

SHMC

Executive Committee

Chair: Pam Van Voorhis (NICU)
Vice Chair: Sue Seeley (5M)
 Vicki Edwards (RIC)
 Sherry Tillman (BHS)
 Glenda Brooks (PACU)
 Nancy Deyhle (ICU)
 Lynda Pond (LDR)

Negotiation Committee

Pam Van Voorhis, Chair (NICU)
 Vicki Edwards (RIC)
 Sherry Tillman (BHS)
 Glenda Brooks (PACU)
 Nancy Deyhle (ICU)
 Suzanne Seeley (7 Surgical)
 Lynda Pond (LDR)
 Denise Gilbert (OR)
 Dawn Prall (RB-ED)
 Alternate: Mark Bird (UD-ED)
 Alternate: Katie Renken (SPA)

SHHCS

**Executive Team &
 Negotiation Team**

Chair: Billy Lindros (Hospice)
Vice Chair: Steve McClain (Hospice)
Secretary: Terri Dean (Home Health)
Treasurer: Kristi Till (Home Health)
Member-at-Large: Shirley Hofeld
 (Home Infusion)

**CERTIFICATION 2010
 PLAN ISSUES RESOLVED**

As you know, we negotiated an increase in Certification Pay in the new contract from the lump sum (worth approximately 67 cents an hour) to 90 cents an hour for each compensable hour of work. We've been in negotiations with Management since then because of problems adding the new cert pay to the current payroll system. Sacred Heart is in the process of changing to new payroll software planned for implementation April, 2011. The change in how cert pay is paid became effective 7/18/10; however, since the current computer payroll system software isn't yet able to make this an hourly payment we've come to an agreement on a payment plan as follows.

10/29/10 - All nurses eligible for cert pay will be paid their appropriate lump sum under the old contract terms for the first half of the year in the 10/29/10 pay roll instead of waiting until February, 2011 for this payment. There will be a maximum pay out of \$800 and a minimum of \$300. This will be identified on your check as "cert pay." No other cert pay will be paid in the 10/29/10 payroll.

11/12/10 payroll all nurses eligible for the new \$.90 per compensated hour cert pay will be paid cert pay for the period 7/18/10 through 10/9/10. This will be the only cert pay on this payroll. The next interim cert pay will be on the 12/24/10 payroll and subsequent payrolls in 2/11 and if needed 4/11. The week of each of these payrolls assuming you continue to be eligible, you will receive an e-mail designating the specific work period for which the cert pay lump sum is being made in the coming payroll.

Thanks to everyone for their patience while we worked through this payment plan!

We've heard from nurses that they did not receive their shift differential pay on recent bereavement leaves. We contacted Human Resources (HR) and they are in agreement that differentials should be paid on bereavement leave. HR has said they are working to correct any errors. Please contact HR if you believe there was an error in your bereavement leave.

Bereavement Leave

New Contracts

Contracts are going to the printers and will be available by mid-November. We're printing enough contracts to give one to each RN. The new contracts will be distributed through unit reps – we'll send out more information as soon as we know the actual delivery dates. Remember you can find the contract on the ONA website (www.oregonrn.org). Go to Union/Bargaining Units/Sacred Heart Medical Center or Sacred Heart Home Care Services. Copies of the new contract and a copy showing the changes – "red-lined" version are both on the web for your reference.

Changes in SHMC Contract

The recently ratified 2010-2012 contract between SHMC and ONA has some significant changes. You should be aware of these terms and can read the full text of all the changes and sections listed below in the on-line version on the ONA website: http://oregonrn.org/associations/10509/files/SHMC-ONA_Contract_2010-2012_redline.pdf

Section	
3.6.1	Per Diem Nurse. provides greater flexibility for per diem credits
8.11	Report Pay. changes call off time to (2) hours before scheduled start time (previously 1.5 hours). There is currently a grace period for this provision. We'll be sending out a separate email with more information.
9.4.2.a	Sixth and Consecutive Day. clarifies definition of day for counting 6 th and consecutive pay
9.4.2.b	Break of Consecutive Day Cycle. changes Medical Center's timeline for telephone notice to call off a nurse in a 6 th and consecutive day cycle to 12 hours (previously 16 hours)
9.4.2.c	Notice for 6th and Consecutive Pay Eligibility. requires a nurse to give e-mail notice to her/his manager when the nurse accepts work outside h/h unit that may result in 6 th consecutive day to be eligible for the premium pay
10.7.3	Requests Submitted with less than 60 Days' Notice. changes PTO request time frame to two week prior to earliest day off (current 1 week prior to earliest day off)
10.7.5	Unscheduled Time Off. when calling in sick or other short notice of unscheduled time off, the nurse must call in at least (3) hours prior to start time (previously 2 hours) There's a grace period in effect for this provision. We'll be sending out more details shortly.
11.7.1	Bereavement Leave. eligibility for bereavement leave after 90 days of employment (previously 6 months) and up to 36 hours per occurrence without an annual limit. No changes in payment of differentials for bereavement leave pay.
13.8	Position Acceptance and Rescission. the number of hours a nurse has to accept or rescind an acceptance of a position has been reduced to 48 excluding weekend and holiday hours (previously 72)
14.2	Low Census. voluntary low census has been moved to third for the order of low census
14.2.3	Mandatory Low Census Cap. the new mandatory low census maximum hours terms are effective 1/1/11, more details will be forthcoming.
	These changes do not take place until Jan. 1, 2012
9.4.6	Holiday Pay. changes of holidays and hours eligible for holiday pay
10.4	PTO Accrual. changes in rates of accrual
15.1.1	Premiums. nurse premium cost share increases of 5% for all except 35-40 hour FTE employee only cost share doesn't change

Sacred Heart Home Care Services (SHHCS) Contract Changes

Here are highlights of changes in the SHHCS Contract. You should be aware of these terms and can read the full text of all the changes in the sections listed below in a redlined contract by going to the ONA website: <http://www.oregonrn.org/displaycommon.cfm?an=1&subarticlenbr=85>

Please note that some of the contract section numbers have changed.

3.6.1	Per Diem Nurse. If insufficient volunteers, then all per diem nurses may be required to work at least one winter and one summer holiday every calendar year. This change treats per diem nurses in each program the same
6.1.3	Suspensions and pending investigations. Added terms that a nurse on suspension has the right to be informed of the general nature of the investigation and to a weekly update.
6.2	Disciplinary Record. A nurse must have knowledge of significant documents placed in the personnel file. Written disciplinary notices will not be considered for purposes of further disciplinary action after more than 24 months, and will be removed upon request of the nurse. One exception is added to the list of discipline documents that can't be removed from the personnel – offenses involving sending messages or accessing internet sites with sexual content.

Sacred Heart Home Care Services (SHHCS) Contract Changes (continued)

9.4.2	Excess of standard work day. The terms have been clarified so that the standard work day is the nurse's standard pre-scheduled work day that is listed on the posted schedule.
9.4.5	Holiday pay. Beginning 1/1/12 Christmas Eve will replace Easter as a holiday and the holiday pay hours are for the period of 11 pm on the preceding day to 10:59 pm on the actual holiday.
9.5	Hourly Differential. The evening differential grandfather clause is eliminated (The 1998 exception for 2 RNs is eliminated)
9.7.1	On-call Compensation. The hourly rate is \$4.50 effective 7/4/10 and \$5.00 effective 7/1/11.
9.7.3	Scheduled on-call hours. Changed to same as all hours the program's office is closed.
9.1	Certification Pay. Changed from annual lump sum to a rate of \$.90 for all compensated hour with no minimum. An interim solution pending payroll changes expected in April, 2011 is regular lump sum payments beginning 10/29/10 and continuing as will be described in a e-mail next week.
9.14	Cellular Phone Reimbursement. Change to Agency phones from personal cell phones.
10.4	PTO Accrual Rates. The accrual rates increase effective 1/1/12
11.6	Return from Protected Leave. Expands protected leaves to include military family and crime victim in addition to FMLA and OFLA medical or family.
11.6.2	Extension. In the event the nurse seeks extension of protected leave beyond its term, the nurse may involve ONA in the discussion with the Agency.
11.7.1	Bereavement. Eligibility begins after 90 days of employment and no limit on the number of leaves in the same year. Sibling is added to the eligible list and if the nurse is scheduled for less than the maximum for 36 hours of leave, then the eligible hours are the scheduled hours.
13.2	More Than One Qualified Candidate. Clarifies that when there are no program candidates, and more than one candidate meets the minimum qualifications, a less senior nurse candidate from another program can be hired if found to meet the seniority exception listed requirements. The within 6,000 hours of seniority requirement is eliminated.
13.2.1	Trial transfer period. New terms that creates a one month trial period following orientation (up to a maximum of 3 months) for a nurse who transfers to another program position and during the trial period allows the Agency or the nurse to go or be sent back to prior program position and if not available a per diem position
13.3	Patient Care Coordinators. Changes make it clear that PCCs will be selected based on seniority and their demonstrated skills, documented qualifications and documented experience. Clarifies that input from a program-based nursing services interview committee including staff selected bargaining unit nurses will be used for PCC selection.
14.2	Low Census. Changes volunteers to third on the list so volunteers are offered low census after nurses on premium pay. Defines equitable rotation to allow balancing low census over two consecutive work cycles which creates an 8 week period to re-balance the equitable distribution among nurses if an error is made.
15.1.1	Premiums. The Agency insurance premium rate of contribution changes 1/1/12 to 85% for 35-40 for all tiers except employee only (stays 100%), to 80% for 29-34 hours and to 70% for 20-28 hours.
MOU #5	Supplemental Benefit for Senior Nurses. This Agency contribution benefit has been eliminated.
15.6	Communicable Diseases. This is an entirely new section mostly taken from the SHMC contract. Provides for pay of up to 14 days when a nurses is required to be absent from work because of exposure to a serious communicable disease while on duty. Also, in the event of a potential epidemic, the Association and Agency will meet to discuss guidelines for maintaining patient safety and compensation for hours lost.
17.6	Staffing. Adds language stating that when a Staffing Request and Documentation Form is filed by a nurse, the nursing administrator will respond to the nurse and the PNCC chair within 30 days
20.1	Sale or Transfer. New terms that require the Agency to give ONA at least 90 day notice of sale, lease or transfer.
Appendix A	Wage Rates. Wages increase 4% effective 7/4/10, 1% effective 1/1/11, 3.5% effective 7/1/11.
Appendix B	Scheduled Time Off. Adds language that current practice will continue for CQI, intake and patient care coordinators. Add maximum of one nurse scheduled off due to worker compensation to be counted for core. Holds the minimum to 3 nurses for 20 + nurse during the term of the contract or 6/30/12.
Appendix I	Mandatory Training. Gives the Agency some flexibility on setting the annual date for completion of mandatory training cycle. That date may not be changed more than once during the life of this Agreement. Removes the terms that deferred the annual step increase for noncompliance and replaces it with the understanding that discipline will be the expected process to use for failing to comply with mandatory training requirements.

Opportunity to Join the Professional Nursing Care Committee (PNCC)

Nominations are open for PNCC members! In the recent contract negotiations, we were able to add members to the Professional Nursing Care Committee at the Medical Center. What's does the PNCC do? It meets once a month for three (3) hours (currently the third Thursday from 4:00 p.m. — 7:00 p.m.). The committee was established to work with improving the quality of patient care and nursing practice at Sacred Heart. The committee can make written recommendations to the chief nurse executive regarding ways to improve patient care and to advise the Medical Center regarding professional development funds. If you have questions about the committee, you can contact Brian Smith, PNCC Chair (OHVI 5) or Suzanne Seeley, PNCC Secretary (7 Surgical).

You can submit a nomination to: Maureen Smith, ONA, smith@oregonrn.org (You may nominate yourself or another nurse) Deadline is: November 12 at 5:00 p.m.

Committee members each represent a cluster of units. Units that need representation are:

- 1) Women's Services (Labor and Delivery, Mother Baby, NICU and Pediatrics)
- 2) OR/CVOR
- 3) RiverBend Emergency Department, Medical ICU, Surgical ICU, Step Down ICU and the Clinical Decision Unit (CDU)
- 4) IV Therapy, Float Pool, Critical Care House Floats, Wound and Ostomy
- 5) University District: Medical, Emergency Department, Regional Infusion Center

If there is only one volunteer per cluster, there will be no elections. If we have more than five (5) nominees or two (2) nominees from the same unit clusters, we will hold an election in November.

2010 November Election ONA Endorsements



Oregon Nurse-PAC is pleased to announce their current list of ONA endorsed candidates that will be on the ballot for the November General Election. ON-PAC has endorsed these pro-nursing candidates based on their voting record and support for the ONA Legislative agenda.



Remember to VOTE

Oregon Ballots are mailed October 15, and due back by November 2. Oregon voters will elect our next Governor, U.S. Senator, Members of Congress, and State Legislators. ONA has endorsed John Kitzhaber for Governor, because of his proven track record of support for nursing issues, his values, and his experience. The Oregonian joined ONA in supporting Kitzhaber, noting: "there is only one candidate in this race prepared, on Day One, to do what the times demand of Oregon's next governor. That's John Kitzhaber."

We need your help with phone banks and canvasses in the final week before the election. Please contact Sarah Masteron at ONA if you are able to help!

Cascade Health Solutions: Goes After Nurse, Union Rights

Cascade Health Solutions (CHS) is a private, non-profit organization that provides hospice, home care, occupational medicine, behavioral health, and chronic illness management services. It was created when McKenzie-Willamette Hospital sold itself to Triad Hospitals in 2003. Many nurses and others who had provided some of these services at the hospital continued to do so as CHS employees. (McK-Will is now owned by Community Health Systems, the other CHS.) Cascade Health Solutions is probably best known for the Festival of Trees event at Valley River Center each Christmas that is its major fundraiser. They are also raising funds to build a hospice house to provide residential end-of-life care.

CHS employs about 130 people, 18 of whom are nurses who provide the hospice and home care services. These are largely well-experienced nurses with long years of service at CHS and McK-Will Hospital. They have been represented by Oregon Nurses Association (ONA) for decades—first at the hospital and for seven (7) years now at CHS. They successfully bargained two (2) previous contracts directly with CHS managers.

This year, however, everything has changed. CHS hired an openly anti-union chief nursing manager who wants things done her way without questioning. They hired a labor relations consultant to speak for them in negotiations. They've rejected all the union's bargaining proposals and they decline to even discuss them. "CHS has made it clear," says ONA Bargaining Team member Anita Boutette, "that they want to do away with our ONA representation. They don't want to solve problems together; they want the union to go away."



CHS is proposing to eliminate fair share entirely and make payments to ONA optional. (When all but two (2) nurses signed a petition in support of fair share, CHS alleged that many of the signatures had been coerced!) They want to eliminate all benefits and practices not specifically listed in the contract, including individually established four-day workweeks. CHS wants to reclaim full control over nurses' daily work schedules. And they've proposed a reduction in retirement benefits and a wage freeze for the coming year.

CHS says they are concerned about finances, but few of their proposals have real economic impact. "They just want more control over us," said Beth Forsgren, hospice nurse. "The work we do is very difficult. Many of us have stood with CHS through incredibly hard times. We've always done the things they've asked to help them out. And now they're stepping all over us. It's so unprofessional and disrespectful!"

CHS is heading into Federal Mediation on Nov 1 and 2. There has been no movement at the table and not one Tentative Agreement since negotiations have begun!! We will keep you posted on how you can help the nurses at Cascade Health Solutions get the fair contract they deserve.

Questions about the new contract? ONA has received comments and questions about the new contract and wanted to share those with you along with our response:

Q: Will the increase in health insurance premiums wipe-out our cost-of-living increase?

A: The increased premium share will not take place until January 2012. At that time, all of our members will have received an 8.5% increase in pay. The negotiating committee looked at the impact of the projected health insurance increases against the wage increases before recommending the contract. No nurses will have their pay increase eliminated by the increase in insurance. And, we will be back in negotiations with Sacred Heart in early 2012 and will be working again to get a fair wage increase that keeps our wages and benefits competitive in the state.

Q: I'm concerned about the changes related to Per diem nurses

A: There were two changes in the contract language involving per diem nurses. 1) 3.6.1 actually allows for more flexibility for per diem nurses and the hospital. The Medical Center may require 18 credits per calendar quarter OR 72 credits per calendar year for nurses who are not consistently available to work throughout the year. Talk to your nurse manager if you have questions about this provision. 2) Changes to the holiday requirements. The contract now specifies that per diem nurses shall be available to work one of the holidays listed in 9.4.6 in the contract each year on a rotational basis as determined by the consensus of the nurse manager and a majority of the nurses voting on the unit. Units that have not developed guidelines for this rotation should discuss this at unit council and put it out for a vote to the unit. There will be a change in the designated holidays beginning in 2012 – Christmas Eve will replace Easter as a designated holiday for Peace Health employees.

ONA District #5 Annual Fall Dinner

Valley River Inn ~ McKenzie Ballroom

Thursday, November 11, 2010



6:00 pm - No Host Cocktails

6:30 pm - Buffet Dinner ~

Prime Rib / Salmon

7:15 pm - President's Announcements

7:30 pm - Presentations

Panel Discussion ~ Healthcare

for Immigrants

Lynda Pond ~ Mission to Haiti

Lauryn Kalina ~ Drawings for

Fabulous Prizes

All ONA Members Are Invited!

Q: My unit likes low census and does not want to have to do a re-organization or layoff due to the new 14.2.3, Mandatory low census maximum.

A: Some nurses voiced concern about not being able to be continue voluntary low census. For units that nurses are still volunteering for low census, the new language on mandatory low census maximums won't make any difference. You can still volunteer all you want. Those hours just won't count toward a cap on mandatory low census hours.

The new cap language will be implemented this January and ONA, Human Resources and Nursing Administration will be getting more information out to the units as we complete our discussions about the implementation of the new contract language.

The contract language about re-organizations or layoffs is not new. No unit is forced to re-org or layoff by the contract. If units have excessive low census for over 2 cycles (10% of all scheduled hours), ONA and management meet to discuss how to resolve the problem. Many solutions are on the table and layoff and re-organization are generally the last resort. Nurses are involved in these conversations and meetings and get to have a voice in the outcome.