



Oregon Nurses Association  
Bargaining Unit Newsletter

# St. Charles Medical Center - Bend Newsletter



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June 20, 2014

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Tom Boarman, RN

### ONA Labor Relations Representative

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## St. Charles Bargaining Unit Member Meetings!

We are scheduling member meetings to discuss the recent settlement of the Charge RN and Clinical Supervisor grievances, the changing and evolving roles of those positions, and to discuss other current issues. All members are invited to attend.

The **member meetings** will be **Monday, 6/30/2014** and will be offered at three different times:

**7:45 to 9:00 a.m.**

in Conference Room D

**2:00 to 3:30 p.m.**

in Heart Center conference room

**6:00 to 8:30 p.m.**

in Conference Room D

**Please come by and join in these membership meeting!**

## Charge RN Assignment and Clinical Supervisors Doing Bargaining Unit Work Settlement

**Agreed upon language in the grievance settlement on Clinical Supervisors performing bargaining unit work and Charge RN 50 percent assignments.**

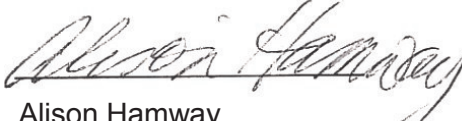
The language below is an agreement by the Parties to fully resolve the grievance dated July 2, 2013 in which the Oregon Nurses Association view clinical supervisors as performing bargaining unit work and the charge nurse 50% patient assignment grievance dated May 2, 2013. This agreement will not supersede or conflict with any contract language in the Collective Bargaining Agreement or the charge nurse job description negotiated during the 2012 contract negotiations. This agreement is specific to St. Charles Medical Center Bend.

1.) General Duty Nurses are responsible for the direct or indirect total care of the patient. The direct or indirect total care of a patient is the responsibility of the ONA nurse and is bargaining unit work. This work is not to be performed outside of the bargaining unit unless it is De Minimis or emergent work. Other De Minimis and emergent work shall be the exception vs. the norm and will not be routine. The Parties agree to bring forward examples of bargaining unit work not being performed by ONA nurses and are committed to a quick resolution of work processes and direction to caregivers involved as needed to uphold Labor Agreement language.

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## Charge RN Assignment and Clinical Supervisors Doing Bargaining Unit Work Settlement continued from page 1

- 2.) The charge nurse is a general duty nurse who has been awarded a position with additional duties to assist the unit leadership in the administration of an organized nursing unit. These duties can be performed by both the charge nurse and/or non-bargaining unit caregivers. The Hospital leadership has the overall responsibility, oversight, and direction of the nursing unit and the administrative tasks that a charge nurse assists with per the labor agreement per *Article 3.3*. A charge nurse does not carry a 24 hour responsibility for the unit.
- 3.) Non bargaining unit caregivers should not relieve General Duty Nurses and charge nurses for breaks and lunches. The exception is the charge nurse Duties of assisting the unit leadership in the administration of an organized nursing unit. The Parties agree that there has been a long standing past practice of supervisors in the ICU performing work that is direct patient nursing services. St. Charles Medical Center – Bend is committed to eliminating this practice within a timeframe that allows the department to successfully transition without adversely impacting patient care.
- 4.) Nursing units are expected to function as a team which includes ONA nurses defined in the Labor Agreement, administrative support personnel, supervisors/managers/directors, and nurses not employed in direct patient nursing services. Hospital leadership and Charge Nurses are expected to huddle/communicate regularly over the needs of the unit, which may include staff assignments, ADTs, changes in acuity, patient room assignments, and the bed board as needed to meet patient needs. It is the goal of both Parties to reduce/minimize redundancy of work in the nursing units.
- 5.) Charge nurses are not required to take a 50% patient assignment for their shift. A charge nurse will have a patient assignment and/or patient care duties depending on the circumstances of the nursing unit. This is consistent with current practice now in various departments across the Bend Hospital and past practice prior to 2012 contract negotiations. The UPC
- will continue to have input on charge nurse assignments and/or patient care duties. This input includes previous collaborative discussions not in conflict with this settlement or the Labor Agreement. Nursing hours per patient day targets are not being adjusted, at this time, based on this change. Departments need to execute staffing that meets established staffing plans. Staffing is the responsibility of the unit nursing leadership with input from the charge nurse. Nursing leadership values the clinical expertise, experience, and leadership of the charge nurse.
- 6.) The ONA and Hospital leadership agree that any dispute about bargaining unit work will be discussed away from patient care areas, and should be discussed in a professional and respectful tone by all Parties involved.
- 7.) With this agreement, ONA withdraws the grievance over Clinical Supervisors performing bargaining unit work along with the 50% charge nurse patient assignment grievance. If future incidents of Clinical Supervisors or non-bargaining unit caregivers performing ONA bargaining unit work occur, the Association will discuss the problem with Hospital nursing leaders, and may file a new grievance if the issue is unresolved.

  
Alison Hamway  
Labor Relations Representative



Bob Gomes, FACHE  
CEO Bend & Redmond Hospitals