

Newsletter for ONA Members at
**Sacred Heart Medical Center and
Sacred Heart Home Care Services**

**SACRED HEART
MEDICAL CENTER
EXECUTIVE COMMITTEE**

Pam Van Voorhis (NICU)
Lynda Pond (LDR)
Suzanne Seeley (7 Surgical)
Nancy Deyhle (ICU)
Gisela Garcia (CVOR)
James Leaf (Ortho)
Vicki Edwards (RIC-UD)

**SACRED HEART
HOME CARE SERVICES
EXECUTIVE COMMITTEE**

Billy Lindros, Hospice
Steve McClain, Hospice
Kristi Till, Home Health
Phil Zicchino, Home Health

Maureen Smith
ONA Labor Relations
Representative
smith@oregonrn.org
(541) 726-0772



**HEALTH INSURANCE AND
OPEN ENROLLMENT**

Your Oregon Nurses Association (ONA) executive committees have been talking to management about our concerns regarding the Open Enrollment Process. Here's a list of some of the issues/concerns that we brought forward to management in two different communications.

- **The shortened timeline for Open Enrollment.** (October 22-November 7) We asked that more time be given so that all "caregivers" be given sufficient information to make informed choices regarding the benefit plans. 17 days is not enough time. This will be the shortest timeframe that our leadership is aware of and with the significant changes to the plans – this is not enough time. Human Resources (HR) said the decision is out of their hands and is connected with an upgrade of their Lawson system that cannot be delayed.
- The **lack of open forums as discussed in negotiations.** We were told on more than one occasion that there would be open forums to discuss the benefit plans. Since then, management held four information sessions with relatively short notice. We asked for more sessions and they have now been scheduled—see back page for complete list.
- **The plan information descriptions of the High Deductible Plan.** We don't believe they fully inform our members of the risks associated with those plans. The Account Based Plan is otherwise known as a "High Deductible Plan." Even with the employer contribution to the Health Savings Account (HSA), you are potentially open to paying out \$1,000 in deductible for individual coverage and \$2,200 in deductible for family coverage. We strongly recommend that nurses that choose that option get the information they need to see how much money they may have to pay out before coverage applies. We also would recommend you add your own contributions to the HSA to help offset out of pocket costs for that plan.
- **Access to "content experts" about the health insurance options.** We understand that the current plan is to have care givers call Vancouver (My HR). Because Open Enrollment is occurring system wide, we are concerned about the amount of time nurses may need to wait on hold to get answers to their questions regarding coverage. We asked if additional staff have been hired to handle the increase in calls. We were told that they would staff up as much as possible but that caregivers should expect approx. 15 minute waits on the phone. (Please let ONA know your experience with wait times for getting your questions answered).

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CRITICAL CARE HOUSE FLOAT REORGANIZATION

We concluded the Critical Care House Float (CCHF) Reorganization on Thursday, October 18.

We were able to maintain eight-hour shifts for the CCHF RNs at RiverBend despite Huron Consulting's proposal to move to 12-hour shifts. Nurses spoke up about how difficult it would be to keep up the pace of a float RN and cover a facility the size of RiverBend in a 12-hour shift.

At University District (UD), a new

position has been created, titled "house coordinator." This position will replace the Critical Care House Float position at University District and have duties that combine those of the CCHF RN and house supervisor role. This position will remain in the bargaining unit so will have no disciplinary role. The differential for this position will be \$5 an hour.

All CCHFs were able to apply for the house coordinator positions

and five of the current CCHFs will be starting in this new role in November. There is one vacant house coordinator position and two vacant CCHF RiverBend positions after the reorganization and those will be posted.

Thanks to the CCHF RNs for their time, energy and ideas on how to make these positions work best for their unit, staff and quality patient care!

PAYROLL ISSUES

Your ONA leadership have heard from you regarding frustration regarding your paychecks—and have been in discussions with management regarding these issues.

1) Readability—we negotiated new contract language stating that nurse's needed to be able to read and understand their paychecks to determine that they were paid accurately. We have a meeting on Wednesday, October 31 with HR to develop a "readability key" so that nurses can have input on the codes on the paystubs and then access to what all of the acronyms mean.

NEW CONTRACT LANGUAGE: "9.16 Payroll

Practices. The Medical Center shall maintain payroll records in accordance with federal and state law. The Medical Center shall make available to nurses, on or before the designated payday for each pay period, detailed earnings data for each

category of pay that allow the nurse to verify the accuracy of his or her compensation. The Medical Center shall also make available a readability key that defines the acronyms and categories that appear on a nurse's earnings statement."

- 2) Accuracy**—we have heard concerns that because the paychecks are so difficult to read, nurses are not sure that they are being paid correctly.
- 3) "Customer Service"**—we've heard from many of our members that they are frustrated with the amount of time it takes to resolve payroll issues. We're concerned that some nurses are just giving up and not getting the pay they deserve. We want nurses to have access to a simple process to resolve payroll issues.
- 4) Paid Time Off Accrual**—we know that your Paid Time Off (PTO) balances appeared on the October 12 pay check.

We've heard that the PTO balances are confusing and that it's difficult if not impossible to know if they are accurate.

5) Multiple envelopes for paystubs—We've brought this up as another source of frustration for our members. In times of cutting back on staff to save money, the wastefulness of mailing two envelopes per RN does not make sense. Unfortunately, we've been told, there is no way to correct this problem.

ONA has been researching the best way to address the on-going problems with the Lawson system. We will be getting back to you regarding our efforts to ensure that you have a paycheck that you can read and a better process for addressing questions and concerns about potential errors. If you're interested in working with us on this issue—contact Maureen Smith, ONA Labor Relations Representative, smith@oregonrn.org.

Benefits and Open Enrollment (cont)

(continued from page 1)

We will be closely monitoring our member's experiences with these new plans. Please let your ONA Executive Committee members know about any problems or concerns with Open Enrollment.

STAFFING COMMITTEE ELECTIONS—THERE ARE OPENINGS ON THE STAFFING COMMITTEE!

Nominations are open for the nurse staffing committee. The committee meets on the first Monday of the month for eight hours (four hours nurse prep time and four hours joint meeting with management). Committee meeting time is paid time. Staffing is the number one concern for our members so the work of this committee is vital. Nominations are open now through **November 7** for:

Labor and Delivery/Mom Baby—both primary and alternate positions open

Emergency Department-RiverBend (ED-RB), Medical Intensive Care Unit (MICU), Surgical Intensive Care Unit (SICU), Intensive Care Unit (ICU) Step Down and Clinical Decision Unit (CDU)—both primary and alternate positions open

Ortho, Neuro, Gamma Knife—the alternate position is open, Kathy Bradford from Neuro is the primary

University District—Medical, Regional Infusion Center (RIC) and Rehab—the alternate position is open, Kevyn Taylor from UD Medical is the primary

University District—Johnson Unit (BHS), Emergency Department-University District (ED-UD)—both primary and alternate positions are open

Please send your name or nominate someone that you think would be good to represent nurse's concerns on the committee to: Maureen Smith, smith@oregonrn.org. For more information on the staffing committee, see Article 18 of the Contract.

ONA Withdraws Flu-Masking Grievance; Will Advocate for Legislative Fix

Rather than to proceed to arbitration over the PeaceHealth flu-masking grievance ONA has made a strategic decision to withdraw the grievance and instead pursue a legislative fix to this long-standing dispute. As you are likely aware, flu vaccination policies at different facilities have been all over the map, and ONA's primary goal has been—and remains—to avoid mandatory flu vaccinations for all hospital employees. As ONA has promoted a voluntary educational campaign to encourage nurses to choose to receive a flu vaccination, we have at the same time sought to maintain a nurse's right to opt out, through a standardized declination form, and maintain vaccination status as a confidential part of the nurse's employee health record. We have opposed employers shaming nurses into compliance by mandatory masking policies not supported by evidence-based studies and discouraged "scarlet letter" tagging revealing those who chose not to be vaccinated to patients and staff. ONA is hopeful that through the legislative process we can reach a statewide policy agreement that would be a better policy than what we would have won by pursuing arbitration, and would also help nurses in other facilities. Please stay tuned for more information about our legislative approach and progress. If you have questions or concerns please contact Sarah Baessler, Government Relations Director at ONA (Baessler@oregonrn.org)

Floating Issues

ONA was contacted by nurses in Orthopedics regarding being pre-scheduled into their float units. We looked into this and found that nursing administration had started this practice recently with the move to centralized staffing and scheduling. We also heard from a nurse in Pediatrics that was pre-scheduled into her float unit for a full cycle without her consent.

We met with management and they've agreed these practices will be stopped immediately. You can

be pre-scheduled into another unit only IF YOU AGREE TO DO SO VOLUNTARILY. We want nurses to be able to work their Full Time Employee (FTE) and for their to be adequate staffing but, we have language in the contract that gives more flexibility to floating and we encouraged management to use the current system of floating to fill holes. Per changes in the contract in 2010, you can now be asked to orient to more than one unit. The staffing committee has created "clusters" of units and is working on

a review of those clusters at upcoming meetings.

Please contact ONA if you have any questions regarding this issue. And, thanks to the nurses that brought this to our attention. In order to have a strong contract, we all need to know our rights and enforce them. If you're uncertain—check in with a unit representative, executive committee Member, grievance committee member, or labor representative.

Thanks to Negotiating Committee Members!

After contract negotiations conclude, we go back to the ONA executive committees to handle the day to day business at Sacred Heart. We want to thank the nurses that stepped up and got involved in contract negotiations. They donated their time to advocate for a fair contract. And thanks to nurses who donated PTO to the team. We received approximately 115 hours of donated PTO.

Medical Center:

Kim Blair, 7 North Oncology; Kevyn Paul, UD—ER; Kevyn Taylor, UD—Medical; Mary Phoenix, ICU

Home Care Services:

After many years of service to her fellow ONA nurses, Terri Dean has resigned from her position on the executive team in order to have more time for other activities. She has kindly offered to stay involved with ONA and is willing to help represent nurses in meetings where ONA representation is needed. Fortunately, Phil Zicchino, who participated on the negotiation team, has offered to assume the balance of Terri's term of office and has been appointed to the executive team, as per the SHHCS Bylaws.

The current executive team is now made up of Kristi Till, Steve McClain, Phil Zicchino and Billy Lindros.

BY-LAWS CHANGES

Your ONA Executive Committee is recommending changes to the local bargaining unit by-laws. The changes will expand the Medical Center Executive Committee from seven to nine members to ensure adequate representation of all units at RiverBend and University District. The changes will also allow us to conduct contract votes and officer elections electronically to make them more accessible to our members and to increase participation in decision-making. There will be a vote on these changes in November—stay tuned for more information!

Regence BlueCross BlueShield—Unit reps have postcards!

Nurses have been receiving notifications from their healthcare providers and Regence about break downs in contract negotiations which could mean that these providers would lose their “preferred provider” and “In-Network” status. ONA leadership is very concerned about the potential for increased out of pocket costs for our members as a result of the failed contract negotiations.

At our Labor Management Meeting on October 17, we asked that our members be guaranteed to be covered at the “In Network” rates for at least the plan year of 2013 for all current in network physicians. A lot of the groups that are having difficulty with contract negotiations are specialty groups and there’s not another provider in Eugene/Springfield. Other’s such as Women’s Care, are large and if everyone tried to switch providers, there’s a question of capacity of the in network providers. HR said they can’t interfere in the negotiations due to legal restraints. However, since PeaceHealth is self-insured, it’s the PeaceHealth plan that determines the cost sharing (co-insurance, out of pocket and deductibles) not Regence. We said it was similar to the reasons they dropped their Domestic Tier proposal – there was not adequate access, quality, etc. for only PeaceHealth providers.

We’ve made up postcards for our members to send to Regence to tell them to get back to the table and negotiate a fair contract with our local providers. Unit reps and other ONA leaders will have copies of the postcards for you to mail in and put pressure on Regence. We recommend contacting your providers also and let them know the impact of the failed contract talks on you and your family.

If you can’t find someone with a postcard, contact Maureen Smith, ONA at smith@oregonrn.org and I’ll make sure you get one!

VACANCIES ON PNCC

There are many ways to get involved in ONA. The Professional Nursing Care Committee (PNCC) has vacant positions and is looking for nurses interested in advancing nurse practice issues to join them. They meet once a month on Thursdays from 1600-1900. Committee members are paid for their time in the meeting. The Sacred Heart PNCC won the PNCC of the year award at ONA convention this year and is working on important issues such as following up with units that complete large numbers of SRDFs, looking at tools to measure patient acuity and meeting with Tim Herrmann regarding staffing concerns.

Contact Brian Smith, PNCC Chair and Charge Nurse on Oregon Heart and Vascular Institute 5 (OHVI 5), for more information about the committee. There’s more information about this committee in Article 17 of the contract.

17.1 Recognition. Professional Nursing Care Committee shall be established at the Medical Center. Its objectives shall include:

- a. Coordinating constructive and collaborative approaches with the Medical Center to problem solving regarding professional issues.
- b. Considering the improvement of patient care.
- c. Considering issues related to the practice of nursing.
- d. Working to improve patient care and nursing practice.
- e. Recommending to the Medical Center ways and means to improve patient care.

OPEN ENROLLMENT SESSIONS FOR HEALTH INSURANCE

ONA asked for additional open enrollment sessions for health insurance – we especially noted that there were none that worked for evening shift.

We received notice of added sessions but know that they're only sending them to your work emails.

From Human Resources: Please see the added Benefits Overview sessions below, and if you have not done so already, review the benefits materials on My HR.

October 30, 2012 – 7:30 a.m. to 8:30 a.m., SHMC - RiverBend, Room 200EB

October 30, 2012 – 1:00 p.m. to 2:30 p.m., SHMC - University District, Siskiyou Room

October 31, 2012 – 7:30 a.m. to 8:30 a.m., SHMC - RiverBend, Room 200EB

October 31, 2012 – 1:00 p.m. to 2:30 p.m., SHMC - University District, Room SS3-A

November 2, 2012 – 1:00 p.m. to 2:30 p.m., SHMC - RiverBend, Room 200FA

November 2, 2012– 1:00 p.m. to 2:30 p.m., SHMC - RiverBend, Room 200EB

Please post these in your units and help spread the word!



EDUCATIONAL WORKSHOP

The Ultimate Charge RN

Delegation, Supervision, and Critical Thinking Leadership

Delegation and working in teams with assistive personnel is a complex critical thinking skill that requires expert professional practice and emotional intelligence. Empower your charge RNs, direct care RNs, and emerging leaders with the critical skills to lead effective patient care teams in this full day workshop.



Ruth Hansten
RN, MBA, PhD,
FACHE is an
experienced RN
who brings both
practical experience
and humor to this
workshop. She's
authored six books
and numerous
articles. For the past
20 years, her national
consulting practice
has focused on
nursing care delivery
models, critical
thinking, delegation,
interdisciplinary team development, and leadership skills.

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Objectives:

- ▶ List the top two reasons for improving teamwork, RN leadership, and delegation
- ▶ Choose two personal traits that are barriers to excellence in delegation/supervision
- ▶ Define delegation, supervision and critical thinking
- ▶ Describe the 5 rights of delegation and supervision
- ▶ Analyze the current level of delegation supervision and feedback in your department
- ▶ Apply a critical thinking/problem solving model to analyze a delegation, supervision or feedback problem at the point of care
- ▶ Commit to a plan to improve nursing practice on your unit

CE Credits: 6.25 Continuing Nursing Education contact hours will be awarded

Cost:
\$125 ONA Members
\$175 Non-members
\$60 Students

Meal: Buffet Lunch included!

Questions? Contact PK at (503) 293-0011 x335 or kong@oregonrn.org



Saturday, November 3, 2012
8:00 am - 4:00 pm

Lane Community College - Center for Meeting and Learning
4000 East 30th Ave, Building 19, Eugene, OR 97405