregiver safety of nearly 5,000 frontline nurses and providers finally helped these nurses achieve a fair contracts that address concerns and issues about patient and caregiver safety, retention of existing nurses, and wage parity with other hospitals.

Caregivers, MDs, and APPs at Providence Women's Clinics and hospitalists at Providence St. Vincent represented by ONA through the Pacific Northwest Hospital Medicine Association (PNHMA) previously voted to approve their tentative contracts.

In total, over 5000 ONA Members from 11 bargaining units covering 8 hospitals and 6 clinics from Medford to Hood River, Portland to Seaside stood up when their employer would not treat them fairly. They demanded safe working conditions, patient safety, wages that would allow them to recruit and retain caregivers, and fair treatment. They demanded a greater voice in their staffing plans and the consideration of patient acuity in how units were staffed. They demanded that Providence Health Systems put patients before profits and fought to make that a reality.

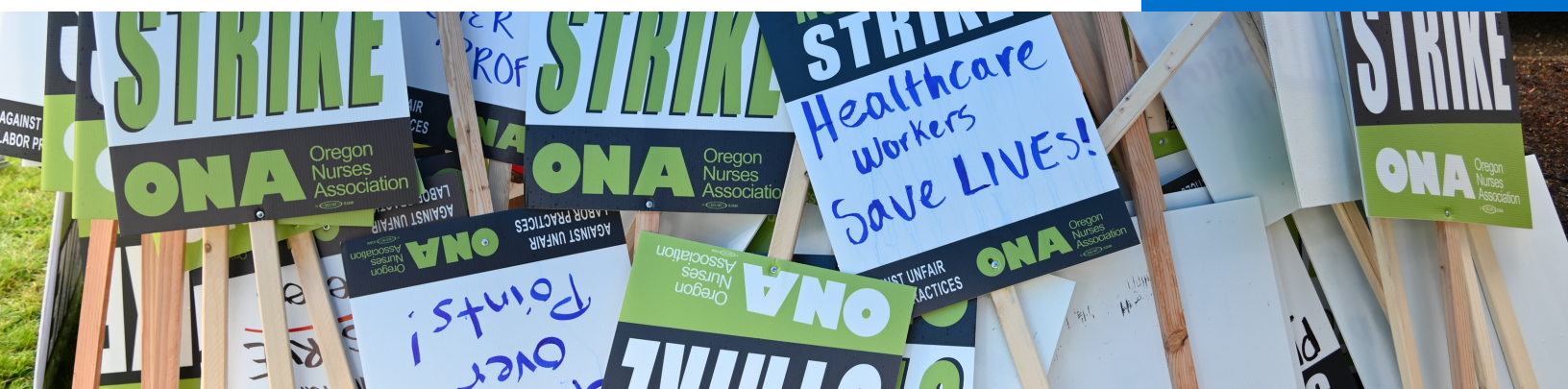


Providence Strike Update

SCAN ME



https://www.oregonrn.org/page/ProvTA_Feb212025



What is a Labor Strike and How to Avoid One in the Future?

Contract negotiation can be a difficult and sometimes contentious process. Ideally, the union and the employer would negotiate a contract without a labor strike occurring. This actually happens a vast majority of the time a union and employer negotiate labor contracts. According to the US Bureau of Labor Statistics, there were 31 major labor strikes in the USA in 2024.

A labor strike is when employees represented by labor unions act collectively to stop working until issues related to wages, benefits, working conditions, and safety are addressed. These are generally addressed in a labor contract negotiated between unions and employers.

A labor strike is different than informational picketing and protest. These are often tools used to try to gain public awareness of issues and demonstrate to employers the solidarity and resolve of employees.

Labor strikes can be avoided through robust negotiation and a willingness to stand together to achieve a favorable labor contract. The union must have realistic achievable goals and union bargaining teams must be willing to stand for the desires of the membership. The more RNs stand together in solidarity, the more an employer is willing to consider negotiation and compromise over the risk of a general strike.

Comparing St. Charles Health Insurance To Other Hospital Employer-Based Health Insurance Around Oregon

Health insurance coverage can be complicated. According to the Kaiser Family Foundation (KFF), the cost of insurance increased 6-7% in 2024. Below is a chart comparing the cost of St. Charles base plan monthly health insurance premiums to other hospital-based employer base plan provided insurance in Oregon for a full-time employee with no spouse/partner or dependents.

A health insurance premium is the total monthly cost of health insurance. This is shared by the employer and the employee. This is paid regardless of the frequency of use of health insurance and is not counted towards deductible, cost sharing, or out-of-pocket maximums found within the insurance policy.

HOW TO AVOID A STRIKE IN 3 EASY STEPS



- ✓ 1. Support your ONA leaders and bargaining team
- ✓ 2. Get informed and stay informed with ONA.
- ✓ 3. Stand together - if it happens to one of us, it happens to all of us.



Comparing St. Charles Health Insurance To Other Hospital Employer-Based Health Insurance Around Oregon cont.

Employer Name	Total Monthly Premium	Percentage Paid by Employer	Percentage Paid by Employee
St. Charles Prime PPO (Base Plan)	\$566.48	85%	15%
Samaritan (Base Plan)	\$557.86	94%	6%
Peacehealth (Base Plan)	\$430.43	93%	7%
Legacy (Base Plan)	\$467.59	94%	6%

**Data not available for OHSU (public entity) and Providence Health Systems (private entity) at time of publishing.*

Per KFF, the average premium cost for single (no spouse/partner and no dependents) coverage has increased 25% in the last 5 years. The cost of family-based coverage has also increased dramatically.

Health insurance costs are complicated by region, available insurance carriers, and insurance rules/regulations. Central Oregon is regionally isolated compared to more urban areas such as Portland, Salem, and Eugene. This can impact the cost of health insurance coverage.

The cost of health insurance coverage continues to rise. Health insurance premiums are just one part of a very complicated system of deductibles, copays, cost sharing, and out-of-pocket maximums. All of these can impact overall affordability of health coverage. In terms of other major hospital systems in the state of Oregon, St. Charles requires RNs to pay more of the premium cost for coverage than some other hospital systems.

Staffing Plan Season Means DPC Staffing Discussions Ongoing

DPCs across the hospital are currently discussing, making adaptations, and approving staffing plans. The staffing committee has set an aggressive schedule in hopes of having all staffing plans completed and approved by May of 2025.

Help is available to DPCs working on staffing plans. An ONA staffing plan tool kit of best practices, hints, tips, and assistance is available to DPCs. Reach out to Jason Herring, ONA labor representative if your DPC is interested in using this tool kit. Joel Hernandez (RN, Surgery) is the ONA Bend staffing committee co-chair and can offer assistance to DPCs as needed in staffing plan development.



Grievance/Arbitration Report

Active Grievances - 7
Pending Arbitrations - 7
Completed Arbitrations
Awaiting Decision - 2

Active grievance issues include:

Education pay, job assignments, move to relief status rules and process, seniority and preference list rules

Pending arbitrations cases include:

Employee discipline, floating practices

PNCC Corner - Educational Opportunities to be Aware of

"RECLAIMING THE TOOLS FOR CARE"

A SPRING 2025 MINDFULNESS CONFERENCE

**Utilizing evidence-based research, we'll develop our
moral resilience with tools of mindfulness, yoga,
journaling, & meditation.**



Your Instructor
Tiffany Fredericks,
BSN, RN, RYT500

Provider approved by the
California Board of Registered Nursing
Provider Number 8050



Hanai Foundation
62430 Eagle Road
Bend, Oregon

Sign up on WorkDay

***Must Complete All 3 Sessions
to Receive 6 Contact Hours***
9a - 11a

FIRST COME - FIRST SERVE
2 options to choose from:
Tuesdays March 4, 11, & 18
Thursdays April 10, 17, & 24

Sponsored by PNCC-Free for Bend Bargaining Unit Nurses

LOBBY DAY '25

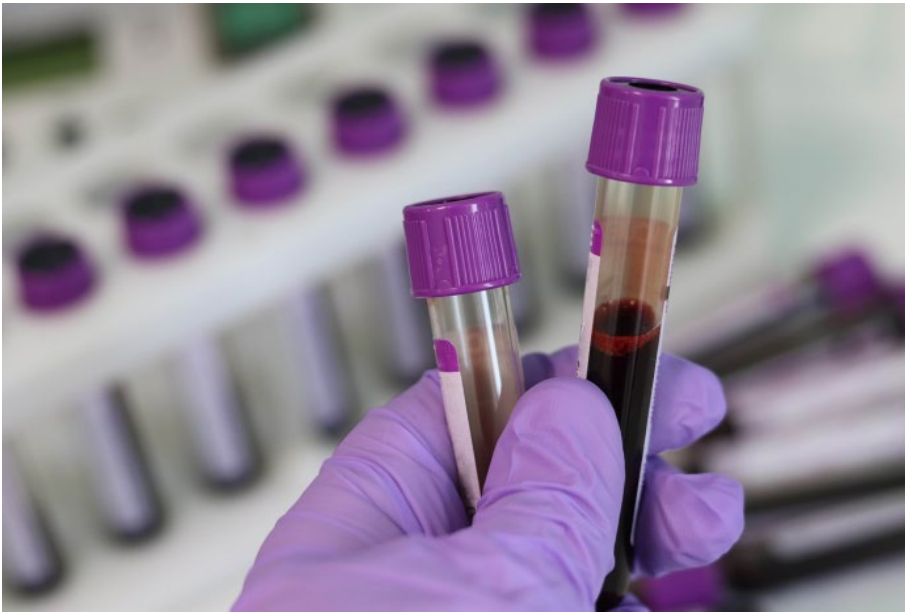
**MARCH 19, 2025
8:30 AM - 5 PM**

SEE YOU IN SALEM!

Join nurses and health professionals at the Oregon State Capitol in Salem this March to help us pass critical legislation to end workplace violence, improve staffing in home health and hospice, curb corporate influence in healthcare and much more!



BOOK YOUR SPOT
OregonRN.org/LobbyDay



April 10th-11
Open to Bend ONA Nurses



“Overcoming Analysis Paralysis”

Course Description: (Offering 15 Contact Hours!)

Overcoming Analysis Paralysis was designed for a deep dive into the lab values, radiology tests, and electrocardiograms that you may encounter on the job. Once the learner is in the classroom, we will walk them through every lab value imaginable.

Additionally, the course includes a full afternoon of case studies where the learner applies what they’ve learned to interpret laboratory values, radiology exams, and electrocardiograms in simulated scenarios. Regardless of what area of healthcare you work in, laboratory values, radiology exams, and electrocardiogram exams need to be interpreted and this course will allow the learner to dig deeper into these tests.

**Sponsored by
Bend PNCC!**

Schedule:
Thursday & Friday
8 am – 5 pm
Bend Campus
Conf. Rooms ABCD

Course Topics:

- Electrolyte Studies
- Arterial Blood Gas Interpretation
- Chest X-Ray Interpretation
- Renal Function Tests and Urinalysis Studies
- Hematology Studies
- Lab Testing and the GI System
- Coagulation Studies
- Heart Smarts
- Testing Through the Ages
- Electrocardiograms
- Case Studies

For inquiries, please contact PNCC at
pncc@stcharleshealthcare.org or wwittenburg@scmc.org in
the CPPD Education Dept.

**NURSES ENROLL IN
WORKDAY!**