



Oregon Nurses Association  
Bargaining Unit Newsletter

# Rogue Regional Medical Center (RRMC) Bargaining Update 6

July 9, 2014



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## Almost There!

Our negotiation session July 8 proved to be very productive. Both teams committed to attempt to reach a resolution by the end of the day and provided proposals to support that goal. All remaining proposals were combined as a full package. In the end however, we were unable to reach a final resolution on the issue of wages.

We believe we are very close to an acceptable resolution. Our mutual goal is to complete these negotiations without the need for a federal mediator. We have one more session scheduled for Tuesday, July 15 in order to accomplish this goal.

## What is a Kaizen?

Rogue Regional Medical Center (Medical Center) has proposed that with the guidance of the labor management committee (LMC) we develop a group which would include bedside nurses to participate in a Kaizen process in an effort to solve the ongoing problem of missed breaks and meals.

**Kaizen is defined as:**

**Kai= take apart, Zen= make good.**

*The process includes:*

A rapid transformation to make change happen fast.

Highly structured and well planned process to find better ways of doing things.

Topic is driven by business strategy and is considered important for the Medical Center to solve.

Useful when the problem has stood the test of time and the solution is not known.

Event is designed to last 3 - 5 days.

Must have an executive sponsor, Black Belt Lean Facilitator, and a cross-representation of front line staff, managers, and support personnel depending on the problem.

Team-leader is usually a manger.

Pre-meeting held to identify problem, scope, team membership, and goal for team.

Planning stage includes data collection and research of best practices to solve the problem.

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### What is a Kaizen? *(continued from page 1)*

Oregon Nurses Association (ONA) had proposed that the Medical Center provide and unencumbered nurse for such relief. The Medical Center has stated that the ability to meet such a contractual obligation is unrealistic based on the number of nursing vacancies currently posted and the significant financial impact (4.5 million dollars by their calculations) such a provision would entail.

We are willing to support the use of a Kaizen event with a goal of solving this ongoing issue with the guarantee that the Medical Center will financially support the solutions identified at this event.

## Save the Date: ONA Lobby Day, February 10, 2015

Join ONA at the Oregon State Capitol in Salem on Tuesday, February 10 for ONA's 2015 Nurse Lobby Day. Every other year, nearly 300 nurses and nursing students from across the state gather during Nurse Lobby Day to meet with legislators and advocate for issues that are at the heart of nursing.

[Register for ONA's 2015 Lobby Day here](#)

February's Lobby Day will focus on the need to make improvements to Oregon's Nurse Staffing law that will empower direct-care nurses, enhance transparency and increase enforcement and accountability. These

improvements will result in better conditions for both nurses and patients.

Register for ONA's 2015 Lobby Day to help make the staffing changes we need to protect nurses and patients.

[Click here](#) to register for ONA's 2015 Lobby Day

[Click here](#) to sign ONA's Safe Nurse Staffing Pledge

Go to [www.OregonRN.org](http://www.OregonRN.org) and click on the Government Relations tab.

## Proposal Summaries

Article	ONA Proposal	Medical Center Proposal
	<b>All proposals as a complete package 7/8/14 and highlighted in bold</b>	<b>All proposals as a complete package 7/8/14 and highlighted in bold</b>
6.2	<p><i>Meal Break. The Medical Center will provide relief nurses, unencumbered by other patient assignments to provide meal relief a minimum of 6 hours per shift and unit.</i></p> <p><b>We withdrew this proposal with a guarantee that the Medical Center will financially support the Kaizen solution</b></p> <ul style="list-style-type: none"> <li>• Any RN who is scheduled to work and works six (6) hours or more and misses his/her meal break will be paid double time (2x) for the missed meal break.</li> </ul>	<p><b>Agree</b></p> <p><b>Agree</b></p>
6.3	<p><i>For each uninterrupted rest break that a nurse does not receive, he/she will be paid double (2x) the regular hourly wage for one-fourth (1/4) of an hour for the missed rest break.</i></p>	<b>Agree</b>
11.3	Allow Code 3 B to use frozen earned sick time (EST).	Agree

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## Proposal Summaries *(continued from page 2)*

12.5	<p>Proposal to allow Code 2 or Code 3 nurses who work between 20-25 hours per week to have opportunity for leave with similar insurance premium payment coverage and job protection as protected by Oregon Family Leave Act (OFLA)/ Family Medical Leave Act (FMLA) leave.</p> <p><b>We withdrew this proposal on the condition there will be a review and revision to the current attendance policy.</b></p>	<p><i>No, Law only requires this benefit for people who work an average of 25 or more hours of work per week.</i></p> <p><i>Proposed willingness to amend attendance policy.</i></p> <p><b>Agree to modification of attendance policy by LMC</b></p>
13.4.C	<b>Agreed</b>	<b>Premium increase cap of 10% each year of the contract.</b>
15.3	<b>Agreed</b>	<b>House-wide Staffing Committee alternate will be paid for attendance, however will not be relieved to attend if primary representative is present.</b>
20	<b>Agreed</b>	3 year contract
Exhibits		
A.3	<p>Charge/operating room team lead/hospice case manger differential increase from \$3.25 to \$3.35 in 2015 Agree as part of package.</p>	<b>Agreed</b>
A.3	<b>Agreed</b>	<b>Keep current compensation \$1.40/hr</b>
A.4	<b>Certification differential \$1/hr in 2014, \$1/hr in 2015, \$1.25/hr in 2016.</b>	<b>Agreed</b>
A.7	<p><b>Withdrew proposed changes to call-back language. Added language that nurses who work 25 years or more in areas with mandatory standby are exempt from that requirement.</b></p> <p><b>Amended the language that discussions will occur prior to implementation of mandatory call being initiated in units where there historically has been none.</b></p>	<b>Agreed</b>
A.13	<i>No, this would lead to preferential treatment.</i>	Nurses are allowed to waive advance shift (ASI) incentive/critical need incentive (CNI). Nurses who agree to waive ASI/CNI would get preference for available shifts. <b>Withdrawn</b>
A.14	<p>Short-staff shifts designation of short-staff shifts. A shift shall be designated a short-staff shift and will be compensated with CNI differential for all RNs working on a unit under any of the following circumstances:</p> <p>a. (Where baseline staffing is ten or less), when staffing on the unit is one nurse below the appropriate staffing level, adjusted for census and acuity, as determined by the daily matrix or charge nurse.</p> <p>b. (Where baseline staffing is more than ten), when staffing on the unit is two nurses below the appropriate staffing level, adjusted for census and acuity, as determined by the daily matrix or charge nurse</p> <p><b>Withdrawn</b></p>	<i>No, cost prohibitive and would be difficult to enforce.</i>

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## Proposal Summaries *(continued from page 3)*

A.15	<p>Full time nurses who have worked twelve (12) months with no unscheduled absences will receive a bonus of 12 hours of earned time off (ETO).</p> <p>Part time nurses who have worked twelve (12) months with no unscheduled absences will receive 8 hours.</p> <p>Full time nurses who have worked twelve (12) months with 1-2 unscheduled absences will receive a bonus of 6 hours of ETO.</p> <p>Part time nurses who have worked twelve (12) months with 1-2 unscheduled absences will receive 4 hours of ETO</p> <p><b>Withdrawn</b></p>	<p><i>Clarified that they have been working on a plan to recognize excellent attendance for all staff. Such program will be shared with ONA for review prior to implementation.</i></p>
C.1	<p>Cell phone contract pay increase from \$40/mo. to \$70/mo. for full and part-time nurses, and from \$30/mo. to \$50/mo. For on-call nurses. <b>Withdrawn</b></p>	<p><i>Not willing to increase amount paid for cell phone plan. If desire is to increase reimbursement, Medical Center will provide phones rather than any reimbursement.</i></p>
C.5	<p>Assessment pager time at \$10.90/hr.</p>	<p><b>Agreed</b></p>
D	<p><b>4.5% in 2014</b></p> <p><b>3% in 2015</b></p> <p><b>3% in 2016</b></p> <p><b>Plus</b> Reduce requirement to advance from step 7 to step 8 to 2 years rather than 3, and</p> <p>Reduce requirement to advance to step 10 to step 11 to 2 years rather than 3 years.</p> <p>Addition of step 13 after 3 years at step 12, which would be 3.2% higher than step 12.</p>	<p><b>3.5% in 2014</b></p> <p><b>2% in 2015</b></p> <p><b>2% in 2016</b></p> <p><b>Plus</b> Decrease rate of pay by 3.75% at step 7, Add a step which would follow one year later and increase that rate by 3.75% (which would equal the current step 7 wage) and require only 2 years to advance to the next step.</p> <p>Reduce requirement to move from step 10 to step 11 in 2 years rather than 3 years. Addition of one more step which would follow 3 years after Step 12 and be 3.2% higher than step 12.</p>

**Next Scheduled Negotiation Session - July 15, 2014**