Hospitalists Update

In late September, hospitalists at Sacred Heart voted yes to organize with the AFT by a 10 to 1 margin. Since then, they formed their own Local, the Pacific Northwest Hospital Medicine Association, AFT Local 6552, and elected officers. They then signed an agreement with the Oregon Nurses Association (ONA) to provide day-to-day labor representation.

Hospitalists organized to have a strong voice over safe staffing and quality patient care with their employer, Peace Health Medical Group (PHMG). In the last few months, several physicians gave their required 120 day notice of resignation. As they leave, adequate staffing is a serious and immediate concern. After raising the concerns with PHMG administration, PHMG’s legal counsel proposed a Memorandum of Understanding (MOU) for shift incentive pay. While hospitalists appreciated the gesture, they found it an inadequate solution, and made a comprehensive counter proposal, asking the hospital to provide hospitalists equivalent to the number of FTE’s, commence hiring for open positions, provide legal protections, divert new patients once the census for all hospital teams exceeds 172 when fully staffed (approximately 18 patients per hospitalist), and create a committee to develop a plan to mitigate the effects of high census prior to diverting patients.

PHMG did not respond to their proposal. Instead they imposed the shift incentive and announced that administrators would check in twice daily amongst themselves and with hospitalist shift leads with the goal of maintaining a patient team load as close to 15 as possible. Just like the nurses, the understaffed hospitalists start most days with dangerously high numbers of patients.

They hope to address these issues and others during their first bargaining session Thursday, Jan. 15.

Contracts Have Been Distributed

If you have not received one, please stop by Human Resources and ask for a copy or contact your unit representative.
Nurse Staffing Committee Elections —Timeline for Election Extended through Friday, Feb. 6

Elections for the Sacred Heart (SHMC) Nurse Staffing Committee are now . through Friday, Feb 6 at 4 p.m. Nurses vote by unit cluster to select representatives for the committee. The nominee with the highest number of votes will be the primary committee member and the next highest will be the alternate.

We need your participation to select strong advocates for patient care and adequate staffing. See Article 18 in the contract for more information about the role and responsibilities of the Nurse Staffing Committee.

You were mailed a postcard with your assigned password and your ID code located on the front of your postcard under the ONA logo. You will need this in order to vote. If you cannot locate your postcard, please contact Melissa Tangedal at tangedal@oregonrn.org.

If you have your postcard, click here to vote and let your voice be heard.

Sacred Heart Nurse Staffing Committee Nominees

**Labor and Delivery Mother/ Baby**
- Holly Russell, Labor and Delivery
- Paulette Farrell, Mother/Baby

**Neo-natal Intensive Care Unit (NICU), Pediatrics (Peds)**
- Cherie Rothaupt, Peds
- Phyllis Hurt, NICU
- Karen Blikstad, Peds

**Surgical Procedures Area, Recovery (PACU), Gastro Endo, Endo Clinic, Anesthesia Clinic**
- Pam Finley, PACU

**Operating Room (OR), Cardiovascular Operating Room**
- Karl Christman, OR
- Kellie Spangler, OR

**Oregon Heart and Vascular Institute (OHVI) 4 and 5, Cath Prep and Recovery, Cath Lab**
- Cheryl Brewer, OHVI 5
- Shawna Fast, OHVI 5
- Kendra Northram, OHVI 5

**Emergency Department (ED) – RiverBend**
- Kristen Baker, ED
- Allison Silvey, ED

**Medical Intensive Care Unit, Surgical Intensive Care Unit, Intermediate Care Unit (IMCU)**
- Amy Jester, IMCU
- Nancy Deyhle, Intensive Care Unit
- Tyna Gormley, Intensive Care Unit

**IV Therapy, Super Float Pool (FP), Wound and Ostomy**
- Stormy Greenawald, FP
- Tawny Dwyer, FP

**Orthopedics, Neurology, Gamma Knife**
- Kathy Bradford, Neurology

**7 South Surgical, 8 Medical, 7 North Oncology**
- Robin Avidan, 8 Medical
- Grace Montgomery, 8 Medical
- Leah Trank, 7 North
- Sharon Hodges, 7 Surgical

**University District - Medical, Regional Infusion Center, Rehabilitation**
- Michelle Correll, UD Medical
- Marge Batson, UD Medical

**University District - Behavioral Health, Emergency Department, House Coordinators**
- Sherry Tillman, Behavioral Health
- Nate Hanks, Behavioral Health
ONA’s Response to December Email from PeaceHealth Administrators to Caregivers

In December and early January, we sent out two blast emails to members addressing some of the points raised in an email sent out by Rand O’Leary and Louella Freeman.

We’ve heard from some of our members that they did not receive that information so we’re reprinting it here and updating it to include the most recent data. We think it’s important that you all have accurate information as to what’s been happening with staffing at Sacred Heart this year.

In the Dec.15 email, PeaceHealth administration stated that they’re talking to caregivers about staffing.

That’s a major change in the tone and direction of their response and shows that our campaign for improved staffing is making a difference. However, we think it’s important for us all to take a more critical look at some of the information that has been put forward by Sacred Heart administrators since our effort went public.

Don’t forget to sign the petition (either online, or on one of the paper copies now circulating in the hospital and in the community), ‘like’ the campaign on Facebook and spread the word to friends, family members and neighbors.

None of this would be possible without your support. Thank you for the work you do, for your dedication to our patients, and for being brave enough to stand up for what’s right.

Administration’s Claim

“Staffing Request and Documentation Form (SRDF) filings have plummeted over the past five months.” - Rand O’Leary and Louella Freeman, in an email to Oregon West Network caregivers on Dec. 15, 2014.

What We Know

We acknowledge that there was a reduction -in September-November; however, SRDFs continue to be filed. This December, 54 SRDFs were filed.

Sacred Heart administration’s focus on a drop in the number of SRDFs in a three month period doesn’t change the fact that we’ve seen over 400 forms submitted this year. We need to look at the big picture, and as a whole, this year’s numbers are not something to brag about.

And, it’s not just the numbers but the content that matters. Recent SRDFs are reporting on unsafe staffing due to skill mix and lack of orientation. Several alarming reports have been made about unsafe situations in the former clinical decision unit (CDU) and emergency department (ED) holding.

The chart on the following page indicates the number of SRDFs Submitted per month from 2011-2014:

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ONA’s Response to December Email from PeaceHealth Administrators to Caregivers
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Number of SRDFs Submitted per Year 2011-2014

<table>
<thead>
<tr>
<th>Sacred Heart Medical Center</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>211</td>
<td>220</td>
<td>476</td>
<td>459</td>
<td>1,366</td>
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</table>

Administration’s Claim

“We had no mandatory overtime in October and November.”
- Rand O’Leary and Louella Freeman,
in an email to Oregon West Network caregivers on Dec. 15, 2014.

What We Know: New Mandatory Overtime in December

We’re glad to hear that there were no documented cases of mandatory overtime in October or November of this year. However, if you look at 2014 compared to other years – we can’t ignore the remarkable increase in the number of instances of mandatory overtime.

Two months of no mandatory overtime does not erase a year in which this problem has been out of control. And, on Dec.18, mandatory overtime was instituted in the primary acute care unit (PACU) again with five nurses were required to stay beyond their regularly scheduled shift.

Mandatory Overtime Data Provided by Sacred Heart

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
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<th>2012</th>
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<tr>
<td>Total Hours</td>
<td>15</td>
<td>5.5</td>
<td>11.5</td>
<td>10.75</td>
<td>27</td>
<td>*</td>
</tr>
<tr>
<td>Total Instances</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>54</td>
</tr>
</tbody>
</table>

* Note: we do not have a total number of hours data at this point.

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ONA’s Response to December Email from PeaceHealth Administrators to Caregivers

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Administration’s Claim

“We have hired 130 nurses in 2014. We are working to fill remaining vacancies as quickly as possible. It is our top recruiting priority.”
-Rand O’Leary and Louella Freeman,
in an email to Oregon West Network caregivers on Dec. 15, 2014.

What We Know

Mr. O’Leary must not be counting the number of nurses who left voluntarily or were terminated in 2014. According to data provided to the Oregon Nurses Association (ONA) from Sacred Heart, while 132 nurses were hired through Oct. 2014, 66 nurses were terminated, resigned or retired. That's a net increase of only 66 nurses since last year. And, that's only a net increase of 18 nurses more than in 2009 (see table below).

From 2013 to 2014, total FTE nurse positions only increased by approximately fourteen. So while the net gain (that's number of nurses hired minus the number who left the organization) is 66 total nurses, many of those new hires have been per diem and part-time positions.

Sufficient staffing isn't just about numbers. Even if all positions are filled, with the current focus on the budget-driven “staffing matrix” instead of staffing to acuity, there may not be enough resources at the bedside to provide the type of care our community deserves.

Sacred Heart administration has made no mention of skill mix when discussing safe staffing. Currently, there are not adequate resources provided to orient new hires including the “super float pool” nurses.

We’ve heard from some units that there are so many new nurses, charge nurses find it difficult - if not impossible - to put together patient assignments that match the nurses’ skills and experience.

Finally, we’re still hearing from nurses that they’re being floated to units without proper orientation and pressured to take teams of patients for which they do not have the skills or experience to provide safe and quality care. This was an issue we discussed extensively during bargaining, and yet it’s clear the administration still doesn’t recognize the importance of it.

As of Jan. 16, there were still nearly 60 open bargaining unit positions posted. Approximately half of those positions are in either the super float pool or critical care super float pool. Administration has been trying to fill those positions ever since the reorganization of the float pool in May of 2014.

We ask that nursing administration have a conversation with ONA leadership to discuss why they can’t seem to fill these and other open positions.

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ONA’s Response to December Email from PeaceHealth Administrators to Caregivers  
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Number of Nurses in the ONA Bargaining Unit  
(Total Number Versus Total FTE, when Available)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BU Totals</td>
<td>1298</td>
<td>1244</td>
<td>1283</td>
<td>1211</td>
<td>1252</td>
<td>1273</td>
<td>1316</td>
</tr>
<tr>
<td>Total FTE</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>829.9</td>
<td>854.0</td>
<td>853.3</td>
<td>868.6</td>
</tr>
<tr>
<td>Per Diem Nurses</td>
<td>*</td>
<td>159</td>
<td>*</td>
<td>149</td>
<td>159</td>
<td>172</td>
<td>195</td>
</tr>
<tr>
<td>% Per Diem Nurses</td>
<td>13%</td>
<td>12%</td>
<td>13%</td>
<td>13%</td>
<td>14%</td>
<td>15%</td>
<td></td>
</tr>
</tbody>
</table>

* ONA does not have data for this year

Administration’s Claim

“We created—and successfully implemented—a very specific plan of attack to address meal periods for nurses.” - Rand O’Leary and Louella Freeman, in an email to Oregon West Network caregivers on Dec. 15, 2014

What We Know

Based on conversations during our labor management meeting on Dec. 12, it’s our understanding that the “very specific plan of attack” cited by Mr. O’Leary and Ms. Freeman is using white boards to assign breaks, rather than providing short shift or alternate start time nurses for meal and rest period coverage, as both sides agreed to in our new ONA contract, if supported by the unit.

During the labor management meeting, administration presented ONA with a set of charts to illustrate alleged improvements in access to meal periods for caregivers. The data provided by management was from March-May and covered meal periods for “all caregivers.”

ONA inquired about whether the employer also had documentation on access to legally and contractually required rest periods. Many nurses have told us that they rarely have enough coverage on the floor to take those breaks safely. We were told that administration “doesn’t track” that information even though you are asked to submit that information through Kronos/My Time.

During our negotiations earlier this year, our ONA bargaining team provided administration with data supporting what we’ve heard from nurses over and over again regarding missed meals and breaks.

In our pre-negotiation survey, 78 percent of nurses reported that they get their two (or three breaks for 12 hour shifts) less than 50 percent of the time.

And yet, administration continues to treat this as a “payroll issue.”

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ONA’s Response to December Email from PeaceHealth Administrators to Caregivers
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We know that having enough coverage on the floor to ensure nurses and other caregivers get their legally (and contractually) required meal and rest periods is a critical competent of safe patient care.

Since Sacred Heart does not seem interested in accurately tracking this information, we are asking nurses to help us gather data about missed meal periods and breaks from Jan. 11-24. You should have received a tracking sheet so that you could log whether you got your breaks and meal periods and if you didn’t, the reason why.

Turn in those completed sheets to your unit representatives or executive committee members by Jan. 29.

Administration’s Claim

“We are soliciting feedback from our caregivers through weekly rounding. We will continue to seek your feedback on staffing and to find solutions to problems you identify.” - Rand O’Leary and Louella Freeman, in an email to Oregon West Network caregivers on Dec. 15, 2014

What We Know

While weekly rounding can be helpful, it is far from an evidenced-based method to gather data. Administrators do their rounding at a fixed time on day shift the same day of the week, each week. Staffing issues vary from shift to shift and are often the biggest problem on weekends. In our previous work in the meals and breaks taskforce, in the units that we looked at, evening shift RNs were the least likely to get their break.

ONA collects data from all of our members through methods such as the pre-negotiation survey and we have staff experts that can provide research about the correlation between nurse fatigue and negative patient outcomes. We would be happy to share this data with the new administrators. Nurses have suggested that managers put on scrubs and join them for a half or full shift to get a better feel for what’s happening on the units!

Nominations for the ONA/SHMC Executive Committee Now Open

This committee runs the day-to-day business of ONA at SHMC, which includes: labor management committee work; coordination with other nurse committees as the grievance committee, staffing committee and professional nursing care committee; representation in unit reorganizations or layoffs; and setting goals and strategic plans for the local bargaining unit. The committee adds two members during contract negotiations to ensure good representation of units.

This committee consists of nine members and all positions are open for elections. New officers will take their place in March for a two-year term of office. The committee meets monthly as a group and also participates in other meetings with membership.
Nominations for the ONA/SHMC Executive Committee Now Open

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Most of these meetings are unpaid.

We need strong leadership for this work. Please consider running for this committee, you can nominate yourself or a colleague. All nominees must sign a “consent to serve form” and submit a short statement about why they want to run for office. We'll provide questions for the statement to the nominees.

Nominations close at 5 p.m. on Friday, Feb. 13. Elections run from Feb. 27 - March 9.

Click here for more information and the executive committee nomination form

Note: There are two important election processes happening right now, the nurse staffing committee vote and executive committee nominations. We apologize if this creates any confusion.

Be sure to visit the ONA website www.oregonrn.org and your bargaining unit webpage for more updates and information.

Sacred Heart Home Care Services Executive Committee Nominations will open soon.

Stay tuned for more information about these nominations and elections!

Sign Up to Attend ONA’s Nurse Lobby Day, Feb. 10, 2015

All ONA members are invited to join ONA at the Oregon State Capitol in Salem on Tuesday, Feb. 10 for ONA’s 2015 Nurse Lobby Day. During Lobby Day, nearly 300 nurses and nursing students from across the state will gather to meet with legislators and advocate for issues that are important to every nurse.

This year’s Lobby Day will focus on the need to make improvements to Oregon’s Nurse Staffing law that will empower direct-care nurses, enhance transparency and increase enforcement and accountability. These improvements will result in better conditions for nurses and patients.

Up to 4.0 continuing nursing education contact hours will be available to participating nurses. ONA will provide resources and training to all attendees. First-time Lobby Day participants are welcome

Register for ONA’s 2015 Lobby Day to help make the changes we need to protect nurses and patients.

ONA Nurse Lobby Day is open to all ONA member and student affiliates (OSNA members). You must be an active ONA or OSNA member to participate in ONA’s 2015 Nurse Lobby Day. Not a member?

Click here to find out how to join ONA today.

You must be logged into the ONA website to register. If you have not logged into the ONA website since the system upgrade in April, you will need to reset your password to login. Your username is the email address we have on file for you. At the login page, click the link at the bottom of the page under "Forgot your password?" to reset your password in order to login for the first time.

This program is pending approval by Oregon Nurses Association, CEARP # 301.01.2015 for up to 4.0 continuing nursing education contact hours. ONA is an accredited provider approved by Cal BRN, Provider #15089