

From the Direct Care Nurse Members of the
Kaiser Sunnyside Medical Center Staffing Committee

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Dear Dr. Selover,

For over a year, the Direct Care Nurse members of the Kaiser Sunnyside Medical Center Staffing Committee have been working diligently and have taken seriously our mission to provide safe quality staffing plans at our facility in compliance with the will of the state legislature, as passed into law and signed by the Governor on July 6, 2015.

Per the requirements of the law, our union, the Oregon Federation of Nurses and Health Professionals, held elections to create a staffing committee that was accountable to the professional judgement of the people we work with and we have taken seriously our commitment to study the implications of the new law, bring standards of our specialties into consideration in making plans, tasked the hospital with providing us with information about ADTs and Acuity, solicited from our co-workers their concerns about staffing situations, and created workgroups on every unit to build broad buy-in on the units for staffing plans that meet the needs of our patients, and asked those workgroups to work in conjunction with management on their unit to create plans that were mutually beneficial.

It is unfortunate that our group has been met with obstruction by the hospital's senior leadership, and to this date, the hospital has failed to pass staffing plans for all but one unit.

In September of 2016, the union submitted names of members on each unit for the managers to work with to finalize staffing plans by the January 1 deadline. In most cases, management failed to reach out to the members selected by labor to work on these plans. In some cases, management told the members that they had already written the plans without their input and indicated that they were welcome to look at the plan. In other units, management dictated that the terms of the plans had to reflect the current staffing patterns, regardless of whether the current staffing patterns met the needs of the patients and the provisions of the law.

In some of the units, management and labor collaborated to develop plans that unit management and the labor-selected workgroups both considered to meet the needs of the patients and the nursing staff.

Two such plans were the plans for the Med-Surg Intensive Care Unit (MSICU) and the Rapid Response Team (RRT). At our March 2 Hospital Staffing Committee, those well-thought-out plans were presented to the staffing committee for review. Even though these plans had been built collaboratively by labor and management, and all in the room were impressed by the work that they had done, they were not voted on at the insistence of hospital senior leadership.

At that meeting, Tonya Roth, the executive consultant to the Chief Nursing Officer, asserted that because the plan had additional FTE asks, the plans could not be approved by the staffing committee. She indicated that no staffing plans with additional FTE asks can be considered by the staffing committee.

At the April 6 staffing committee meeting, Roth clarified that it was the hospital's position that any staffing plans with additional FTEs needed to be reviewed by the Directors and approved through a budget-driven process, and that somehow, the Directors had been kept out of the loop of the decision-making. This was the first time that we had heard of these additional steps being added to the process.

For the May 1 staffing committee meeting, MSICU's plan was back on the agenda until a few days before the meeting. They were pulled unilaterally by senior leadership because the Director had still not had a chance to review the plans. A motion was made to place the MSICU back on the agenda of the May 1 meeting. That motion failed as all management personnel voted against it and all labor personnel voted for it.

For the June 8 staffing committee meeting, MSICU was back on the agenda until a few days before the meeting, as the Director had reviewed the plans with the unit manager and the nurse staffing committee member for the unit. The Director had changes she wanted made, which the labor participant did not agree to. Again, only a couple days before the staffing committee meeting, senior leadership once again pulled the MSICU plan from the agenda, as well as the plan of the MSPCU, which had also worked collaboratively on the staffing plan.

We have concluded that the Senior Leadership of Kaiser Sunnyside Medical Center has no intention of complying with requirements under the revisions of OAR Chapter 331 Divisions 501 and 510 as amended by the legislature with the passage of SB 469 of 2015. They have prevented plans from being presented to the staffing committee for a vote in order to prevent the passage of staffing plans that meet the needs of the patients or to reach impasse so that we can obtain the assistance of an OHA mediator.

We remain committed to our efforts to hold our hospital accountable and to assure that our hospital has staffing plans that meet the needs of our patients. We appeal to you to provide us with immediate assistance in our efforts to hold management accountable to the provisions of the Hospital Nurse Staffing Law.

Thank you,