



Oregon Federation of Nurses and Health Professionals
AFT Healthcare Local 5017
www.ofnhp.org



RN News & Updates

March 2011

Hostile Work Environment for Case Manager RNs/CQSS Department

After our RN Case Managers filed a hostile work environment grievance in October, they also requested an IBPS (Interest Based Problem Solving) to address persistent concerns.

The team has completed a 12-hour IBPS, which identified 25 issues around lack of communication, unclear processes, lack of measurable job duties, and several other department-wide problems. Management acknowledged our members' concerns, and the team created a timeline to work on correcting the most pressing issues, with specific stakeholders from both Labor and management.

OFNHP members Traci D'Andrea, Melissa Pond, Kathryn Thompson, Evie Bello and Bev Saum were instrumental in the process and have made great headway on working with management to address our concerns, and holding everyone involved accountable.

Separate from the IBPS, the team also met with manager Ellie Godfrey to discuss harassment issues. Ellie committed to our members that there would be no retaliation, and each case manager had the opportunity to speak freely about their concerns and experiences.

Among the commitments that came out of that meeting were management coaching assistance and evaluation, a formal harassment investigation,

Save the Date!

Membership Meeting
Thursday, March 31
6:30-8:30pm
at the Monarch Hotel,
Clackamas

OFNHP Executive Board Meeting
Saturday, April 16
9am-Noon
OFNHP Office

RN Bargaining Unit Meeting
Tuesday, April 19
6-7:30pm
at OSEA in Salem

Steward Training
Thursday, April 21
9am-4pm
at OFNHP
All members welcome to take the training. Please call the OFNHP office to RSVP.

Longview Team Leads Get

and the creation of a workplace harassment committee through the Labor Management Partnership.

Update on the RIFs in OB/GYN

The vast majority of the RNs who were RIF'd have been placed in new positions throughout the region. The RNs who remain in the department have persistent staffing issues, and are very concerned about vacation approval and other backfill needs.

Management has expressed an interest in recalling the RIF'd on-calls, in order to meet this need. While it seems likely this will get approved, it will take a few more weeks for it to go through.

Kaiser Admits to Direct Dealing

A few months ago, OFNHP filed an Unfair Labor Practice (ULP) charge against Kaiser, for Direct Dealing with the RAN department. Direct Dealing is the act of weakening the union contract for others by trying to strike deals with union members individually, instead of negotiating through the union, who is the Exclusive Bargaining Agent. This action is expressly prohibited by both our contracts and by federal labor law.

During the National Labor Relations Board (NLRB)'s investigation, Kaiser admitted to trying to engage in direct dealing. As a part of being found guilty of this charge, Kaiser must post a notice that they violated federal labor law, at all work sites, for a minimum of 60 consecutive days. Those posters are up now, and serve as a reminder that we must constantly be vigilant about protecting our rights.

Outpatient RNs Seek and Get Support to Make Changes in Work Setting

Outpatient Oncology RNs approached OFNHP for help making changes that would improve their work setting. Internal Organizer Sharon Culley worked with one of Kaiser's HR consultants to do a joint assessment of the department. 20 of 26 RNs were interviewed and the assessment resulted in

Results on Scheduling Grievance

Team Leads at LVK filed a grievance back in November, due to management changing their regularly scheduled days off without following the contract.

After an IBPS and a series of meetings, management finally accepted our proposal on a trial basis. We developed specific metrics to measure significant negative impacts that would result from the Team Leads being absent on their preferred days off. Using this method will now allow management to more accurately assess scheduling impacts, while also giving Team Leads the consistency and reliable scheduling they need.

SPU Joint Staffing and RIF

When the SPU (Surgical Prep Unit) at Sunnyside was targeted for RIFs, a joint staffing process helped us keep the negative effects to a minimum.

All but five RNs kept their coded hours, and three were uncoded. Of the RIF-affected nurses, two opted to retire, two have indicated their job preferences, and the fifth is staying at SPU with zero coded hours. Given the backfill, we expect that she will get her 20 hours/week and maintain her BAH.

Flat Staffing Complaints at KSMC

significant changes that will help meet the RNs' needs -- including getting a Team Lead for Infusion, and getting a scheduler for the department -- these changes will dramatically improve patient safety as well as the quality of the RNs' work environment.

RNs in Cardiology have made the same request, and the process is underway for another joint assessment between the Union and HR.

Update on Medical Home

The team at Rockwood is working on visit management and continues to struggle with call management.

We're seeing many of our RNs still having difficulty differentiating management's expectations for their role from the role of LPNs. Given that RNs and LPNs have two distinct functions, we've had some concerns over liability when Kaiser assigns work that should go to an RN to an LPN.

Our Outpatient RN Labor Partner, Dave Henrichsen, reports that he has talked with the state boards of nursing in both Oregon and Washington, and they have confirmed that the role of the RN as it relates to the LPN is to act as a resource *only*. We do not and should not be expected to supervise an LPN's practice unless we have specifically delegated something to them to do.

The work being done on visit management is focused on making the patient's visit more meaningful and efficient. The UBT process on this is just beginning, and tests of the process are underway.

For the work on call management, what has developed is to have RNs and LPNs sitting side-by-side in the advice booth. All incoming calls will go to the LPNs, who will pass calls on to the RN pool as needed. So far, reports indicate that it's working much better than older call management processes -- but there's still a lot of work to do to get it where we want it to be.

At Longview, Virtual Medicine is the current testing focus. We are working on how to best use the telephone visit and kp.org to offload the clinicians' schedules so we can give more time the complex patients when they come for an in-person visit.

When flat staffing at KSMC brought in many OFNHP member complaints and Assignment Despite Objection (ADO) forms, we pushed Kaiser to hold an IBPS to address this problem. In CVICU and MSICU, the session was held on February 11 and led to a reversal on the flat staffing for two weeks, until a consensus on alternatives could be achieved. OFNHP members showed that by voluntarily adjusting hours, staff needs can be met and management can actually save \$2,000 a week. Based on this conclusion, management has agreed to leave both units fully staffed. A similar IBPS for the MSPCU was scheduled for the end of February and we are aiming for similar final outcomes.

Oregon Hospice Names OFNHP Member Kathy Bach to 2010 "Dream Team"

Kathy Bach, a Kaiser RN in Continuing Care Services, was honored in January by the Oregon Hospice Association. She was recognized by this statewide organization for her great work and commitment to the highest-quality patient care.

The Oregon Hospice "Dream Team" is an honor given each year to Oregon

The LVK team is also struggling with call management, and the Virtual Medicine work is new territory so it's requiring a lot of tests. Our RNs are definitely frustrated with the change and chaos that Medical Home is creating -- but they're also saying that even so, they wouldn't go back to the old way of doing things. So even though it's been and will continue to be a rough road, this is a definite sign that we're on the right track!

Bed Optimization and Reconfiguration at KSMC

To help reduce hospital inefficiencies, the Hospital Flow and Efficiency Committee has been working on a Bed Optimization study to maximize efficiency in all departments.

The Bed Optimization Task Force was asked to develop several scenarios to determine how we might configure the number, type and geographic location of Critical Care and Medical Surgical beds to meet the needs of our current and projected patient population.

This Task Force met weekly throughout December and early January, and developed several bed reconfiguration scenarios. In evaluating each scenario, the team focused on common interests/criteria. For example (not all inclusive):

- Aggregate patients by level of care and type (e.g. oncology, ortho, cardiac, etc.)
- Keep high-functioning teams together as much as possible
- Maximize telemetry and private rooms without capital expense
- Design for a census of 178
- Allow for increased census
- Configure so that each unit operates between 75 and 80 % occupancy

On Wednesday, February 23rd Taskforce sponsors, KSMC CEO Susan Mullaney, KSMC Medical Director Dr. Rick Olson and OFNHP-RN President Dawnette McCloud reached consensus and agreed to a final bed

Hospice members in different disciplines, including: Nurse, Chaplain, Physician, Social Worker, Volunteer, Music Therapist and Physical Therapist.

Kathy was named as the Nurse member of the 2010 Dream Team for her incredible work.

Congratulations, Kathy!
We're proud to have you as a colleague!

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optimization scenario.

The implementation of this scenario will potentially impact a number of the existing staff on various units throughout KSMC. At this time, we anticipate the following units will feel the greatest impacts: CVM, CVICU, CVPCU, MSICU, MSPCU, and 1South.

Specifically:

- Both CVICU and MSICU will increase their bed utilization by embedding PCU beds into their geographic location
- 2 South - CVM unit closes and the CVM patients integrate into other appropriate units
- 1 South unit surgical telemetry patient population will relocate to 2 South
- 1 South becomes the expansion unit
- Patients will be aggregated by type and level of care needed
- The scenario selected was developed specifically out of one of the other scenarios from the larger group's work
- Created with patient care, quality and safety in mind.

The Operational Excellence Labor Management Steering Committee will be developing an implementation plan and timeline for these changes. Each unit will be expected to develop unit-specific plans within their UBT with the support of nursing leadership and KSMC's Labor Partners. We will continue to work in partnership to refine and carry out implementation plans.

As always our mutual interests are to move forward in a way that promotes the highest quality patient care, continues to support strong nurse/ physician teams, delivers a strong financial structure for delivering quality care at KSMC and demonstrates the value of our labor management partnership agreements.

Surgical Services Adds Saturdays

Surgical Services will now be doing scheduled

surgeries on Saturdays, beginning April 1st. Joint staffings are taking place to address how this change will be staffed.

Thanks to each and every one of you for your hard work and dedication to our patients. These are difficult times in so many ways, but by working together to fight for the best in patient care, and to preserve and protect our contract, we will not only see better times ahead, we'll be taking an active role in creating them.

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