



Oregon Nurses Association
Bargaining Unit Newsletter

May 8, 2015

St. Charles Medical Center - Bend Bargaining Update 6

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Sixth Negotiation Session Completed May 5

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The sixth bargaining session was held May 5, 2015 and resulted in three tentative agreements. We continue to have good discussions that are focused on issue resolution. This week we went back to discussing non-economic proposals.

The day began with St. Charles Health Systems (SCHS) presenting counterproposals to many of ONA's initial language proposals as follows:

- SCHS agreed to increase the maximum amount of their share of the cost of printing the contract from \$2,500 to \$5,000 in a package that was tied to ONA agreeing to include the SCHS logo as well as their vision, mission and values statement in the contract (Article 2.6)
- SCHS proposed altering language from "suspension" to "administrative leave" pending an investigation but did not agree that such a leave would be paid time unless the nurse was exonerated (Article 5.1.6). This proposal was presented in a package that included ONA's withdrawal of our proposal for new language that would not allow the hospital to discipline a nurse based solely on data from a time entry or nurse locator system, including attestations (New 5.1.7).

This Article 5 package also included SCHS withdrawing their proposals altering an introductory nurses ability to file a grievance on matters other than discipline or discharge (Articles 5.2.1, 5.2.2)

- The hospital presented a package counterproposal on Article 7 with included altering the payroll definition of a workweek and removing the cap on posting variable shift positions.

The package also included the addition of two sentences regarding Rest and Meal Periods stating "The Hospital, the Association and the bargaining unit nurses have a mutual interest in nurses taking their meal and rest breaks. The Parties further stipulate that providing the opportunity for breaks is the Hospital's responsibility and taking breaks is the nurse's responsibility." Their proposal also included language allowing units to request a self-scheduling trial period which shall be reviewed and granted or denied by the Staffing Committee.

The hospital is still seeking to increase relief nurse's minimum hours by one shift (four shifts for 12 hour RNs, five shifts for eight hour

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RNs) but would withdraw their proposal to mandate five standby shifts. They are willing to include LOA 2 language regarding position review into the body of the contract in Article 7. This package also included the addition of a line in Article 7.16 stating “If a nurse volunteers to cross train to another unit outside their specialty, they may be required to float out of turn for a period of 12 months.” (Article 7.1, 7.2.1, 7.7, New 7.8.1, 7.11.1.1, 7.11.1.6, 7.14, 7.16)

- SCHS agreed to change the language regarding military leaves to allow for mandated military leaves that are longer than two weeks’ time and change “vacation time” to earned time off (“ETO”) for consistency (Article 10.2) .
- The hospital provided a complete package counter-proposal on Article 11 which included their agreement that relief nurses returning to a regular position would be credited one year of seniority for every 1800 hours worked, rather than the current 2,080.

The order of call-off would have Shared Nursing Pool nurses called off second, after Agency Nurses only. SCHS included language ONA proposed regarding a nurse’s status during a mid-shift cancellation which would allow for a process mirroring current language regarding a nurse’s status prior to the start of a shift. This change would increase the number of nurses who could be placed on mandatory standby, if there are no volunteers, when cancelled for low census from one to two per unit.

The proposal also included moving the language of LOA 14 Voluntary Low Census Call Off (HR) into Article 11.11.1. It also altered language requiring call-off statistics to be a standing agenda item at monthly Labor Management Committee (LMC) meetings to instead be provided to ONA upon request and reviewed at LMC when/if needed (Article 11.1, 11.11.1, 11.11.3).

- SCHS presented a package proposal on Article 13 which would allow a nurse to elect to utilize leave without pay instead of ETO once a year for one day

of an educational conference in exchange for ONA’s withdrawal of language which would have had Unit Practice Committee’s creating a standard unit orientation plan (Article 13.3, 13.7).

- SCHS proposed an Article 14 package which updated who the PNCC will make referrals to. Since the Clinical Practice Committee no longer exists, the PNCC would make suggestions to the Bend Nursing Director Group. The package included their agreement to add language to provide for 24 hour access to storage space, a locked file cabinet and computer with appropriate programs for the PNCC. This proposed package included that ONA would withdraw our proposal to include language from the Nurse Practice Act regarding a nurse’s right and responsibility to refuse an assignment for which they feel they do not have the knowledge, skill and ability to safely perform and protecting them from retaliation when they refuse an assignment for these reasons. The package also sought ONA’s withdrawal of language requiring reasonable recommendations by the PNCC be implemented (Article 14.5, 14.10, 14.3.1, 14.4).
- The hospital considered ONA’s proposal regarding the need for increased locker storage and agreed to include language that they will “continue to evaluate” and “seek opportunities for additional locations and total number of lockers available” (Article 16.3).
- Presented an updated LOA 22 Operating Rooms Mandatory Standby which clarified some coverage times and affirmed that call team members would be on standby every 4-6 weeks (LOA 22)

Our ONA team presented some language counter proposals as well:

We essentially agreed to allow for a paid administrative leave only if the nurse is exonerated but wanted to include a line requiring the hospital to make every effort to conclude their investigation within 14 calendar days.

We maintained our proposal that nurses not be disciplined based solely on time entry or nurse locator systems, including attestation forms. These items were

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packaged with SCHS' withdrawal of their proposals related to introductory nurses (Article 5.1.6, 5.1.7, 5.2.2, 5.2.1).

- ONA presented a counterproposal related to the grievance procedure. We proposed the addition of a line regarding intent which states "it is the intent of the parties that grievances be heard by a different hospital representative at each step of the process" and agreed to continue to allow a designee to hear the grievance at Step 2 but only if the designee is a nurse leader. We maintained our position that Step 3 grievances should be heard by the CEO and not a designee (Article 6.1, 6.3).
- We proposed the addition of a line regarding requesting and granting ETO which would require each unit to define how many nurses can be off on ETO at any given time based on the accumulative annual ETO accruals of nurses on that unit. This language would also require the hospital to provide nurses with the opportunity to take their annual allotment of ETO (Article 9.6).
- Our ONA team provided a comprehensive response to the Article 11 package proposal that SCHS presented earlier in the day. We essentially agreed to their proposal (see above) with the addition of new language stating that "the Hospital and Association shall collaborate to develop protocols for the staffing office to utilize in order to ensure that the Agreement is being implemented as intended." (Article 11.1, 11.11.1, New 11.11.5).
- We provided a response to SCHS' proposal on Article 13 which would allow a nurse to elect to utilize leave without pay instead of ETO for conference days that otherwise would have been days worked once per year. This package response also maintained that each unit, but not necessarily the UPC, shall develop a standard orientation plan which would be reviewed by the PNCC (Article 13.3, 13.7)

In our response to SCHS' Article 14 package, ONA maintained our proposal related to a nurses right and responsibility to refuse an assignment they feel they

do not have the knowledge, skill or ability to perform and that there would be no retaliation if a nurse did so. We modified our proposal requiring that reasonable recommendation by the PNCC be implemented to allow the Bend Nursing Director Group to determine whether a PNCC recommendation is reasonable prior to implementing. With these changes and the rest of SCHS' proposed Article 14 package, ONA would agree to withdraw new language we were seeking regarding allowing a nurse to refuse to work if they felt the work was unsafe in Article 12.7 (Article New 14.3.1, 14.4, 14.5, 14.10).

ONA proposed an updated version of LOA 22, Operating Rooms Mandatory Standby which essentially reflected SCHS' proposal with the addition of one sentence stating that "no nurse shall be required to be on standby or called in more frequently because they are able to perform both the scrub and circulator role." (LOA 22)

By the end of the session, we had reached three tentative agreements:

- Agreement was reached to include the SCHS Logo and print their Vision, Mission and Values statement in the contract with the hospital agreeing to increase the maximum amount they will pay for half the printing cost up to \$5,000. (Article 2.6)
- We agreed to change the language regarding military leaves to allow for mandated military leaves that are longer than two weeks' time and change "vacation time" to "ETO" for consistency (Article 10.2).
- The addition of the line "The Hospital will continue to evaluate locker storage for the nursing staff and seek opportunities for additional locations and total number of lockers available" is a tentative agreement (Article 16.3).

If you have any questions, comments, or considerations for your ONA bargaining team don't hesitate to contact any of the staff nurse representatives or the ONA Labor Representative, Courtney Niebel at Niebel@OregonRN.org



Build Your Leadership Skills in a Cohort of ONA Members

*Have you considered building your advocacy skills
for the nursing profession?*

ONA has developed a new program
to help you do just that!

Cornerstones of ONA's Nurse Leadership Institute (NLI) include:

- *Motivating leaders to be catalysts for positive change*
- *Strengthening collaborative leadership skills*
- *Enriching and renewing personal values by deepening understanding of oneself and others*
- *Providing challenges and supportive encouragement during the leadership journey*

The first "class" of the NLI will be limited to no more than 25 participants, allowing for an intimate setting and hands-on instruction. An intensive, unique leadership program, built on an evidence-based leadership model, NLI will help you develop and strengthen vital skills needed to advance the nursing profession.

In seven seminar segments, taking place over a seven month period, you will learn to:

- *Expand your self-confidence about your leadership ability*
- *Manage politics ethically through collaboration*
- *Enhance critical and reflective thinking*
- *Develop the ability to take thoughtful and meaningful risks*
- *Integrate the Code of Ethics for Nurses into your leadership practices*
- *Address real-time issues with colleagues*
- *Become a leader in ONA and an advocate for the nursing profession in your workplace, your community and throughout the state*

In order to best apply and integrate the information from the NLI, each participant will work on a real-life action learning project. Cohorts in groups of three to five Institute members will meet between the seminars for ongoing development and growth.

NLI participants will also be paired with a mentor who will help them apply their knowledge and learning, provide additional exposure to the nuts and bolts of leadership, and increase their understanding of the complexities and opportunities that ONA leaders experience.

For more information including dates, times and the application process, please go to ONA's home page www.OregonRN.org and click on NLI Institute on the bottom half of the page.

Deadline for applications is Wednesday, June 3, 2015. Participants will be selected on July 1, 2015.