

June 20, 2014

Sacred Heart Medical Center Negotiating Committee

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Lynda Pond, RN, LDR
Suzanne Seeley, RN
Mother Baby
Nancy Deyhle, RN, ICU
Kevyn Paul, RN, ED-UD
Beth Harvey, RN,
Float Pool
Kim Stroda, RN,
7 Surgical
Erin Smiley, RN,
8 Medical
Kellie Spangler, RN, OR
Annie Maguire, RN,
Regional Infusion Center
Laura Lay, RN, Mother
Baby - Alternate

Sacred Heart Home Care Negotiating Committee

Billy Lindros, RN
Hospice
Phil Zicchino, RN
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Nurse Staffing Concerns Remain Unresolved

The Oregon Nurses Association (ONA) team has been hard at work, with negotiation sessions June 5, June 12-13 (with a session for Sacred Heart Home Care Services (SHHCS) on the morning of June 13), and a session June 18.

We have reached agreement on all of the Home Care-specific bargaining proposals (see page 5).

Recently, hospital administration attempted to muddy the waters by sending an email directly to ONA's members about bargaining. While that memo seems to suggest a resolution is near, **the truth is that we're still far apart on many important articles, including those related to safe staffing at the medical center.**

Management is proposing a three-year contract with 1 percent wage increases each July; no increases in differentials; no improvements to the health insurance plan and language changes in the retirement provisions, setting the stage for potential system-wide changes.

Other big issues include:

Appendix B – Scheduled Time Off: The employer wants nurses who are out on

worker's compensation and/or Family Medical Leave to be counted in the number of nurses allowed time off. This proposal would apply to nurses at both Sacred Heart Medical Center (SHMC) and SHHCS.

In spite of claims that they want to achieve Magnet Status, management has proposed no additional funds for **tuition reimbursement, education or advanced education pay.** Instead, they are talking about conducting a "fundraising" effort for **scholarships** that would be available to all caregivers. ([click here to see Article 16 proposals in our online tracking document](#)).

Regarding **Low Census**, management wants agency or travel nurses to keep working while Sacred Heart nurses get low-censused. Management also wants to put nurses that are low-censused on call for their entire shift, instead of just the half shift we have in our current contract. ([see Article 14 proposals in the online tracking document](#))

There's been some movement from both sides on the **Per Diem proposal (3.6)**, providing more flexibility for per diems to meet new availability requirements than in management's initial proposal. The ONA team is still working to ensure these changes don't negatively impact current per diem nurses.

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Staffing Concerns Remain Unresolved *continued from page 1*

June 18, following testimony by nurses on the ONA team about the negative impact on weekend scheduling for night shift, the employer agreed to withdraw their **proposal to change the definition of weekends** to Friday at 2300-Sunday at 2330. The employer also withdrew their proposal to allow for posting of variable shift positions, which was another area of concern for the ONA team.

Regarding **Staffing Request and Documentation Forms (SRDFs)**, we have had continuing discussion about the importance of them as a way to document staffing problems. For much of the first half of bargaining, the employer was dismissive of SRDFs (see “**Management Dismissive of Nurse Staffing Complaints**” from **Bargaining Update 4**).

Due in large part to testimony by nurses at the table and activity in the workplace, management acknowledged June 5, the importance of SRDF forms in communicating staffing problems. They told the ONA team that they are renewing their commitment to requiring managers to provide written responses to the forms within 30 days of submission.

While we think this is a victory for nurses, there are a still more details to work out.

Article 16.2, which discusses in-service and staff meetings, has become a source of difficulty in bargaining. The employer proposed changing current contract language so that nurses would only be paid for the length of a meeting (our current contract language provides nurses with two hour minimum pay to participate). This helps to offset travel time many nurses incur when traveling in on a day off). During our June 18 session, the employer told the ONA team that, going forward, they intend for units to hold monthly staff meetings. They also said that they are considering making those meetings mandatory.

ONA team members asked whether “Excellence Forums” would continue. The management team was non-committal, but the ONA team has no reason to believe John Hill would not continue to hold these forums (or something similar). With that taken into consideration, **it’s possible that the employer could require nurses to attend 16 mandatory meetings a year, with only one hour of pay/meeting to compensate nurses who travel in on days off to attend.**

Management is still proposing **changes to the retirement language, asking for the ability to bargain yet-to-be-determined changes to the retirement plan at a future date**, outside of normal ONA contract bargaining. The employer has cited the use of an actuary to determine whether changes would be needed.

ONA has questioned why an actuary would be needed when the current plan is a defined contribution plan (rather than a defined benefit) and has a predictable cost. ONA made the point that with the recent significant overhaul of the health insurance plans and poor scores on “caregiver satisfaction” surveys – threatening to change the retirement plan adds to employee dissatisfaction. Furthermore, removing this article from normal contract bargaining would mean nurses have less leverage to resist employer take-backs.

Regarding **Educational Days and Expenses (16.3)**, the employer still wants to take a sizable portion of our contractually-protected education funding (up to \$38,000) for use in employer-directed Shared Governance Councils. This represents 20 percent of our total education dollars, and would only benefit a small number of nurses who take part in these Councils (the employer estimates there might be 40-50 RNs total in these councils), rather than the current allocation, which is available to all ONA represented RNs.

During our session on June 18, the ONA team confronted administration about nurses being asked to remove green ONA RN placards from behind their name badges. The employer had asked ONA team members to remove these placards, and we had heard rumors of nurses throughout the facility being directed to remove them by managers because they violated hospital policies.

ONA requested a copy of said policies and could not find any language that specifically banned the ONA RN placards. There was also no language requiring nurses to wear blue RN placards. The employer has said that patients and family members could become confused by the green ONA RN placards, and the blue RN placards that some nurses were given as a Nurses Day gift several years ago.

To our knowledge, new RNs are not given blue RN tags as part of their uniforms, nor does the current policy specifically address the use of ONA green RN placards. **The ONA**

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Staffing Concerns Remain Unresolved *continued from page 2*

team is concerned that this crackdown by the employer is happening during contract negotiations and seems to have no legitimate basis in policy.

On a related note, **ONA has filed an Association grievance in response to the employer's refusal to send ONA emails out via hospital intranet** (see "Change in Administration Email Policy" in Bargaining Update 2).

ONA has sent electronic messages to ONA-represented nurses for as long as anyone can remember, and we have language in our contract that protects our right to

communicate with nurses. The first grievance meeting the is scheduled for June 26 with Aron Gladstone, Director of Human Resources.

Our final session of negotiations before contract expiration is scheduled at RiverBend for Monday, June 30 in room 200EB. The ONA team will be presenting a comprehensive economic proposal and continue our discussion on other important proposals regarding staffing, work life balance and education. **Nurses are invited and encouraged to attend.**

SHHCS Team Wraps up Agency Specific Proposals

The Sacred Heart Home Care Services (SHHCS) bargaining team met with administration May 8, May 30 and the morning of June 13 to discuss contract issues specific to Home Health, Hospice and Home Infusion.

The teams were able to reach tentative agreements on all of the Home Care Services-specific proposals the morning of June 13.

Important highlights include:

Preserving Current Per Diem Nurse Requirements and Pay Management withdrew their proposal for creating three tiers of Per Diem nurses (with new differentials ranging from 0-20 percent) and acknowledged that the current per diem system and requirements have worked well for Home Care Services. The employer is still maintaining a Per Diem proposal at the medical center, however.

Creation of a Staffing Taskforce Management agreed to a new Staffing Task Force that would make recommendations to the agency regarding a staffing system that takes into account case management functions, caseloads, geographic efficiencies, care coordination, admission visits, complex visits, routine visits and complexity of patients for Home Health and Hospice. Two nurses from each program will participate in the Staffing Task Force, along with four management representatives.

Increased paid time for the Professional Nursing Care Committee (PNCC) The committee has put in a lot of effort into increasing nurses' access to education funds, and enhancing the committee's visibility and commitment to improving nursing practice at Home Care Services. The

negotiating committee was able to increase the hours of paid time to committee members from 60 to 80 hours annually.

Standardizing pay and benefits for the on-call positions in Home Health, Hospice and Home Infusion The ONA team was happy to get alignment in key areas for on-call nurses in these three program areas. We achieved most of our goals in this negotiation, ensuring that all positions will receive the same differentials. Achieving equity between these positions is vital to helping with recruitment and retention of nurses.

The ONA team withdrew our proposal to eliminate the use of Kronos to input hours of work. This was a tough issue for our team as we still think that the new timekeeping system is problematic for SHHCS – especially for nurses who work in the field. The ONA team was told by agency timekeepers that they would not be able to take on the added duties of entering nurses' time into the Kronos/My Time system. The employer said they believed the "glitches" were being worked out over time and that less time was being spent by managers and support staff in entering exceptions into the system.

Appendix B (Paid Time Off) and the definition of core staffing have been moved to the joint negotiations. Management still wants to limit the number of nurses who can get time off by counting nurses out on Family Medical Leave Act (FMLA) or Worker's Compensation as part of the number of nurses who can get time off at each level of core staff.

Work will continue on Appendix B as well as on issues related to wages and benefits during negotiations June 30.

The RN's Perspective from a Staffing Committee Member



My name is Cheryl Brewer and I have been a nurse for 14 years, all of which have been dedicated to OHVI5 here at SHMC. **I serve on the hospital staffing committee and read all the ONA SRDF's nurses submit. It is a troubling trend that in this past year we have been chronically short nurses and CNA's.**

I have filled out my share of SRDFs. I do so not because I miss a break, but because after unsuccessfully trying to problem solve with

management over insufficient staffing, the patients I care for are not receiving the care needed. We often go without sufficient ancillary staff. This also includes sitters. In the bigger picture, the fact that this happens on other units affects the patients in our department as well. For example, there are not enough ICU nurses scheduled or ICU beds to accommodate patients that need to be transferred from our department, when a higher level of care is needed. When this happens, patients belong on ICU, not OHVI5. **This means our patients do not receive the critical care required because there was simply not enough staff to provide it.**

I am very concerned about the staffing situation I am experiencing first hand. But more alarming than this is that **these are not isolated instances.** Many nurses are seeing our patients put at risk, particularly on nights and weekends. **I am perfectly willing to work hard for my patients. I just ask that we all have the minimum staff needed to keep them safe.**

Sincerely,

Cheryl Brewer (OHVI5)

CVOR Nurse Testifies on Potential Impact of Management Proposal

Gisela Garcia, RN, Cardiovascular Operating Room (CVOR), was invited by the ONA team to visit negotiations and offer feedback to the administration about their proposal in Appendix K stating that CVOR nurses may be required to float to other units when low-censused.

CVOR is a small unit, and the 10 nurses who work there are disproportionately impacted by the amount of call they are already required to take. In fact, CVOR nurses took more than 10,000 hours of call in 2013 alone – approximately 1,000 hours of call per RN in the unit! Management also proposes taking

away increased call pay when nurses work over 96 hours in a cycle.

Management's current proposal would require these nurses (many of whom have had long careers in nursing and are in their 60s and 70s) to be oriented to float to other units when low-censused.

Garcia provided moving testimony in bargaining about how the employer's proposal could impact nurses who work in CVOR, and discussed how the proposal would impact the quality of care for patients.

Requiring CVOR nurses to float to other units would prevent them from

being available to assist in cardiac emergencies when needed. These highly specialized nurses receive a guarantee of 85% of their pay to be available even when low censused.

Garcia warned that orienting nurses from CVOR (many of whom are close to retirement) to other units would be a foolish waste of hospital resources and could prove dangerous for patients. She asked, "What happens when a heart is open and we are unavailable because we're floating to another unit? I don't want to be part of that experiment – it scares me to death."

Thank you, Gisela, for coming to share your expertise!

Employer Asks ONA Team to Sign Non-Disclosure Agreement before Sharing Oregon Health Authority Findings

As part of our effort to address nurse staffing concerns through bargaining, the ONA team has requested a copy of the Oregon Health Authority (OHA) report that contains the results of an investigatory audit conducted this spring. The audit was triggered in part after several nurses filed complaints (November 2013) with the OHA, alleging that the medical center violated portions of the Nurse Staffing Law.

We think the findings of the report, along with the employer's proposed plan of correction, are important tools for the ONA team to effectively address staffing issues in our negotiations.

The employer initially refused to release the documents to the ONA team unless we agreed to sign a Non-Disclosure Agreement (NDA), promising not to share the document with nurses until the report is made public (within 90 days from the date of the audit).

The ONA team thinks it's important for nurses to know more about the OHA's findings and the employer's plan of correction. We also think it's wrong to prevent the ONA team from sharing important information related to bargaining from our membership. Our team relies on feedback from nurses to help us identify

the most effective solutions to the problems we face. We can't do that if we're prevented from sharing data with our members.

The ONA team pushed back and stated that we thought it was important to be able to "discuss and disclose" information in the report with our members. Management came back with a revised version of the Non-Disclosure Agreement at the end of our June 18 negotiations. The team is reviewing that document to see if we can reach agreement on the terms of securing this important information.

Stay-tuned as we push forward on this issue.

Critical Shift Incentive (CSI) and On-call Called In Incentive Plans Discontinued by Management Effective June 15, 2014

The Association was given notice that incentive plans would be discontinued shortly after negotiations began (April 30). We expressed serious concern about this decision to management. With summer approaching, more nurses out on Paid Time Off (PTO), and staffing problems unresolved, we asked management how they planned to safely staff the medical center. They said they had a new incentive plan and we would get notice of that plan soon. The ONA team proposed new incentive plans that would be a permanent part of the contract, similar to most other ONA and PeaceHealth contracts.

June 3, we received a copy of the new incentive plan that management had developed.

The new plan is called Compensation for Extra Shift (CES). The pay is \$10 an hour over a nurse's regular hourly wage. The plan has many exceptions including a new exception – once a nurse is eligible for federal overtime or other premium or call pay, the CES pay would be discontinued. Here's an example of how the new incentive plan would work. In the Intensive Care Unit (ICU) where most of the nurses have a .9 FTE and they work 12 hour shifts, if a nurse were to pick up a CES shift

they would only receive the CES pay for 4 hours of that shift because at 40 hours they are eligible for federal overtime. Nurses who sign up for a CES shift and then get called for jury duty or even worse, need to use bereavement leave in that pay period, would lose the \$10 incentive pay, even after working that shift – based on something outside their control. ONA was able to convince management to remove those two exceptions for the CSI pay but they've brought them back for this new plan. We will continue to negotiate for a fair incentive plan without these exceptions.

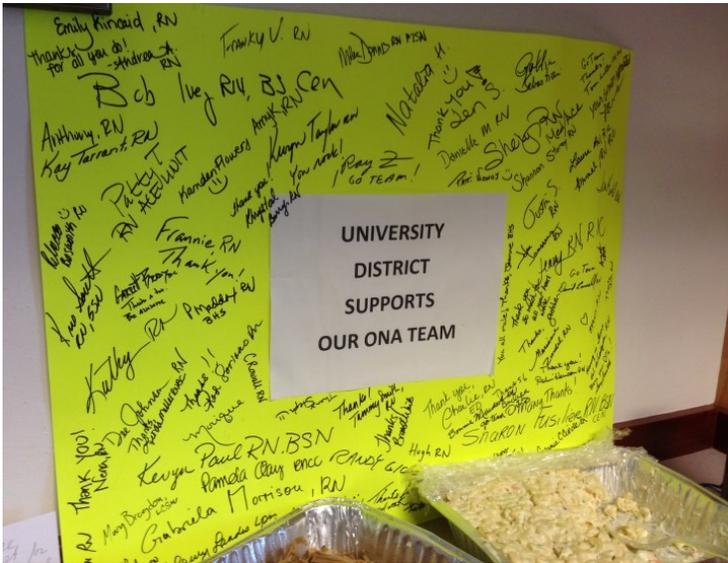
Home Care Services Bargaining Update Meeting

The SHHCS bargaining team has reached tentative agreement on the contract proposals related to Home Health & Hospice Care Services. Join us at this update meeting to learn more about the tentative agreements and to find out what's on the table in joint negotiations for wages and benefits.

Wednesday, June 25

4:30-6:00 pm

Juanita Fix Room – Pizza Provided!



Sign the Petition for Safe Staffing!

The ONA Team is collecting signatures on a petition in support of staffing issues at Sacred Heart, in hopes that it will encourage Sacred Heart Medical Center (SHMC) and Sacred Heart Home Health Care Services (SHHCS) administration to engage in a multifaceted, nurse-driven solution that provides:

- Resources to ensure safe and quality patient care
- Assurance of Meal and Rest Breaks
- Respect for and value of our commitment
- More than just promises of collaboration and shared governance

Do you need petitions? Have some to turn in? Would you like to know whether others in your unit have signed yet?

Please contact Lydia (hallay@oregonrn.org) or Dan (abernathy@oregonrn.org) as soon as possible.

Next Negotiation Date

Monday, June 30

RiverBend – Room 200EB

Starting at 1000

(this is the last date of bargaining before our contract expires)

All nurses are invited to observe.

Learn More about the Proposals: Attend a Bargaining Update Meeting

Newsletters like these represent a snapshot of what's happening during bargaining. Nurses who have questions about specific proposals, would like more in-depth information about what's on the table, or have suggestions for the ONA bargaining team are encouraged to attend one of the update meetings below.

RiverBend

Tuesday, June 24

Room 200CD

0745 - 0900

1315 - 1430

1545 - 1700

University District

Wednesday, June 25

Siskiyou Room

(4th floor in the Support Services Building)

0745 - 0900

1315 - 1430

1545 - 1700

Thanks for Lunch!

Thank you to nurses in the following units for providing lunch to the ONA team during bargaining. Your support means so much!

June 5 – OHVI 4 & Constituent Association #5

June 13 – 7 Surgical RNs

June 18 – University District RNs