



RN News & Updates

News from the RN Bargaining Unit

August 2011

“Change” seems to be the one constant in our work lives. Although it is inevitable, it is almost always stressful even when it is viewed as positive. As we move forward, this region will experience several large changes:

- the opening of Kaiser Westside Medical Center (KWMC),
- the continued roll out of the Affordable Care Act,
- the spread of Medical Home,
- a concerted effort to hold NW Kaiser accountable for a highfunctioning LMP structure, and
- bargaining in 2012.

In this newsletter, you'll find some of the latest information on what our RNs are doing as we all work to make Kaiser a great place to receive care AND a great place to work.

What's Next for KWMC

The KWMC is slated for full opening in January 2013, with the same union jurisdictions as we have at KSMC. The plan is to open with an anticipated average daily census of 71, and to start by using 8 of the 10

RN/LPN Scope of Practice Issues in Primary Care

*by David Henrichsen,
OFNHP Labor Partner to Wendy
Watson, for Primary Care*

Over a year ago, Health Plan proposed, through the Medical Home model, that LPNs could be part of giving phone advice. OFNHP looked at the Nurse Practice Act for both states and talked with the states' Scope of Practice experts to find out what the RN responsibility would be with this expanded LPN role.

I personally spoke with Oregon's SOP expert, Marilyn Hudson, and Washington's Chuck Kaminsky, to find out if this was something that was within the LPN SOP. Both told me that there was no statute against LPNs giving advice, but they also said this was a new area that has not been addressed before. They both said that the LPN could do phone

OR rooms. All of the total joint surgeries will move to KWMC, and with the OR capacity for robotics we should see the movement of other surgical specialties. KSMC will continue to handle cardiovascular surgery and STEMIs, neuro, and oncology.

With regard to hiring, Kaiser HR is preparing an initial survey to determine employee interest in transferring to KWMC. Kaiser Recruitment would like to begin the internal application process in January, with transfer agreements completed in March. When the internal process is complete, positions will be posted for outside applicants.

Getting a Handle on Health Care Reform

The Federal Health Care Reform Bill (The Affordable Care Act) is 75% issues of care and 25% issues of insurance. One of the most basic elements of the Act is that reimbursements will be based on quality indicators.

Kaiser is well situated for the reform measures and is already ahead of the curve on many of the elements of the Act. Examples of how OFNHP members are making this possible are the high percentage of our patients that receive annual mammograms, and the precipitous drop we've seen in sepsis deaths in the hospital.

We know that Kaiser can't make progress without us. This was evidenced by how we as union members responded to the HITECH Act which mandated the adoption and meaningful use of electronic health records. Our OFNHP members joined with Coalition unions to help design and implement the system, and we are constantly tweaking it to make it more useful to our patients.

Our members dove in and quickly learned to use the system despite the fact that it has increased our workloads. Because of the engagement of union members, Kaiser has become a national role model on successful adoption and use of Electronic Health

advice if the advice protocol brought them to the correct disposition.

The LPN SOP allows them to do a focused assessment. This means they can assess a patient the same way an RN does via physical assessment history, personal interview and chart review. Once they have collected the data, however, the difference between the two licensures becomes apparent.

The LPN has an *interdependent* role while the RN is independent. The LPN cannot develop a plan of care without consulting a protocol that dictates the outcome or discussing the findings with an RN or clinician. The LPN can be involved in making the plan but cannot create the plan independently. Once the plan is created the LPN can carry out the plan without supervision. Of course the RN creates and executes the nursing plan independently of the clinician.

Both state board statutes require the RN to act as a resource to the LPN. The LPN has an independent license from the RN so the RN shares no liability for a bad outcome caused by an LPN's error. The only time an RN would share liability is when the RN gave direction to the LPN that was outside the LPN's training or SOP. It is very

Keeping up with Medical Home

As part of an ongoing change in approach, the patient-centered Medical Home model takes the focus off high-volume, inefficient care and follows the premise that the best health care has a strong primary care foundation, with clear incentives for quality and efficiency.

The medical home model of primary care is associated with:

- lower per person costs,
- lower emergency room utilization,
- fewer hospital admissions,
- fewer unnecessary tests and procedures,
- less illness and injury,
- higher patient satisfaction.

As Kaiser Permanente begins to test and roll out this new model, OFNHP members are on the front lines.

Medical Home's purpose is to streamline care and keep the patient at the center of every interaction. This concept is the right way to care for patients if implemented well.

As Nancy Mulsoff, RN VP, and I have been making our clinic visits, we have heard from you of the tremendous pressures you are under and how much your work is changing with the new protocols, the spread of Medical Home, working in new office configurations, and working with LPNs. We heard concerns regarding scope of practice and liability in working with LPNs

Please take a look at the sidebar article on the right, by our Primary Care Labor Partner Dave Henrichsen, about scope of practice and liability with regard to RNs and LPNs.

The Medical Home roll out has had problems with making sure clinics are fully ready before instituting the spread beyond the two pilot sites (Rockwood and Longview Kelso).

OFNHP members have been pushing back to make sure that when it is spread that is done

similar to the relationship between the RN and clinician. The board expects the LPN and RN to understand their individual SOP, with its limitations, and to communicate that to the higher licensed health provider when being given a directive that is outside their training or SOP.

Both state boards strongly recommended that the LPNs and RNs be located in very close proximity so the LPN did not get outside their scope of practice when giving telephone advice using the advice protocols. This is the reason we agreed to co-location of LPNs and RNs in the clinics. So far the LPNs are working out well in the LVK and RKW test sites. The co-location has been critical to their success.

If you have any questions regarding RN/LPN SOP as it relates to telephone advice, or any other Medical Home questions, please feel free to contact me at 360-703-7848 or david.d.henrichsen@kp.org.

Working on Workforce Planning

Workforce Planning in the NW Region is seriously damaged and not conducting business properly. It is our position that our members' rights, especially those in RIF

in a fashion that is safe and sane.

Pushing Management to Follow the Value Compass

We all want Kaiser to be the best place to work, the most affordable, the highest quality, and the most accessible with the patient at the center of everything we do (the Value Compass).

But something inpatient and outpatient RNs have in common with each other, and with our brothers and sisters in other bargaining units, is a feeling that management is heaping on to our workloads and responsibilities, while simultaneously decreasing resources and support. We all want to deliver the safest, most compassionate care we can to our patients and their families -- but we feel strained by our workloads and the constant pressures to do more with less.

Kaiser is at times challenged by how they institute change and they don't always do it well. If change isn't done in a systematic and engaged manner it is pretty well slated for failure. In this region, as I am sure you are well aware, we have had tremendous problems with the Partnership working effectively at all levels of the organization. We are now getting assistance from the National Coalition in getting the Partnership back on track in the region.

From Joint Staffing to Issue Resolution

We have had a pile of failed Joint Staffing and Interest Based Problem Solving processes mounting up at KSMC. When we hit a monumental impasse over the implementation of the hospital reorganization, union members began taking action. In partnership with SEIU Local 49, we signed petitions, hung messages of our concern regarding safe staffing on Susan Mullaney's window early one morning, wore a series of buttons that showed union solidarity, and

status, have been violated by the ongoing dysfunction at Workforce Planning.

To address these issues, we have formed a Workforce Planning Labor Caucus, populated and driven by members of all of the Coalition unions. We have asked the National Labor Coordinator for Workforce Planning to join the caucus, and we are working to create a highly functioning Workforce Planning committee as outlined in the National Agreement. We will keep you informed as progress is made.

Preparing for Contract Bargaining

National Bargaining will take place in 2012, though dates are yet to be determined. Local bargaining will follow the completion of a National Agreement. Our economic issues such as wages, benefits, and pension are bargained at the national level, and working conditions are bargained at the local level. With the slow or even questionable climb out of recession, especially in our region, bargaining is expected to be extremely rough in 2012.

To prepare for 2012 bargaining, we decided to maintain the 2010 bargaining team since we have already had training and started the work. We are now starting to meet regularly and will have a

finally we filed for an Issue Resolution with the Coalition of Kaiser Permanente Unions. Because of our lack of faith in the Partnership at the regional level, we demanded the process be facilitated by an expert from the National Coalition--Mike Hurley. These organized actions designed by the Action Team and carried out by the majority pushed regional leadership to agree to the Issue Resolution.!

Issue Resolution is a Labor Management Partnership process that uses Interest-Based Problem Solving (IBPS) and Consensus Decision Making to resolve conflicts and find solutions. It is a true Partnership process that has been used with very positive results in other regions.

For this work, the Issue Resolution process has actively involved Labor and management, as well as physicians. The buy-in and involvement has been impressive on everyone's part, and all parties are feeling fully engaged for the first time in a very long time.

Issue Resolution is being used to identify problems and develop a framework for solving them. To actually solve the problems, however, requires the involvement of our front-line members in the UBTs. Accordingly, the Issue Resolution team placed great emphasis on determining *how* that work would be structured, and what mechanisms would be in place to ensure continued progress and success.

The Issue Resolution part of the process is wrapping up soon, and the work is now moving in to the UBTs. All members of the process have demonstrated a firm commitment to working in Partnership, and taking the necessary steps to model a positive Partnership approach during this transitional time as the hospital's Partnership structure is developed. Our work isn't done yet, but we're in a much better place now than at any other part of this process.

Strengthening Our Steward Structure

survey on local issues coming out in the next couple of months.

Nancy Mulsoff, RN VP, and I as RN President will continue to come to the work sites to talk about bargaining issues. So far, we have been to Cascade Park, Orchards, Longview/Kelso, Vancouver, Rockwood, Salmon Creek, and Mt. Scott. Our upcoming schedule is:

Mt. Talbot Clinic-
August 16, 12:30 - 2:00

East Interstate-
August 17, 12:30 - 2:00

West Interstate-
August 18, 12:30 - 2:00

RN Bargaining Unit meeting-
August 22 , 6:00 - 7:30 at the OFNHP office

Division Clinic-
August 23, 12:30 - 2:00

Tualatin Clinic-
Sept. 6, 12:30 - 2:00

Sunset Clinic-
Sept. 19, 12:30 - 2:00

More dates and clinics to be announced. Once we have been to all clinics we will start over for a second visit.

A Fellow Member in Need

One final note: our friend, RN colleague, and fellow OFNHP member Delia Chis is battling stage 4

It is imperative that we, as an active union, have a bargaining/steward structure in place for quick communication.

We are aiming for steward structures in which each worksite has a steward with a member ratio of 1:10. The stewards would be responsible for two-way communication with our members -- helping us share important union messages, and making sure that our members' needs and messages are delivered to union leadership. It is a necessity for successful bargaining that we all become active at our worksites and stay informed. Please contact me if you need to have a steward election at your worksite.

Thank you all for your hard work and dedication,

Dawnette McCloud, RN

President, RN Bargaining Unit

metastatic breast cancer. Delia is a devoted RN and steward. She is 34, has four young children, and is her family's primary source of income. If you are able to help her and her family by donating vacation and/or sick hours, she will appreciate anything you can offer.

To donate unused and available hours, go to MyHR and use Form 2030. Delia's employee ID is 00101511. Let's all keep Delia in our thoughts as she progresses towards health.