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July 2, 2014

Sacred Heart Medical Center Negotiating Committee

Pam Van Voorhis, RN
NICU
Lynda Pond, RN, LDR
Suzanne Seeley, RN
Mother Baby
Nancy Deyhle, RN, ICU
Kevyn Paul, RN, ED-UD
Beth Harvey, RN,
Float Pool
Kim Stroda, RN,
7 Surgical
Erin Smiley, RN,
8 Medical
Kellie Spangler, RN, OR
Annie Maguire, RN,
Regional Infusion Center
Laura Lay, RN, Mother
Baby - Alternate

Sacred Heart Home Care Negotiating Committee

Billy Lindros, RN
Hospice
Phil Zicchino, RN
Hospice
Susan Walters, RN
Home Health
Terri Dean, RN
Home Health
Kristi Till, RN
Home Health - Alternate

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CEO Confronted on Staffing Concerns



Nurses gathered Monday to present signatures in support of safe staffing.

The room was more crowded than usual Monday, June 30 as nearly 70 RNs came throughout the day to observe bargaining and demonstrate support for the ONA team during

presentation of a petition on safe staffing. The petition was signed by more than 800 nurses from Sacred Heart.

Following presentation across the table, a delegation of nearly 50 nurses joined the ONA Team as they walked to the Executive offices, where they planned to deliver copies to Network Vice President of Patient Care Services, Tim Herrmann. Herrmann was not in his office so petitions were instead presented to CEO John Hill, who happened to be in the middle of a meeting when the group arrived. Hill stepped out of the room to listen as representatives from the ONA Team read the petition aloud and presented him with a copy.

Nurses Asked to Consider Further Action, Including Picketing

Safe staffing continues to be the focal point of contract negotiations. Our ONA Team is hopeful we can reach tentative agreement with the employer over these and other important issues. However, as nurses, we also know it's important to plan ahead.

On July 9, nurses are invited to meet with the ONA team and discuss further activity in support of negotiations, up to and including informational picketing.

A picket is not a strike, but it is a way for us to demonstrate our collective strength to hospital administration.

Although we haven't had an informational picket at Sacred Heart in recent history, ONA-represented nurses at other facilities in Oregon have successfully picketed to help educate the public about care concerns and to put pressure on employers to resolve contract disputes.

Our team hopes to make progress at the table and to engage in supportive activities away from the table that help us avoid this kind of action. However, we need to be prepared to take more action if necessary, and we can't do this without direct input and dialogue with nurses. *continued on page 4*

After a Marathon Bargaining Session, Staffing Proposals Still on the Table

The days are getting longer as the ONA team continues to bargain with Sacred Heart administration over a new contract. The ONA team started their day with a work session at 0730, then bargained continuously until past 2100.

Our efforts on June 30 were bolstered by dozens of bargaining unit nurses, who demonstrated their solidarity and support by packing the room, participating in an action to deliver our safe staffing petition to CEO John Hill, and by brining meals, snacks, and messages of support to the team.

Movement was made by both sides on several issues, and tentative agreements were reached on a few items in an

effort to move closer to resolution. However, core issues related to safe staffing are still unresolved (see table), and we are waiting for response from the employer on many of the open issues.

We will continue trying to resolve these issues during our next session on July 8. However, if we do not reach agreement, the ONA team will ask bargaining unit nurses to weigh in on further action in support of negotiations.

Key Tentative Agreements from June 30th

3.6 Per diem Nurses <i>Close but no TA yet</i>	We did not reach a tentative agreement yet on this provision but moved much closer. Management agreed to “grandfather” current per diem nurses in at their differential rates and not ask per diem RNs to maintain availability up to 24 hours prior to the shift. Negotiations on this article will continue on July 8th.
14.2 Low Census	Management withdrew their proposal to let Agency/Travel nurses continue to work while low censusing Sacred Heart RNs. ONA agreed to new language which lets nurses volunteer to low census prior to agency/travelers, but if there are no volunteers, the agency/traveler nurses will be low censused first.
15.4 Communicable Diseases	Management withdrew their proposal to weaken this contract provision. This article provides pay for nurses “When a nurse is required by the Medical Center to be absent from all work because of exposure to a serious communicable disease, which <i>likely</i> occurred while on duty as determined by Employee Health, the Medical Center will pay the nurse at the nurse’s straight-time rate of pay for scheduled hours lost, for up to fourteen (14) days. “Management wanted to delete the word “likely.” It is already difficult for nurses to get compensation under this provision and the ONA team was not willing to increase the burden on the nurse.
Appendix K CVOR	Management withdrew their proposal to compel CVOR nurses to float and orient to the OR. Concerns about patient safety and high cost of orientation raised by CVOR RNs, caused management to reconsider their proposed plan. Only one small change in the Appendix was agreed to and that involves pay for scheduled call vs. work call.
MOU Name Badges with Credentials	After Tim Herrmann agreed to this proposal at a Labor Management Committee over two years ago, Human Resources continued to find reasons to delay implementation – citing new payroll systems, potential changes in logos, unknown costs of badges and more. ONA looked at the inability to resolve an issue as straightforward and non-controversial as this as a representation of the breakdown in the Labor Management relationship. We’re happy to have agreement that nurses will be able to request a name badge that shows their credentials at no cost to the nurse. The only restriction is that you can only request a new badge every 12 months.

What We're Still Fighting Over

8.5 Meal and Rest Periods	<p>ONA again emphasized the problem with nurses not getting their meal and rest periods. At the June 18th session, the Medical Center was only able to name three to four units that are trialing re-source nurses. When asked if that was improving nurse's ability to get their meal and break periods – they responded that they weren't collecting that data. Nurse representatives have shared that these resource nurses are not additional help – the hours are taken away from staffing at other times in order to have this mid-shift position. This is not a real solution to nurses getting the rest and nutrition they need during the shift to be able to provide safe patient care. We will continue to advocate for additional resources.</p>
8.3 Advance Authority	<p>Incremental Overtime—we're concerned so many steps and processes are put into place for nurses to get their incremental overtime approved, it discourages nurses from accurately reporting their time. Managers often point to individual performance issues when, most often, the real issue is that workload and non-direct patient care demands are ever increasing along with patient acuity. It is extremely important that nurses accurately report their time!! Don't be intimidated – if you don't show that it takes longer to do the work then you're given – we will not be able to demonstrate the true causes of incremental overtime.</p>
8.6.5 Mandatory Overtime	<p>Nurses know that the Medical Center does not “maintain and post a list of on-call nursing staff or staffing agencies that may be called to provide qualified replacement or additional staff in the event of emergencies, sickness, vacations, vacancies and other absences of the nursing staff that provides a sufficient number of replacement staff for the hospital on a regular basis. The list must be available to the individual responsible for obtaining replacement staff.” OAR 333-510-0045 (5) ONA's proposal requires the Medical Center to utilize agency nurses when available and to offer the highest incentive pay premium to bargaining unit nurses to fill these shifts.</p> <p>Not having replacement staff clearly impacts patient safety and this is an important proposal to address that issue.</p>
8.10.1 Float Assignment	<p>ONA is holding to our proposal to delete language from the contract that allows floating a nurse and giving “in the moment” orientation. We don't think a nurse can get adequate orientation to a unit they've never been to or haven't been to in a long time—“on the fly.” That puts both the nurse and patients at risk.</p>
8.12.4 Placement on Low Census	<p>Currently nurses can be placed on call for the first half of their shift if mandatorily low censused. Management wants you to be on call for the entire shift. They say they're doing this as part of their response to the Oregon Health Authority Report. We've talked to nurses on our team and at bargaining updates and believe this provision has been under utilized. Nurses also believe that a half shift is sufficient time to determine whether you need to call that nurse in to work. This was a compromise in 2012 and they want more concessions without even utilizing their current ability to place nurses on call for half the shift.</p>
17.8 Staffing	<p>This article provides the process for SRDFs and manager's responses. We're close to agreement on this provision and have been able to get management to “re-commit” to responding to SRDFs and responding to them in a timely manner.</p>
18.4 Nursing Care Delivery	<p>This article covers the Staffing Committee and Staffing Plans. The team will be meeting with Staffing Committee representatives to ensure that this article is strong enough to give them the tools they need to write staffing plans that take into consideration “admissions, discharges, transfers, rest and meal breaks for nursing staff and non-direct care required tasks on each shift.” We will discuss this article at the July 8th negotiation session.</p>

Nurses Asked to Consider Further Action continued from page 1

Please plan to join us on July 9 (info below) for an update on July 8 bargaining, to provide feedback to the ONA team about where things currently stand and to help shape our plan moving forward.

If you have questions, contact Lydia at 503-807-0156.

CALLING ALL RNs!

IMPORTANT ACTION MEETING SCHEDULED

We're hopeful we can reach an agreement that helps to address the staffing concerns nurses have articulated. However, we also know the importance of being prepared. Please join us as we review the July 8 bargaining session and to discuss further action (including informational picketing) in support of negotiations.

Roaring Rapids Pizza Co.

Wednesday, July 9

4006 Franklin Boulevard

Great Bear Hall

1800—2030

Families are welcome and dinner will be provided. Please RSVP to hallay@OregonRN.org

Next Negotiation Dates

Tuesday, July 8

RiverBend – Room 200FA

Session begins at 0900

Wednesday, July 16*

University District – Cusack Board Room

Wednesday, July 23*

RiverBend – Room TBA

***Note: July 16 and 23 are tentatively scheduled as mediated sessions.**

Thanks for Your Support!

The ONA Team would like to extend their appreciation to nurses who took time to attend bargaining on June 30. Your presence helped us to move further in bargaining and it lifted our spirits!

We'd also like to thank the following nurses/units for providing food and refreshments – you helped to keep us going for our marathon (14 hour!) day.

- **Jody Miller (7N) for the chocolate gift basket**
- **Special Procedures Area (SPA) RiverBend RNs for the Café Yumm! gift cards**
- **Women's Services [special thanks to Deb Lund (NICU) and her sister, Donna Zepedda for lunch on June 30**
- **Gina Humphries (ICU) for snacks June 30**

Also, a belated thank you to OHVI 5, who provided lunch at a previous session!