We had our first negotiations on Thursday and Friday of last week at St. Charles Home Health and Hospice (STC-HHH). We opened with the following statement:

Medicare and Medicaid are shifting from a traditional fee-for-service model to a population health model. In turn, the rate of reimbursement to St. Charles Health System (STCHS) is directly tied to its quality ratings. Patients who chronically re-enter the hospital system, suffer from preventable infections or falls, or experience lengthy wait times and hospital stays cause reductions in reimbursement rates. Our growing city has the hospital system bursting at the seams.

The role of home health and hospice nurses is to reduce hospital readmissions, prevent infection, provide education, and provide quality care to those who are unable to leave their homes. We have done this with vigor by improving our charting to capture increased payments, implementing education to improve patient safety and reduce readmissions, and focused on how to improve our quality ratings. With these efforts, we have maintained our joint commission accreditation - something other home health and hospice agencies do not have.

During COVID-19, community care nurses stepped up to the plate to ensure our community had access to high-quality care. We were able to keep patients out of the hospital or allow patients to be discharged home safely in shorter patient stay days. We functioned as the eyes and ears for physicians, opened new lines of communication throughout the health system, and saw increasingly acute patients to reduce the burden of the inpatient hospital system. We continue to work towards the highest quality care.

Our hospice nurses work around the clock to ensure every dying patient is provided with the opportunity to pass comfortably in their own home with honor and dignity. They ensure our patients can experience death without pain or fear. Hospice nurses have worked diligently to identify hospice-appropriate patients and provide them services earlier which keeps patients at home and out of the hospital.

During these negotiations, we asked for STCHS to honor the invaluable work of community care, recognize our role in fiscal contribution, and collaborate to continue to provide quality care to the community.

Community care nurses set forth the following goals:

- To create a structured agreement between nurses and St. Charles Community Care regarding benefit packages, wages, hours, and expectations.
- Increase nursing education and opportunities.
- Solidify roles and responsibilities of community care and nurses.
Bargaining Update continued from page 1

- Nurses will continue to work diligently in improving patient outcomes, reducing hospital readmission rates, and preventable scenarios thereby increasing reimbursement rates.
- Continue to build and create communication lines within the health system to improve patient outcomes.

Nurses have the following expectations of St. Charles Community Care:

- Community care will bargain in good faith with the nurses recognizing our worth, work, and honoring our role within the health system.
- Community care will strive to reach an agreement in a timely manner.
- Nurses will be recognized as valued members of the health care team by having their skill set appropriately valued.

We look forward to moving forward in negotiations with accountability, caring, and teamwork as we share the same mission of creating America’s healthiest community, together.

After, we were able to present ground rules, which we all came to agreement on that afternoon.

We were also able to present seven articles for STC-HHH management to begin working on. Although we do not yet have tentative agreements (TAs) on any articles, we are moving in the right direction with management and ONA having discussions on all seven articles. Management also gave us a "management rights" article to consider. We are meticulously working through the language that management passed back, although we anticipate many edits will need to be made before TAs, we feel that we are moving in the right direction.

As the update from St. Charles stated, we mutually agreed to get as much of the contract language set prior to discussions on economics.

We were also able to agree to additional negotiation dates. Upcoming dates will be Monday and Tuesday, Aug. 28 and Aug. 29, 2023, and Monday and Tuesday, Sept. 11, and Sept. 12, 2023. We are hopeful that we will continue to move forward with each session. Your team will be meeting via zoom Tuesday, Aug 22, 2023, and Tuesday, Aug. 29, 2023. Please feel free to call/text/email your team with any additional questions or concerns!

In solidarity,
your bargaining team
Karin Arthur, Cherri Lannucci, Sarah Lillegard, Kate, Miller, Tami Marsh, Joe Sacks, Brittany Bevel, and your ONA labor representative, Christine Hauck!

Completing the Staffing Request & Documentation Form (SRDF)

WHY FILL OUT THE SRDF?

The Oregon Hospital Nurse Staffing Law defines “safe patient care” as “…nursing care that is provided appropriately, in a timely manner, and meets the patient’s health care needs.” Inappropriate nurse staffing can lead to patient care needs not being met.

The information gathered in SRDFs allows ONA to track staffing data and provide information to hospital wide staffing committees. It also provides valuable information to labor representatives about how specific units are staffed, and can be used to assist with OHA complaints.

The nurse should complete the SRDF at the end of the shift or within 48 hours. The SRDF can be found online at OregonRN.org/SRDF. A PDF copy is automatically emailed to the nurse and to ONA, and it is the nurse’s responsibility to forward a copy of the completed form to the nurse manager, PNCC chair, and staffing co-chair. The SRDF should be completed even if the problem is corrected quickly.

Questions about the SRDF process? Email SRDF@OregonRN.org