



Oregon Nurses Association
Bargaining Unit Newsletter

Rogue Regional Medical Center (RRMC) Newsletter

June 9, 2015



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What is Happening to ASI?

As many of you are aware, Asante has made some significant changes related to the advanced scheduling incentive (ASI).

Most recently, we met with the hospital to discuss a proposed policy change which could require any nurse who agrees to accept an ASI shift to be required to be on standby if not needed at the beginning of the shift. We heard from nurses and shared the information that this would be a significant dis-satisfier for staff as the previous policy allowed those nurses to decline standby and either work or be released for the shift.

During our meeting the hospital clarified that the reason for the proposed change was to ensure staff availability so that patient care would not suffer due to inadequate staffing. We appreciate the thought, agree fully and support the goal of adequate staffing. We do however disagree that this is the best method to secure adequate staff. We surveyed the nurses and a majority of nurses said they would no longer sign up for ASI shifts due to the changes in float and standby requirements. With fewer nurses willing to be available, we are having a difficult

time understanding how these changes will increase staffing.

A second issue, which we filed an Association grievance about, was related to the failure to post available ASI shifts in a timely manner, and to award those shifts to RRMC nurses willing to accept them. This was a practice that was primarily identified in Intensive care unit (ICU), critical care unit (CCU) and the intermediate care unit (IMCU). We believe that the contract mandates that ASI schedule holes be posted once a balanced schedule is posted. With the changes to the schedule posting achieved in the most recent negotiations, it seemed that this would be less of a problem. The step 2 grievance response, however disagreed with our interpretation.

We were able to mutually agree to a second step 2 meeting to resolve the issue rather than moving toward arbitration. The remedy we requested was that the holes schedule be posted as per the contract language. The hospital denied the grievance and strongly interpreted the language to read that it is at management's discretion when to post and award the ASI shifts.

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What is Happening to ASI? continued from page 1

While we could attempt to go to arbitration with this grievance the final outcome would not force the hospital to fill the posted ASI shifts as the contract does give the hospital the right to fill those shifts at the manager's discretion.

ONA will continue to bring this issue forward as we await the results of the changes. We heard from many

of you that you will no longer sign up for the ASI shifts. We will keep this issue in the forefront regarding its effect on the ability to adequately staff the hospital. It is clear based on feedback from nurses that this will be a priority issue in the 2017 negotiations

Kaizen Follow Up

During our negotiations we addressed the many concerns we had about staffing, missed meals and missed breaks, and how patient care and nurse retainment were being affected. The hospital stated that there were not a lot of forms submitted about missed meals/breaks and questioned whether there was a real problem.

We agreed to a Kaizen project to clarify the extent of the problem and create possible solutions. The initial meeting was a great success. We also had a commitment that the hospital would follow through for an extended period of time in an effort to remedy such a situation if it indeed existed.

During our most recent Labor Management Committee meeting, we were given an update on the first-quarter reports of the Kaizen event. During this initial period nurses were and are being encouraged to complete the

Staffing Request Documentation Form (SRDF) without any fear of discipline or negative feedback. We trusted the commitment and the results are staggering!

In the first 16 pay periods of 2014, house wide there were 951 missed meals and 4,449 missed breaks. In the first 16 pay periods of 2015 there have been a total of **1,161** missed meals and **7,051** missed breaks. While some nurses have been a bit apprehensive about reporting the missed meals and breaks, we have had ZERO disciplinary actions for such reporting. The hospital wants the information and needs the real information in order to determine a long-term and sustainable solution.

Thank you to those of you who have been willing to share your information and bring the true extent of the issue to light. Keep up the good work!

Overtime and 40 Hour Work Rule Grievance Update

As some of you may be aware, ONA filed an Association grievance December 3, 2014, regarding the hospital's change in practice of hiring nurses at the straight 40 hour rule, without notification to ONA or notification to nurses that such positions would alter their ability to accrue overtime when working beyond their scheduled shift.

The grievance was denied by the hospital at both steps of the grievance process, with the hospital claiming that there is no requirement to notify ONA and that nurses were aware of the work rule and overtime issue as the work rule was identified on all job postings.

The grievance was presented to the ONA Economic

and General Welfare (EGW) Cabinet for review to advance the grievance to arbitration. The Cabinet reviewed the grievance, contract language and potential remedies for the grievance. After much discussion and frustration, the committee reluctantly voted to not support the advancement to arbitration.

The basis for their ultimate decision was that an arbitrator would not be able to force a remedy to a solution which has been going on for more than three years, and that any change would only be enforced prospectively.

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Overtime and 40 Hour Work Rule Grievance Update continued from page 2

While there is a provision in the contract for double time for any time worked beyond a 12 hour shift, there are other stipulations to that language that have been agreed to in the distant past, which exclude incremental overtime to complete work, from this provision.

The hospital has indicated that it may be willing to have discussions with those nurses who transferred

positions from a 40 hour extended rule to a straight 40 hour work rule without knowledge of how that work rule change would affect their overtime compensation. If you are a nurse who has been affected by this change without notification, please email your name and date the change occurred to Labor Relations Representative Susan Bruce at Bruce@oregonrn.org.

We Need Your Help on the Health Benefits Review Team

Per our ONA/RRMC contract we have the opportunity to meet with hospital leaders four times per year to discuss the health plan, review the usage information and give input into potential upcoming changes for the next year.

The first meeting for this year was held Thursday, May 21. At this meeting the usage information was shared.

Our next meeting will be June 19 from 1500 to 1630, with an additional meeting scheduled for July 9 from 1500 to 1630.

Any nurse who has an interest in being part of this team is encouraged to contact Susan Bruce at Bruce@oregonrn.org and join in on the conversation and planning.

Nurses who Orient LPNs

An issue was brought forward from a nurse in the intermediate care unit (IMCU). RNs were performing the duties of a preceptor as specified in the contract, however, because the nurses they were precepting were LPNs rather than RNs, the nurses were not

receiving the preceptor differential. We brought this issue to leadership who reviewed the issue and agreed that those nurses should be granted the preceptor differential. We appreciate the speedy and respectful response to this issue.

Congratulations to our Nurses Day Drawing Winners!

Your ONA Executive Committee randomly selected 15 nurses who will receive various gifts in honor of National Nurses Week. *Those nurses are:*

Susan Boehme, Allan Barnes, Kailee Brown, Taira Butler, Janet Chappell, Zachary Dale-

Harrison, Jennifer Coronado, Joshua Eckroth, Jamie Fields, Wendy Harmeston, Alicia Martinez, Allison Ownby, Alisha Simmons, Stacie Skaflestad and Joseph Myler.

Portland State University Research Study for Nurses



Would you like to earn \$20 and help the profession of nursing? In an effort to understand the effects of age, retirement and coping among nurses, the Department of Psychology at Portland State University (PSU) is conducting research in collaboration with ONA. The researchers are looking for currently employed registered nurses who are interested in taking a

relatively short amount of time to help the profession investigate this important issue and earn \$20 in the process.

If you are interested in participating and would like to learn more, please go to http://c.ymcdn.com/sites/www.oregonrn.org/resource/resmgr/Docs/FLIER_PSU-Study_2015-05-12.pdf

CAUTI Control: Saving Lives and Health Care Costs

Free Navigate Nursing Webinar; Wednesday, June 17, 2015 10 a.m. PDT

Rates of catheter-associated urinary tract infection (CAUTI) are on the rise. Each year, more than 560,000 patients develop CAUTI leading to extended hospital stays, rising health care costs and increasing patient morbidity and mortality. As a front-line nurse you play a major role in reducing these rates by knowing the benefits and implementing evidence-based CAUTI prevention strategies into your daily practice. Following infection-control best practices prevents harm to your patients and overall saves over 50,000 lives and nearly \$12 billion in health care costs.

Join Chenel Trevellini, MSN, RN, CWOCN, as she explores practical tips for reducing CAUTI at your

facility. During this webinar you will learn about ANA's innovative, streamlined, evidenced-based CAUTI prevention clinical tool developed by leading experts and how you can incorporate the prevention tool into your practice.

Arm yourself with the necessary tools and resources to help you lower your facilities' CAUTI rates and associated hospital costs but most importantly, prevent avoidable harm, morbidity and mortality among your patients. Register today for this free webinar!

<http://eo2.commpartners.com/users/anan2/session.php?id=16199>

Has Your Hospital Ever Had a Nurse Staffing Audit?

Nearly a third of Oregon's hospitals have never had a nurse staffing audit under the state's Nurse Staffing Law.

It's a serious problem that affects nurses and patients in 19 hospitals stretching from the Oregon-Idaho border to the Pacific Coast. The list includes facilities in Eugene, Florence, Ontario, Pendleton, Portland, Redmond, Roseburg, Seaside and Silverton among others.

In addition to limited audits, nurses around the state know that when a staffing complaint is filed, it could take months before an investigation even begins. Nurses in Springfield and Portland each waited more than seven months for the state to investigate staffing complaints filed about their hospitals. In Oregon City, it took more than a year for the state to even begin an investigation.

Without regular audits and timely complaint investigations, ONA nurses have seen inadequate staffing conditions go unresolved and continue to deteriorate. This has a huge impact on patients and nurses.

This disturbing lack of basic audits and timely investigations led ONA to include strict new audit and investigation requirements in our nurse staffing legislation (Senate Bill 469).

ONA's bill (Senate Bill 469) would require the state to lead nurse staffing audits at every hospital once every three years. It would also require the state to start staffing investigations within 60 days of receiving a staffing complaint and to follow-up with facilities within 60 days after approving a plan of correction.

These changes would make sure hospitals are following Oregon's Nurse Staffing Law and implementing changes to correct problems. Go to www.OregonNurseStaffingLaw.org to learn more about ONA's Nurse Staffing Bill and click on the Action Alert to email your state legislators and ask them to improve nurse staffing by passing Senate Bill 469.