April 11, 2016

ONA/MCW Executive Committee

Chair:
Kate Morris, RN, Surgical Care Unit
Third Floor

Secretary/Treasurer:
Angie Kimani, RN, Women’s Health & Birth Center

PNCC
Shannon Carpani, RN, Float pool
Leah Emmett, RN, Cardiovascular ICU
Phil Johnson, RN, Emergency services
Angie Kimani, RN, WHBC

ONA Labor Relations Representative
Gary Aguiar, Ph.D.
Aguiar@OregonRN.org
503-444-0690

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OUR ONA-MCW LEADERS ARE ENERGIZED!

We Reach Out to Members; Receive Further Training

Your re-energized leadership is dedicated to our members! We want to let you know about the work being done by your nurse leaders and how you can get involved at McKenzie Willamette Medical Center (MCW). Our leaders are in frequent communication with each other and unit members. We round our units monthly, deliver regular newsletters, defend members in grievances and hold socials.

New Nurse Leaders Step Forward

Kimani Appointed Secretary-Treasurer; PNCC Resurrected

At our ONA-MCW leadership meeting Friday, April 9, we continued to fill the ranks of our officers and committees. Angie Kimani, women’s health and birth center (WHBC), has agreed to serve as our Secretary-Treasurer. Thank you, Angie! She joins Kate Morris, our chair, on our executive team. Together Kate and Angie will appoint two additional RNs to serve on our bargaining team for fall negotiations.

We also sketched out a schedule of events as we prepare for bargaining.

We plan to release a pre-bargaining survey later this summer and host a membership meeting around that time. Stay tuned for updates!
Also at the meeting, four RNs volunteered to serve on our Professional Nursing Care Committee (PNCC): Shannon Carpani (float pool), Leah Emmett (cardiovascular ICU), Phil Johnson (emergency services), and Angie Kimani (WHBC). Since our PNCC has been inactive for some time, they will work to resurrect and

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Quorum Reveals Strong Outlook for 2016

Workers ignored in generous stock distribution to executives; unions represent employees at nine hospitals

Quorum Health Corporation (QHC), the owner of McKenzie Willamette Medical Center, revealed a strong 2016 financial outlook as the corporation spins off from Community Health Systems, Inc. April 22, 2016. In a press release March 22, 2016, QHC predicts net operating revenues for the calendar year 2016 to exceed $2.2 billion and profits to reach $275 million.

It anticipates awards of $7 million in stocks and other non-cash compensation to its executive team.

These revenues and profits are created by hard-working front-line employees—including nurses—who faced increased patient volume. In the first quarter, “QHC hospitals experienced adjusted admissions growth of approximately 1.1 percent and emergency room visit growth of approximately 3.6 percent as compared with the same period in 2015.” Yet, lower-rung workers will not receive any fruits from their labor as instead the wealth is distributed to central administrators.

Our new employer touts, “QHC will...”

UNIT REPRESENTATIVE TRAINING

PART ONE
Thursday, April 28, 10 a.m. – 1 p.m.
Saturday, June 4, 10 a.m. – 1 p.m.
Wednesday, June 8, 10 a.m. – 1 p.m.
Saturday, July 9, 10 a.m. – 1 p.m.
Thursday, July 14, 10 a.m. – 1 p.m.

PART TWO
Saturday, April 30, 10 a.m. – 1 p.m.
Tuesday, May 3, 10 a.m. – 1 p.m.
Saturday, June 11, 10 a.m. – 1 p.m.
Thursday, June 23, 10 a.m. – 1 p.m.
Saturday, July 9, 2 p.m. – 5 p.m.

If you are interested or know someone who is interested, please contact Gary Aguiar, Aguiar@oregonrn.org, text or call 503-444-0690.

Among the 38 QHC hospitals, McKenzie Willamette is both the farthest from corporate headquarters in Franklin, TN, (2,380 miles) and the most distant from the next closest QHC facility (607 miles from Watsonville Community Hospital in Watsonville, CA.)

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Quorum Reveals Strong Financial Outlook for 2016

own or lease a diversified portfolio of 38 hospitals with an aggregate of 3,582 licensed beds geographically diversified across 16 states, primarily located in cities or counties having populations of 50,000 or less.” In fact, 10 facilities are in close proximity to a metro area, including two in Chicagoland and another in the St. Louis metro area. (See table on the right.)

QHC also reports that employees at nine hospitals are represented by labor unions. They caution investors that their “labor costs could be adversely affected by competition for staffing, the shortage of experienced nurses and labor union activity.” Indeed, 16 of the 38 facilities are located in states with high union membership: CA, IL, NV, OH, OR, PA. Furthermore, a majority of the total QHC beds are in these six high-union states (1,869 of 3,582 beds, 52.2 percent).

QHC Hospitals in Close Proximity to a Metro Area

<table>
<thead>
<tr>
<th>Hospital / Medical Center</th>
<th># of beds</th>
<th>Location</th>
<th>Proximity to metro area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gateway</td>
<td>343</td>
<td>Granite City, IL</td>
<td>St. Louis metro area</td>
</tr>
<tr>
<td>MetroSouth</td>
<td>314</td>
<td>Blue Island, IL</td>
<td>Chicago metro area</td>
</tr>
<tr>
<td>Trinity</td>
<td>231</td>
<td>Augusta, GA</td>
<td>Augusta, GA (pop. 580,000)</td>
</tr>
<tr>
<td>Vista</td>
<td>228</td>
<td>Waukegan, IL</td>
<td>Chicago metro area</td>
</tr>
<tr>
<td>Affinity</td>
<td>156</td>
<td>Massillon, OH</td>
<td>One hour south of Cleveland</td>
</tr>
<tr>
<td>Helena</td>
<td>155</td>
<td>Helena, AK</td>
<td>90 minutes southwest of Memphis</td>
</tr>
<tr>
<td>Dekalb</td>
<td>134</td>
<td>Fort Payne, AL</td>
<td>One hour south of Chattanooga</td>
</tr>
<tr>
<td>Forrest City</td>
<td>118</td>
<td>Forrest City, AR</td>
<td>45 minutes west of Memphis</td>
</tr>
<tr>
<td>MCW</td>
<td>113</td>
<td>Springfield, OR</td>
<td>Eugene-Springfield (pop. 350,000)</td>
</tr>
<tr>
<td>Watsonville</td>
<td>106</td>
<td>Watsonville, CA</td>
<td>One hour south of San Jose</td>
</tr>
</tbody>
</table>

Time to Unite

Right now, anti-worker groups are taking aim at the rights of Oregon’s nurses and working families. They want to make it harder for us to advocate for appropriate staffing and equipment, pass public health policies and preserve the practice standards we’ve worked to establish.

From court cases to ballot measures, anti-worker groups tied to wealthy billionaires like the Koch Brothers are trying to silence our voice in order to increase corporate profits.

This November, Oregonians will see wealthy special interests push anti-worker measures onto our election ballots. These measures require public employers to discriminate between union and non-union nurses and are designed to weaken our voice in our workplace; leading to pay cuts and benefit losses and negatively impacting our ability to advocate for our patients.

We can’t let this happen. There is too much at stake for our patients, our practice and our communities. We’ve beaten similar anti-worker attacks before and we can do it again.

Protect your rights to advocate for your patients and your community by pledging to oppose anti-worker attacks and stand up for Oregon’s working families, and learn more about anti-worker attacks and what you can do to prevent them on ONA’s website.

Sign up to get media alerts from CHS.

In this page-turner, Robbins describes the lives of contemporary nurses, portraying their highs and lows caring for patients in America’s hospitals. Based on her interviews with hundreds of nurses, this ethnographic discourse will resonate with working RNs.

Robbins follows four nurses in four hospitals in an unnamed American city. Molly, confident and brash, she disagreed with her former hospital’s anti-nursing policies, signed with an agency. Lara, competent and committed, raising two small children on her own, continues to struggle with drug addiction. Juliette is “a hard-worker who advocates loudly for her patients even when it is not in her best interests to do so” (p. 24). And Sam is a recent graduate who becomes discouraged by physicians’ and managers’ lack of respect for nurses.

Each chapter balances these four nurses’ personal stories with pointed insights from academic studies and industry reports. For example, instead of addressing underlying nurse staffing issues, hospitals game the system of patient satisfaction scores. Several hospitals print cue cards using specific jargon to trigger higher patient satisfaction scores. Even though most nurses carry too heavy a patient load, they are told to use key phrases *three times in a shift to each patient*, “Is there anything else I can do for you before I leave? I have the time while I am here in your room” (p. 216). Yet, Robbins reports “a study comparing patient satisfaction scores with surveys of almost 100,000 nurses showed that a better nurse work environment raised scores on every HCAHPS question” (p. 221).

Robbins treats readers to a unique inside view directly from the “secret club” of nursing, where RNs share their joys, rewards, struggles and pain. For nurses and those who love them, this is a hard book to put down, because it is lively, engaging and empathetic.

A nurse tells Robbins, “it is the nurse who holds the hands of a patient without a family, who talks to them while they take their last breath, who aches for them while they die alone. It is the nurse who cleans the patient’s body, who wipes away the blood and fluids, and closes his eyes. It is the nurse who says goodbye to the patient for the last time. Our story needs to be told. We want to be heard” (p. 26).

And there are so many good stories to tell, we cannot review the breadth and depth of nurses’ insights that Robbins shares. Using the nurses’ own words, she relates the heroic roles that nurses perform daily as the archetypical multitaskers: confidantes, communicators, comforters, nurturers, teachers, advocates, reporters, watchmen, warriors, gatekeepers and diplomats. The anecdotes will validate any RN’s experiences and serve as an introduction to nurse’s daily work for her loved ones.

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**Some advice from author Alexandra Robbins in The Nurses**

**For hospitals and managers:**
- Involve nurses in decision making.
- Don’t automatically or exclusively fault nurses for medical errors.
- Appoint a contact person to objectively handle nurses’ concerns.
- Require everyone to call each other by their first name.
- Prioritize security.
- Talk about substance abuse.

**For the public:**
- Appoint one family spokesperson.
- Ask questions.
- Do as much as you can for yourself and for the patient.
- Understand a nurse’s schedule is complicated.
- Most of all, be respectful, grateful and kind.

**For nurses:**
- Find your A-Team.
- Consider becoming a mentor.
- Take “you time.”
shepherd the committee. Under our collective bargaining agreement, the PNCC is authorized to make recommendations that improve patient care and the practice of nursing at our hospital.

Please thank these nurses for their willingness to serve other RNs in this important role!

Through shared governance, the employer recognizes the expertise and on-the-floor experiences that RNs bring to our facility. The PNCC may meet monthly and committee members are paid for this work. We have six slots on the committee, so two more RNs may also serve. Since the committee should represent all units, we are particularly seeking RNs from OR/PACU and the medical/surgical unit. We hope to see exciting ideas and projects developed by this stellar group of experienced RNs.

Robbins covers the primary topics that affect nurses today:

- workplace violence, including bullying by physicians, patients and managers;
- nurse cliques and why nurses “eat their young”;
- nurse understaffing and long shifts without breaks;
- the “sexy nurse” stereotype; and
- drug abuse by nurses and patients,

Robbins concludes with a worthwhile set of suggestions for hospitals, patients and nurses (see box on page 4).

However, she overlooks a key component of nurses’ ability to affect their workplace. Nursing associations, especially labor unions, provide a safe supportive venue for nurses to bind together to advocate for each other and their profession.

Other than a single passing reference, Robbins ignores the tremendous advances in a century of effort by state and national nursing associations. ONA leaders know that nurses working together have facilitated safe patient care, including Oregon’s nurse staffing law, shared governance principles and job protection. All produced by nurses uniting for common action.

“
To do what nobody else will do, a way that nobody else can do, in spite of all we go through; that is to be a nurse.”

– Rawsi Williams, BSN, RN
A social gathering for CNAs and RNs!

- Share your concerns
- Discuss topics that affect all of us
- Unite for patient safety & staffing
- Discuss what the Quorum spin-off means for us

Two meetings on Monday, May 2, 2016

McKenzie Room—McKenzie Willamette Medical Center
7:30 a.m. – 8:30 a.m. (food by ONA)
7:30 p.m. – 8:30 p.m. (food by SEIU)

Contact your labor representative, Shari Walton at shariw@seiu49.org or Gary Aguiar at aguiar@oregonrn.org