NURSE ADVOCATE
The newsletter for ONA Members at Sacred Heart Medical Center & Sacred Heart Home Care Services

Newsletter for ONA Members at ***Sacred Heart Home Care Services***

Oregon Nurses Make A Difference

October 17, 2013

SACRED HEART HOME CARE SERVICES EXECUTIVE COMMITTEE

Billy Lindros, Hospice
Kristi Till, Home Health
Phil Zicchino, Hospice
Carol Mizera, Home Health

SACRED HEART HOME CARE SERVICES PROFESSIONAL NURSING CARE COMMITTEE (PNCC)

Shirley Hofeld, Home Infusion
Steve McClain, Hospice
Susan Walters, Home Health
Joy Straub, Home Health
Chris Mariska, Hospice

Maureen Smith
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ALSO IN THIS ISSUE

PHIL ZICCHINO WINS RISING STAR AWARD AT ONA CONFERENCE

Each year, Oregon Nurses Association's (ONA) Cabinet on Economic and General Welfare gives a "rising star" award to someone that's relatively new to collective bargaining and shows great promise of future leadership. This year the award was presented to our own, Phil Zicchino, hospice on-call nurse. In addition to his on-call responsibilities and being a husband and father to four children, Zicchino is a member of the ONA/Sacred Heart Home Care Services (SHHCS) Executive Committee (Executive Committee); he also participated in the most recent contract negotiations; attended the National Federation of Nurses Labor Academy and House of Delegates; was a speaker at the rally in Vancouver in support of the PeaceHealth Bellingham nurses; and was an active participant in ONA's Lobby Day at the state legislature.

Please pass along your congratulations to Phil!

KRISTI TILL STEPS DOWN FROM EXECUTIVE COMMITTEE

On a sadder note, Kristi Till recently accepted a new position as oasis coordinator. With her increased hours and responsibility and the adjustment to her new job, she's no longer to give as much energy to her ONA activities as she has in the past. Till has decided to resign from her Executive Committee position.

Till's been a tireless advocate for nurses in home care services and will be greatly missed. When you see her please thank her for her many years of service to the nurses at this agency!

Thank you Kristi!

Position Open on Executive Committee

With Kristi Till's resignation, there is a current vacancy on the Executive Committee.

We are actively recruiting for a new member, preferably from the home health program. Nurses may be nominated by their peers or may self nominate. If you know of a nurse that you would like to see representing you in ONA activities please let the Executive Committee know. The Executive Committee is eager to discuss responsibilities with anyone who's interested.

We'll be making an appointment in the next several months in preparation for upcoming negotiations. The new member will serve on the negotiating committee in the upcoming bargaining sessions in spring/ summer 2014.

Kronos Concerns

With the "go live" of Kronos, ONA is once again concerned about the accuracy of our member's paychecks. We've been engaged in meetings with management about the Kronos process and all the work that's gone into getting it up and running.

With the elimination of the paper timesheets, we will be increasingly dependent on an automated payroll system. Over the next several months, nurses should make a special effort to track their time on My Time, look at their payroll stubs, make sure that they are being paid accurately.

ONA is very interested in hearing about any difficulties that nurses may be having with the new Kronos system.

At a recent labor management meeting, we discussed the fact that there was not a card reader on the second floor and that it was causing some awkwardness with staff having to run out of meetings and other activities to "punch in" on the first floor. Management has agreed to arrange for installation of another card reader on the second floor—next to the elevators.

Local Bargaining Unit Dues Increase by $1 per Month

Reminder—As voted in by our members in November 2012, Sacred Heart nurses will begin paying an additional $1 per month in dues that go to the local bargaining unit this July. The Executive Committee uses this money to pay for things like: actions to support contract negotiations, trainings for unit reps and contract action teams, refreshments for members at open houses and meetings, door prizes and refreshments for ONAs nurse's day.

Due to a delay in implementing the increase in dues by Sacred Heart's payroll department, the dues did not increase in July but the correct amount is now being deducted from member's paychecks.

OREGON NURSES FOUNDATION

Get more information online at OregonRN.org or by calling the Foundation at 503 293 0011.

YOUR generous gift can help provide new scholarships to nursing students wanting to enter the profession, can help fund training and CE programs for nurses who need new skills to adapt the changes in health care, and provide essential services that will keep nurses facing personal and professional challenges in the profession. **Together, we can make a difference for the future of nursing!**

Open Enrollment Begins for Benefits

ONA has been enquiring about the timeframe for this year's open enrollment. We just found out that a blast email is going out soon with important information –check your work email for more details.

Health Benefit Open Enrollment for benefits-eligible caregivers will begin October 28 and end November 11.

During the annual open enrollment period, you can:

- Change from one health plan to another
- Add eligible dependents not currently covered
- Drop current dependents
- Enroll or cancel health benefit coverage
- Enroll in a flexible spending account (FSA)
- Enroll or change your health savings account (HSA) contribution
- Sell your paid time off (PTO)

We've heard a lot of dissatisfaction with the health insurance plans. One thing we wanted to make sure that our members understood was how the deductible works in the high deductible plan (account based health plan). This information was not shared in contract negotiations. The deductible for this plan does not work the traditional way. It's called a "non-embedded" deductible. There is not an individual deductible embedded in the family deductible. In this situation, before your insurance helps you pay for any of your medical bills, the entire amount of the deductible must be met first. It can be met by one family member or a combination of family members however there are no benefits until expenses equaling the deductible amount have been incurred.

ONA has asked management to get more information out to employees so they can make a good decision about which plan to choose. We will also be sending a blast email to our members regarding this issue and include examples to make sure the differences are clear.

Weekend Differential Pay for Hospice On-Call Nurses Resolved

ONA received notice from human resources of its intent to no longer pay the weekend differential for nurses in the hospice on-call positions in December of 2012. We notified management that we wanted to negotiate this change in practice. Due to changes in human resources staff and multiple issues with payroll, Kronos, etc. our negotiations did not occur until last month.

We were able to negotiate a compromise in which the weekend differential would be paid for all hours worked—not for all hours the on-call nurses are paid. This compromise was applied retroactively back to February when the change was implemented and will continue with hours worked moving forward.

Your Executive Committee and the hospice on-call RNs believe that this was a fair compromise and were glad that we were finally able to work collaboratively to resolve this issue. We want to thank the hospice on-call nurses for their patience!

PeaceHealth Nurses in Bellingham Reach a Tentative Agreement

As you know, several nurses from ONA went to a rally in Vancouver in support of the nurses at St. Joseph Hospital in Bellingham. We need to work more closely with nurses at other PeaceHealth facilities so that we can stand together for fair wages, benefits and working conditions.

The nurses ratified a contract on August 26 that includes:

- **2.5** percent across the board wage increases - Retroactive to January 1, 2013 nurses will receive additional pay reflecting a 2.5 percent increase for hours worked from January 1, 2013 to date.
- 2 percent January 1, 2014
- 2 percent January 1, 2015
- **Medical Benefits –** The new medical plan will not be implemented until 2014.
- **Full-time for nurses between .7 and .8 full time equivalent (FTE) retained until December 2015 –** A nurse with an FTE status between .7 and .8 shall be allowed to continue to receive full time medical plan premium contributions up to and including the last full pay period ending prior to December 31, 2015.

Peace Harbor Hospital in Florence starts negotiations soon and we will be meeting with their team to share information about our negotiations, the health insurance and show our support.

Criminal Background Checks for Home Health Nurses

New state laws went into effect for home health agencies in 2012. These include:

On or after April 1, 2012, an agency must ensure that a criminal records check is completed on employees, contractors and volunteers who have direct contact with patients **every three years** from the date of the person's last criminal records check.

Sacred Heart Home Care Services must comply with the new laws but your Executive Committee is negotiating the impacts of the law and policy on the home health RNs. Please note that this only applies to home health and not hospice or Home Infusion. We have concerns that the background checks comply with the regulations but are not excessively broad or overreaching.

Management is working with us on this issue. Stay tuned for more information.

Find ONA on Facebook

https://www.facebook.com/OregonNursesAssociation

Ergonomic Issues

A number of nurses have recently sustained job related injuries, some of which are related to repetitive motion, lifting injuries, and the change to the new lap tops which are heavier. On the job injuries are difficult for staff, costly to the agency and disruptive to our patient care activities.

Nurses and agency managers have requested adaptive ergonomic equipment and worked with specialists from Employee Health. There have been some delays with getting the needed equipment furnished to staff. Management has made a commitment to expedite ergonomic support and equipment to all of the staff. If you are having problems or issues, talk to your manager. Let your Executive Committee know if you have any concerns that you believe are not being addressed.

ONA Education Funds

Besides the Executive Committee, another ONA/SHHCS committee is the professional nursing care committee (PNCC).

Per the contract, the PNCC deals with practice issues, including nursing education and certifications. The PNCC has new leadership and they have been meeting on a regular basis. The current members of the PNCC are: Shirley Hofeld, Steve McClain, Joy Straub, Chris Mariska and Susan Walters.

Connie Miyao, nursing practice consultant, from ONA's Professional Services Department has been working closely with the committee. Connie has more than 20 years experience in the nursing field including home care agencies and hospice organizations.

The committee is working on materials that will be coming out shortly to give you more information about your ability to access negotiated funds for education hours and program costs. You can also review Article 16 in the contract for more details.

Educational request should be directed to the PNCC department leads as follows:

- Home Infusion- Shirley Hofeld
- Hospice- Steve McClain
- Home Health- Joy Straub

Requests for education hours should be submitted no later than two weeks prior to the posting of the schedule covering the period in which the hours are sought.

Amounts up to $400 and up to 40 hours to be approved by the PNCC as funding allows. If you have questions, please contact a PNCC member.

HOME HEALTH RE-ORG FOLLOW UP

ONA representatives Carol Mizera, Phil Zicchino and Maureen Smith met with Chris Van Camp and Justin Thomas, human resources on September 25 to discuss the home health reorganization and presented the survey results as outlined below. Most nurses reported concerns with the new model especially in regard to continuity of care and caseload size for case managers.

Note: The complete survey results—including all comments—will be available on the ONA Home Care Services web page and will also be distributed to all home health RNs.

There will be a ***home health staff meeting on Wednesday, November 6 from 3:30 - 4:30 p.m***. We encourage home health nurses to attend this meeting and discuss ways to improve the model to better meet the patient and staff needs.

This was the stated goal for the reorganization.

> **OBJECTIVE:**
> To enhance the delivery of patient care through improved patient continuity as noted by achieving desired outcomes. Further emphasis will be on the communication between the multidisciplinary team, which will allow the case managing clinician the ability to manage the patient's episode more effectively.

Do you believe patient continuity has been improved as a result of the reorganization into visiting nurses and case managers with specific geographic areas?	**NO — 15** YES — 4 NA — 1
Sample Comments: Patients still see multiple nurses. Nurses see variety of patients often without repeat or repeat after extended period; Inconsistent nurses and large number of different RNs visiting. Visiting nurses not always in same geographical area they are assigned to, often covering SOC and ROC, etc. Patients would respond better and feel more 'cared' for if they see a regular rotation of staff. They constantly have to retell their story.	
Has communication between the multi-disciplinary team improved with the new model?	**NO — 14** YES — 5 NA — 1
Sample Comments: No time to discuss patient's Plan of Care. Visiting Nurses aren't always included in team conference. Difficult to communicate needs/changes or to notice differences when several nurses have seen patient. Good to have the same disciplines and it has increased communications.	
Are there any concerns regarding the role/scope of the Visiting Nurse and/or Case Manager positions?	NO — 7 **YES — 12** NA — 1
Sample Comments: No team—Too much work—too little time. Cannot see all patients assigned. Some Case Managers see too many patients. At times, because of case load and acuity the Visiting Nurse becomes a Case Manager by default. Visiting RNs burn out and leave. It's common to have 30-35 patient cases. The Visiting Nurses are doing a good job.	

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HOME HEALTH RE-ORG FOLLOW UP *(CONTINUED FROM PAGE 6)*

Have case managers been able to make their own OASIS visits?	**NO — 12** YES — 6 NA — 2
Sample Comments: It doesn't appear so. Visiting Nurse do OASIS/SOC almost every day. No, some of the Visiting Nurses do more SOC than a Case Managers. Not necessarily, still many SOC on weekends. Too many regular visits. Case Managers try when possible,	
Has there been an improvement in case management coverage for sick and vacation time?	**NO — 11** YES — 2 NA — 7
Sample Comments: Definitely. Not much. A nurse rarely knows who is covering. Visits not always covered. Whoever is available covers, no one assigned to caseload to cover vacation. Visiting nurses do a good job for vacation coverage, sick coverage uncertain.	
Has there been an improvement in OASIS accuracy and outcomes?	**NO — 9** YES — 4 NA — 7
Sample Comments: Still fee SOC OASIS not rated high enough. Note that some patients show better on first visit than subsequent visits as you get to know a patient. Rarely reopen OASIS to reflect. No, because SOC aren't done by primary nurse.	
Has there been an improvement in "episode management"?	**NO — 5** YES — 4 NA — 11
Sample Comments: Difficult to do when case loads are so high. If Visiting Nurse can be consistently in same area, offers excellent input at case conference.	
Has there been improvement in patient outcomes? Do you receive outcome data from your manager?	**NO — 14** YES — 0 NA — 6
Sample Comments: If there was improvement credit it to more accurate OASIS. Quantity of patients seen receives better feedback than quality of care.	
If you're a case manager, what is your average caseload size? _____ **Do you find this caseload size manageable?**	**NO — 15** YES — 4 NA — 1
Sample Comments: Easier with a co-case manager….39; 30-35; Difficult to know every patient, not time to follow up on order requests….30-35; No….35-40; Absolutely not….30-35 as many as 40; No...25 to 32; No...30-34; No...30-35; Yes...20-25; Yes...usually 25, but it has been low lately.	

STAFFING PROBLEMS ESCALATE AT SACRED HEART MEDICAL CENTER

STAFFING REQUEST & DOCUMENTATION FORM (SRDF)
Number of Submissions to ONA by Facility * Updated October 4, 2013

	FACILITY Code & Name	2010	2011	2012	2013	Total
1	Sacred Heart Medical Center	157	211	220	457	**1045**
2	Rogue Regional Medical Center	38	37	50	44	**169**
3	Oregon Health & Sciences University	18	36	99	70	**223**
4	Peace Harbor	0	0	1	0	**1**
5	St. Alphonsus – Baker City	5	2	3	2	**12**
6	Bay Area	8	2	5	26	**41**
7	Tuality Community Hospital	16	64	12	0	**92**
8	Providence Portland Medical Center	49	55	46	40	**190**
9	Albany General Hospital	1	6	1	1	**9**
10	St. Anthony Hospital	2	2	1	0	**5**
11	Providence Hood River Medical Center	3	0	0	0	**3**
12	Providence St. Vincent Medical Center	7	11	10	30	**58**
13	St. Charles - Bend	14	10	72	43	**139**
14	Samaritan Pacific Communities Hospital	0	8	22	23	**53**
15	Harney District Hospital	0	0	1	0	**1**
16	American Red Cross	0	0	2	0	**2**
17	McKenzie-Willamette	1	0	0	6	**7**
18	Kaiser Surgicenter	0	0	0	0	**0**
19	Sky Lakes Medical Center	13	14	26	35	**88**
20	Mid-Columbia	10	1	4	0	**15**
21	Good Shepherd	3	1	0	0	**4**
22	Silverton Hospital	5	2	2	4	**13**
23	St. Alphonsus – Ontario	6	4	6	3	**19**
24	Grande Ronde	0	3	1	0	**4**
25	Good Samaritan Regional Hospital	8	23	12	46	**89**
26	Blue Mountain Recovery	2	2	2	2	**8**
27	Providence Willamette Falls Medical Center	2	0	2	14	**18**
28	Providence Seaside	5	1	2	0	**8**
29	Lake District Hosptial	0	0	0	0	**0**
30	Lebanon Community Hospital	0	0	0	0	**0**
31	Multnomah County	3	1	0	0	**4**
32	Columbia Memorial Hospital	84	23	17	1	**125**
33	Coquille Valley	0	0	9	0	**9**
34	Mercy Medical Center	2	6	1	1	**10**
35	WA County	0	0	0	0	**0**
36	Shriner's	0	0	0	0	**0**
37	Kaiser Interstate	0	0	1	0	**1**
38	St. Charles – Redmond	0	3	5	0	**8**
39	Providence Home Health	0	0	0	0	**0**
40	Providence Medford	72	77	32	49	**230**
41	Providence Milwaukie	N/A	N/A	3	5	**8**
	Totals	**534**	**605**	**670**	**902**	**2711**

STAFFING PROBLEMS ESCALATE AT SACRED HEART MEDICAL CENTER

(CONTINUED FROM PAGE 8)

As you can see on the chart on page 8, staffing problems continue at Sacred Heart Medical Center (Medical Center). Already this year, the number of SRDFs (staffing request and documentation forms) filed is more than double that of last year and far more than any other facility in Oregon.

These SRDFs document shifts where there were problems with skill mix, patient's needs not being met, charge nurses forced to take teams of patients, nurses not getting meals or breaks, acuity not being taken into account when staffing the unit and more.

ONA nursing leadership is very concerned about the consistent short staffing occurring at the Medical Center. We held a meeting with representatives from the PNCC; the staffing committee and the Executive Committee. As nurses, the ONA leaders have a high degree of professional responsibility in the delivery of quality, safe patient care for our community.

We have identified several critical areas that are in need of urgent attention including:

- chronically short weekend staffing
- the limitations on incentive pay to aid in filling the holes in schedules/staffing
- challenges with scheduling and staffing departments limited resources/staff to adequately staff current shifts and contact staff needed to fill holes on upcoming shifts
- challenges with skill mix as many units have new nurses and new grads
- problems with staffing in the intensive care unit that ultimately impact the whole house and present a community safety issue
- problems with staffing in the RiverBend Emergency Department
- questions regarding what progress has been made on orienting nurses to float units to aid in staffing

Representatives of the three committees were joined by ONA's Executive Director Susan King and we met with management on September 30. We shared our concerns and proposed actions to address these problems: immediately, short term and long term. Management shared information they had been working on about a "staffing reset".

We agreed to move the discussion to the staffing committee which met last Monday, October 7. Nurse leaders have concerns with several of management's proposals and will be contacting them shortly to document our concerns. We feel that there is not an adequate plan in place to fix the problems in the short term. These problems have resulted in mandatory overtime being invoked four times in the last several weeks.

We will keep you informed of our efforts and progress in advocating for safe quality care for Sacred Heart patients and a safe working environment for nursing staff!