

ONA

Oregon Nurses Association
Bargaining Unit Newsletter

Providence St. Vincent Medical Center (PSVMC)

The Voice newsletter for nurses

May 2, 2014

**ONA / Providence
St. Vincent Medical
Center (PSVMC)**

**Association
Professional
Registered Nurses
(APRN) Officers:**

President:
Glenda Peters, 8E

Vice President:
Sonda Martin, ED

Treasurer:
Maryann Dutton,
Outpatient Infusion

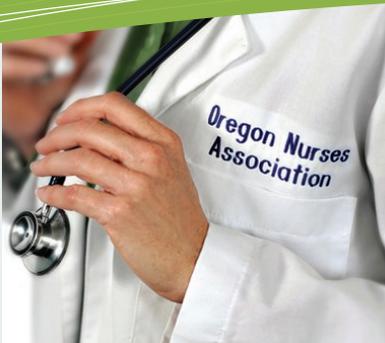
Secretary:
John Smeltzer, 5E

Members at Large:
Anne Byles, IV Therapy
Kathy Keane, 6W

**ONA Labor Relations
Representative**

Sally LaJoie
503-293-0011 ext. 328
lajoie@oregonrn.org

Oregon Nurses Association
18765 SW Boones Ferry
Road Suite 200
Tualatin OR 97062
1-800-634-3552
within Oregon
www.OregonRN.org



In this issue

NICU Department Reorganization Page 1

Grievance Survey Reminder Page 2

Introducing your 2014-2016 Officers Page 2

Emergency Department Reorganization Page 2

Clinical Ladder Negotiations 3

What Does Fair Share Mean? 3

Time Card Grievance Update & Check Your Timecards for Errors 4

NATIONAL NURSES WEEK 2014



Nurses Leading
the Way



National Nurses Week is May 6-12, 2014 and the American Nurses Association (ANA) and ONA would like to thank you for your service and dedication.

Of course, at ONA, every week is Nurses Week! Oregon's 43,500 nurses make a difference in the lives of patients every single day, ensuring the highest quality care, promoting our profession and advocating for policies to improve the health of our citizens.

**Nurses make a difference!
For everything you do, every day
and every week, we thank you.**

Please check your mailbox for your 2014 Nurses Week gift. All St. Vincent ONA members and Fair Share Payers will receive this by mail. *Not a member but want to get involved?* It's not too late to join your professional organization. Nurses who join before September 1, will also receive the Nurses Week Gift. Talk to an officer if you have questions, or join online at www.oregonrn.org.

NICU Department Reorganization

The Neonatal Intensive Care Unit (NICU) department is anticipating volume changes in the fall when Providence Portland opens its Level II nursery, and Kaiser begins to pull volumes from St. Vincent's NICU. We have formed a joint ONA-Providence workgroup to address the impact on staff, how we will

handle the "bridge period" when staff are moving to other employers in anticipation of the volume decrease, and the period thereafter. We have held two meetings so far and will meet again on May 14. For other updates between newsletters, please refer to your bargaining unit webpage at www.oregonrn.org or contact the NICU Stewards, Angie Little and Sharyl Allender, or a NICU workgroup member.

A reminder: we are asking staff to share information in a confidential online survey relating to grievances filed for two maternal child nurses who were terminated.

To read more about the grievance filed by Kym Lunsford and Janette Weatherford, two long time Labor and Delivery staff nurses, and why we are using this survey to gather information to support their grievance, please read the April 17 newsletter on your unit bulletin board or at



www.OregonRN.org. We are currently waiting for a response from the medical center after our “Step Two” grievance meetings with Helene Anderson, Director of Patient Care Services.

Survey numbers were mailed on postcards to targeted units (ED, Maternal Child Division, IV Therapy, Outpatient Infusion and Critical Care Division), but anyone with information (not limited to nurses, current or former employees of St. Vincent) can take the survey.

To take the survey

1. Go to www.OregonRN.org and select Providence St. Vincent Confidential Provision of Care Survey under Find Your Bargaining Unit.
2. Enter your confidential survey number listed on front side of postcard (under ONA logo).

If you have questions or need to request a survey number, contact Melissa at tangedal@oregonrn.org or 503-293-0011

Introducing Your 2014-2016 Officers!

In March, we scheduled a date for your officer elections and published a call for nominations. One nurse candidate submitted a nomination for each officer position. Your bylaws state that if officer positions are uncontested, voting is not required. To better use our resources we will not hold voting for the uncontested positions as originally planned in May.

Chair	Glenda Peters	8E
Vice-Chair	Sonda Martin	ED
Treasurer	Maryann Dutton	Outpatient Infusion

Secretary	John Smeltzer	5E
Member-at-Large	Kathy Keane	6W
Member-at-Large	Anne Byles	IV Therapy

THANK YOU TO OUR DEDICATED OUTGOING VICE PRESIDENT

Philip D’Onofrio (6E).

You will be missed!

To read your bargaining unit bylaws, visit our website. www.OregonRN.org.

Emergency Department Reorganization

The emergency department reorganization is underway and we are in now in the process of working out the details in the joint ONA – Providence workgroup. We have had two meetings and met for a third time May 2 to begin working on scheduling guidelines. Thus far we have worked

on timelines for the pre-scheduled seniority based vacation time period (October-March) and are undertaking an opinion poll of the ED staff to determine how the impacted staff on mid-shift/evening shift will move to the new shifts (whether all staff will re-bid, or just the group impacted). If you have questions, please contact the ED Stewards, Sonda Martin, Anna Vernon or Tom Graham, or an ED Workgroup Member.

Clinical Ladder Negotiations

You thought we were done negotiating? Not entirely. The Clinical Ladder Letter of Agreement (Appendix B), must be negotiated every two years. It expires July 1, 2014, so we will begin negotiating this in May and June. To prepare for negotiations, ONA has sent an information request to the medical center, surveyed the nursing staff and have scheduled negotiations for May 12, 15, 19, 27 and June 16 and 24.

Historically, bargaining time has varied over this Letter of Agreement. In 2009, the medical center wanted to make extensive changes to the program and we did not reach an agreement until February 2010. In 2012, we reached agreement much sooner and utilized a workgroup to make some less significant changes to the program materials.

For larger contract negotiations, the negotiating team is comprised of your officers. But for Clinical Ladder, in some years, only a portion of the officers have participated, depending on their schedules and complexity of negotiations. We have also typically included one or two Clinical Ladder

Board (CLB) members on the negotiating team. This year, the negotiating team will include four CLB members and three officers: Glenda Peters, Maryann Dutton, Sonda Martin and four Clinical Ladder Board members: Merridee Dobbeck (CLB Chair), Kathy Keane, Eric Sabbe, and Jenna Nelson.

Typically, we do not know what the medical center will propose in negotiations until we begin meeting across the table, but this year we discussed the process informally and we understand that the medical center is hoping to make more extensive changes to the program. There are concerns that the program is not aligning with Magnet or assisting with Nurse Sensitive Indicators and the Triple Aim. The medical center wanted to begin meeting in a less formal workgroup setting to work on changes to the program but given the likelihood of proposed changes (which nurses may not support), we suggested that we discuss in structured negotiations so that we can communicate this more easily to the St. Vincent nurses and have the bargaining framework as opposed to a less formal workgroup process.

What Does Fair Share Mean?

As a result of our contract, there are ONA membership requirements at St. Vincent Medical Center.

One option offered to nurses is “fair share” in lieu of joining ONA as a full member. Fair share payers pay slightly reduced dues (representing only the portion of ONA’s budget related to collective bargaining). Very few nurses choose the fair share option because they do not receive the benefits of full membership.

For example, discounts for ONA workshops or events are not available to fair share payers. Fair share payers do not have voting rights, cannot be a local officer or steward, or serve on other local committees. They also cannot be a delegate to the Oregon Nurses Association House of Delegates, American Federation of Teachers or to the National Federation of Nurses.

Dues for “fair share” are \$28.59 per pay period and for members are \$36.55 per pay period (nurses working less than 64 hours per month are entitled to reduced rates of \$19.27 and \$14.83, respectively). To read the membership obligations in your contract, read Article I, Section C.

For more information about ONA and what we do, visit our website at www.oregonrn.org.



Time Card Grievance Update

Many of you are wondering about the status of the timecard alteration grievance. It has been nearly a year since nurses discovered their time cards were altered by managers without their knowledge and we filed an Association Grievance in late May.

A RECAP OF EVENTS

May 30, 2013 – grievance filed

June-August – PSVMC agreed to undertake an internal audit to pay the staff their wages and hold the grievance in abeyance. The audit was expanded by agreement from the originally identified impacted units to all nursing units and from two years to six years.

August – Some payments were made to staff in the impacted units on their regular paychecks which made it difficult to identify the occurrences and very amounts owing/paid.

Late August – Class action lawsuit was filed against Providence Health Systems (Oregon), for all current and former employees, asserting claims for racketeering, lost wages, and state and federal claims for penalties for violating the law. The named plaintiffs in that case are two former employees who would not have been paid through our grievance process.

September – November: ONA made repeated inquiries about the status of the audit and our agreement, the payments, and sharing detailed information about the individual payments made to staff. PHS retained outside attorneys due to the litigation, and we were told to only communicate with them and they were not as responsive as your local Human Resources staff. ONA began making formal information requests and

returned to the grievance process in order to move this forward.

December – Held our first grievance meeting with Andrew Stuchiner and Patti Langdon, HR Staff. We were told the audit had been “paused” and that they didn’t know when it had paused but it could have been in about September.

January 2014 – PSVMC contacted ONA and asked to enter into joint mediation with the class action litigants to try and resolve all the issues as there is an overlap.

February-March – PSVMC, class counsel and ONA agreed to mediation, and a pre-mediation process and selected an expert statistician who conducted a review of a sample of employees’ Kronos records to obtain an idea of the scope of damages/claims. We scheduled a mediation in March but postponed it to April to allow more time to prepare.

April 14 and 15: Held a two-day mediation with a federal judge. Participants were Alan Yoder, ONA legal counsel, Glenda Peters, John Smeltzer, Philip D’Onofrio and Sally LaJoie, the class action plaintiffs (two former St. Vincent nurses), and their counsel. We did not reach an agreement, but will meet again May 8 and 9 to see if a settlement is possible.

REMINDER: USE THE PAYROLL EXCEPTION FORMS AND WATCH YOUR TIMECARDS!

Have you worked consecutive weekends? You are entitled to 1.5 times your hourly rate for these hours (unless you signed a “weekend waiver”). If you worked these hours, be sure and fill out the form – this is not automatically paid in the system.

Track your pay rates. A nurse who moved to a different unit in 2013 recently learned that her hourly rate was reduced by a full step. She didn’t have any notice and only made the discovery by chance. Her efforts to get this rectified have been time consuming and are still not resolved. Remember that the deadline to file a grievance is 14 days from the day of the incident or when you learned about it. We can agree to extensions with the medical center, but need to confirm it in writing. If you have questions, contact an officer or unit steward who can help you with that process or tell you where to go to have questions answered.

Night Shift Staff: check your payroll records and make sure you are getting your differential when low censused before 3 a.m.

Nurses have identified that they are not being paid night shift differential if they are low censused before 3 a.m. Night shift staff should be paid night shift differential regardless of whether they are low censused. If you have not been paid, please complete a payroll exception form, and notify Sonda Martin, ED, Bargaining Unit Vice-Chair.

Have you worked off the clock after a shift? Or from home checking e-mail, or responding to calls from your manager? This is paid time. Nurses are hourly employees and it is against the rules for you to work off the clock. You must report all the hours you work for the good of you and your employer. If you work off the clock it also gives your manager an incomplete picture of how much is actually needed to budget to run your unit, and creates an unfair disadvantage for those that do report all their hours – because they look inefficient.