



PeaceHealth
Southwest Medical Center

March 16, 2023

Dawn Marick, WSNA Co-chair and Grievance Officer
Mara Kieval, Nurse Representative
WSNA

Re: Response to Step 3 Class Action Staffing Grievance

Dear Dawn and PeaceHealth Southwest Nurses,

Thank you for meeting with me to share your concerns about staffing at PeaceHealth Southwest (PHSW) on Thursday, Feb. 16. I appreciated your thoughtful and concise presentation, and I am deeply grateful for the nurses that shared stories both during and in follow-up to the meeting. I acknowledge and appreciate you for your dedication and loyalty to our patients.

During the grievance, you presented three areas in which you feel PeaceHealth has violated the PHSW/WSNA Collective Bargaining Agreement (CBA):

1. Article 21.3.2.3 - except in emergent circumstances, refrain from assigning RNs to provide care to more patients than anticipated by the agreed staffing matrix and relevant safety requirements;
2. Article 21.3.2.4 - the parties agree that Charge RNs will not receive a patient care assignment, whenever possible; and
3. Article 21.3.2.1 - provide staffing levels that enable RNs the opportunity to receive meal and rest and breaks.

Your proposed remedies are:

1. Immediate reinstatement of CES 3;
2. Bonus structure paid out at the end of the year for RNs who remain on nightshift; and
3. Tiered retention bonus structure for loyal RNs that remain employed while PeaceHealth works to hire additional staff.

I will be addressing your concerns sequentially:

Article 21.3.2.3 except in emergent circumstances, refrain from assigning RNs to provide care to more patients than anticipate by the agreed staffing matrix and relevant safety requirements.

Article 21.3.2.3 calls out **except in emergent circumstances**; PHSW continues to work through emergent circumstances as we recover from the global COVID-19 Pandemic and the subsequent and unprecedented national nursing shortage. The Management Rights article, 24.1, of the CBA states that the Medical Center has the exclusive right to determine staffing requirements...including the right to use traveling, agency, or temporary personnel. We work

diligently to ensure compliance with our staffing matrix, however first and foremost we need to ensure we are staffed appropriately to care for our varying levels of acute patients. Operations works diligently to fairly distribute the staff on duty to care for our patients. While we continue to onboard and recruit Staff RNs, 27 travel RNs will be onboarding on night shift; the first travelers started Jan. 16, 2023 and have staggered onboarding through April 24, 2023. As of March 10, 2023, 13 had started, with 8 more slated to start later in March – 4 on March 13, 2023, and 4 on March 27, 2023. The remaining 6 will start after April 10, 2023.

We are partnering fervently with our Talent Acquisition team to recruit nurses to PHSW. Tactics include a RN New Grad Hiring event on March 6 where we made offers to 56 new grad nurses; relationships with direct placement nurse staffing agencies that took effect March 1, monthly calls with nursing schools, international nurse recruitment, among several other tactics. We also are seeing a positive trend in net external hires – between Feb. 1, 2022, and Jan. 31, 2023, PHSW saw a net external RN hire number of 151.

On March 29, we will be spending time at the scheduled Nursing Town Hall to share more in-depth information on staffing and recruiting efforts, quality indicators, financial updates, as well as turnover and engagement strategies. We encourage all of you to participate – the sessions will be recorded for those not able to attend. Attached as appendices to this response are turnover trending data for PHSW RNs from Feb. 1, 2022 – Feb. 28, 2023, and current quality and mortality data. During the grievance you shared an article that draws a correlation to short staffing and increased mortality, however our quality data shows the opposite – we have seen a decrease in patient mortality (as you see exhibited in the appendix).

Article 21.3.2.4 the parties agree that Charge RNs will not receive a patient care assignment, whenever possible

We understand that over the last several months, charge nurses have been taking a patient load on night shift. Given the emergent staffing circumstances, charge RNs are provided a patient load to ensure safe patient care and maintain smaller ratios for RNs and CNAs. We are focused on night shift with the recruitment plans outlined above. We recently implemented the Acuity and Intensity Module. This tool helps to level load patient assignments for the primary RN and CNAs. Additionally, managers have posted “mentor” shifts on certain units. A mentor shift is posted when there is 30% or greater staff with a year or less experience on that day or night. The mentor is there to help assist with a variety of tasks including helping to guide and improve nursing knowledge and patient care. Mentors are not pulled into staffing.

Article 21.3.2.1 provide staffing levels that enable RNs the opportunity to receive meal and rest and breaks.

PeaceHealth and nursing leadership are committed to ensuring nurses receive rest and meal periods. As we shared during both the first and second steps of the grievance, a couple of nursing units will be piloting a rest and meal period pilot. 3N and T8 will bring a rest period trial outline to their shared governance teams; T8 will meet on March 16, to discuss the outline and

tailor it per their recommendations for the unit, and 3N will work with their chair and cochair to tailor it to their unit. Both units have an estimated pilot program start date of April 4, 2023, through April 17, 2023. Nursing leadership is committed to the success of the pilot and will be seeking feedback from nurses on the pilot floors, as well as shared governance councils, to ensure the pilot program is effective. We are also working to ensure we have adequate leadership support and presence on night shift to assist with patient care, staff escalations, rest and meal period relief and compliance.

We are not agreeable to the requested remedies made at the step 3 grievance meeting. You shared during the grievance that you felt that CES 3 was not enough, and we agree. While effective and helpful at the initial roll-out, in the long term we found CES 3 to cause nurses to burn out and become overwhelmed. We continue to evaluate strategies to help support night shift staffing. Should we contemplate additional compensation as outlined in the Short-Term Compensation MOU of the CBA, we will provide 7 days' notice as required.

Thank you again for all that you do each and every day to care for our patients and each other. We could not fulfill the mission of PeaceHealth without you.

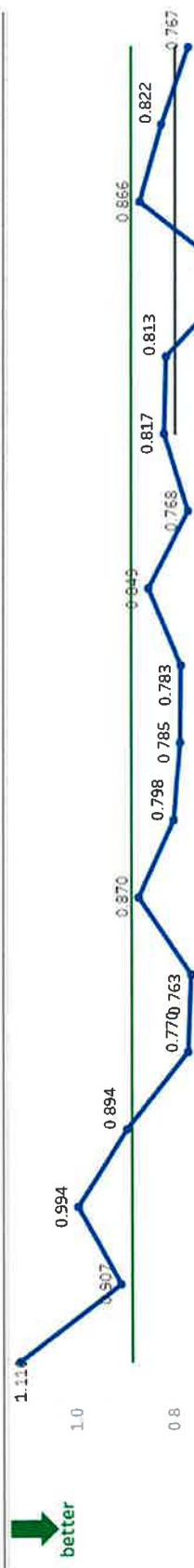
Sincerely,

A handwritten signature in black ink, appearing to read 'Gary Foster', is written over a horizontal line.

Gary Foster, RN, BSN, Chief Operating Officer

Southwest Overall Mortality Monthly O/E Ratio

With FYTD Performance and FY Goal FY22 0.849 FY23TD 0.794



	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022
O/E Ratio	1.110	0.907	0.994	0.894	0.770	0.763	0.870	0.798	0.785	0.783	0.849	0.768	0.817	0.813	0.865	0.866	0.822	0.767
FY23 path to Quartile	0.884	0.884	0.884	0.884	0.884	0.884	0.884	0.884	0.884	0.884	0.884	0.884	0.884	0.884	0.884	0.884	0.884	0.884
FY23TD Performance																		
Deaths	64	80	87	91	84	91	92	74	51	49	62	72	62	62	44	62	67	59
Discharges	161.4	157.5	153.8	161.0	158.9	161.9	143.1	138.1	152.8	154.3	167.4	169.1	178.2	172.2	171.1	172.7	171.3	175.8
Pred Deaths	57.6	88.2	87.5	101.7	109.1	119.2	105.7	92.7	64.9	62.5	73.0	93.7	75.9	76.2	66.1	71.5	81.5	76.9

Predicted deaths truncated to 1 decimal

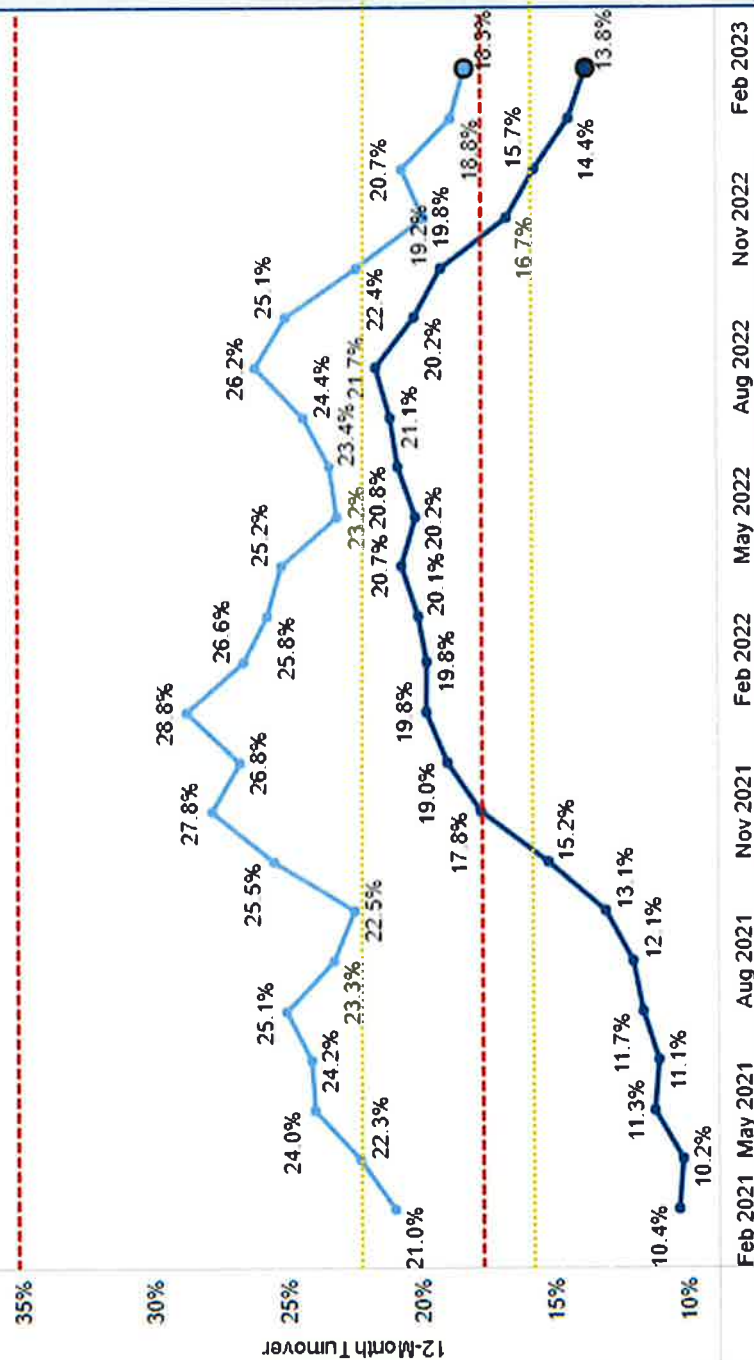
Data updated



PHSW Nursing Trended Turnover

Turnover 12-Month Trending

FT, PT & PD/Relief, voluntary and involuntary terminations over the last 12 months divided by the 12-month average of FT, PT & PD/Relief caregivers. First Year turnover is based on caregivers with less than 1 full year of service. Does not include terminations with reason codes 1017 - Hire/Rehire No Show, 2013 - Hire/Rehire Not Starting or 2011 - Deceased. Turnover calculations do not include internal transfers.



Nursing Benchmarks:

Total T/O: 15.7%

First Year T/O: 21.9%

12-Month Turnover

1st YOS 12-Month Turnover