

July 29, 2014

Sacred Heart Medical Center Negotiating Committee

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Lynda Pond, RN, LDR
Suzanne Seeley, RN
Mother Baby
Nancy Deyhle, RN, ICU
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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

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Tentative Agreement Reached

Our ONA Team is pleased to share that, after back-to-back 14 and 16 hour mediation sessions, we have reached tentative agreement with Sacred Heart over a new contract for both Sacred Heart Medical Center and Sacred Heart Home Care Services.

We achieved significant victories in this agreement, both in staffing and economics, and the team will be recommending it to members for approval.

However, we also want to acknowledge that, as we've said from the beginning, the issue of staffing is complex. While we think we've made solid gains in this agreement that will go a long way towards ensuring safer staffing at Sacred Heart – our work on this matter will continue, at the unit level, in our Staffing Committee, in our PNCC, through Labor Management and in the Legislature.

As for our agreement, we'll be sharing lots more information over the next week as we prepare for a ratification vote. We'll be holding informational meetings, putting

together detailed handouts, posting a full copy of the Tentative Agreement on ONA's website and engaging in discussions about how the new agreement will help to improve our staffing concerns – both short and long-term.

Before all of that, we wanted to share some of the key victories our team feels most proud of:

Staffing:

Meals and Breaks. Unit Councils will review their meal and break plans, including data on missed meals and breaks in the unit, and modify their plans to ensure that nurses are getting their deserved meals and breaks.

The plans may include the use of short shift positions or positions with alternate start times above the unit's core staffing to facilitate meals and rest periods. In addition, the Medical Center will make a reasonable effort not to regularly assign charge nurses or facilitators a primary patient assignment.

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Drop-In Information Sessions
RiverBend Wednesday, July 30,
0730-0900 and 1330-1700 & tabling from 0900-1330
in the Private Dining room on the Second Floor near PRN

Tentative Agreement Reached – Our Key Victories *continued from page 1*

Incentive Pay. Improving the Compensation for Extra Shift (CES) pay enhancement plan and securing it in the contract. CES will now be \$12.50 per hour above straight time and can no longer be “turned on or off” by the employer. CES will now be paid on top of Federal Overtime – this was a particular problem for units that had many nurses with a 36 hour/week FTE.

Additionally, CES guidelines have now been amended to remove some of the “loopholes” and include the following activities/capacities as counting towards Full Time Equivalency (FTE):

- Bereavement Leave
- Jury Duty
- Holiday not worked due to unit closure
- Low Census (Voluntary and Mandatory)
- UBC/Shared Governance Council/Committees

Voluntary On-call for Med/Surg Units.

Implementation of a new, 90-day voluntary on call pilot program that will cover the five medical/surgical units of Ortho, Neuro, 7 Surgical, 7 Oncology & 8 Medicine.

Guidelines for this program will be jointly developed with participation of three nurse representatives from the ONA bargaining team and will be modeled after programs currently in place in ICU and Women’s Services units. These units have not traditionally utilized call shifts. Nurses who are oriented to these units, including the Float Pool, will be able to sign up for call to help staff these units and adhere to the Oregon Staffing Law.

Super Float Pool. Attracting qualified nurses to the new Super Float Pool is an integral part of improving staffing. We were able to secure a differential of \$2.00 per hour to nurses in the Critical Care Super Float Pool who have completed their orientation. Float pool differentials are rare among hospitals in Oregon, and although this particular provision is limited to Critical Care Super Float Pool nurses now, we believe this differential will help recruit and retain nurses in the Float Pool and hope to achieve a similar differential for the Med/Surg Float pool and Critical Care House Floats that are essential to a successful implementation of the new staffing model.

Floating and Orientation. We secured language that improves orientation for nurses into float units, provides adequate orientation for Super Float Pool RNs and honors the nurse’s judgment regarding the safety of a float assignment.

Per Diem RNs. SHMC plans to increase the number of per diem positions to help with staffing. We worked together to create a plan that is based on availability of the nurse rather than shifts worked. The new language has two differentials for per diem nurses – 15% or 20% based upon availability but also keeps the current per diems at their differential rate (if higher). The goal of the higher differential is to provide incentive for picking up weekend and holiday shifts.

SRDFs. Thanks to all of you, we were able to convince management of the importance of SRDFs in documenting staffing concerns and they renewed their commitment to responding to staffing concerns raised by nurses in writing within thirty days of the filing of the form.

OTHER VICTORIES:

Retirement. No changes during this contract! We got the employer to drop their proposal to bargain our retirement plan mid-contract. This is a huge victory for us.

Paid Time Off. We got the employer to withdraw their proposal to include Family Medical Leave (FMLA) and Worker’s Compensation leave in the minimum numbers of nurses allowed off on Paid Time Off (PTO) from a unit.

Low Census. We maintained current language on call for low census so that nurses may only be required to be on call for half a shift if mandatorily low-censused. The Medical Center also withdrew their proposal to low-census Sacred Heart RNs ahead of Travelers. We added language allowing for volunteers to be low-censused first if a traveler is working on the unit. Nurses in the Outpatient Endo Clinic will remain included in the mandatory low census maximum protections.

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Tentative Agreement Reached *continued from page 2*

Name badges. We finally got the employer to agree to issue new name badges with credentials to nurses who request them.

Education funds. We preserved the integrity of our education funds (the employer wanted to use up to 35 % of these funds for Shared Governance activities). We did agree to a maximum of six mandatory meetings a year with a minimum of one hour pay (rather than two) as a compromise to maintain our education funds.

Surgical Services.

- We stopped a proposal by the employer to change call exemption in OR, PACU, and Cath Lab to 15 years AND 60 years of age (as opposed to just 15 years) and reduced the call requirement to 32 hours per cycle for nurses who take call. We also were able to reach agreement on mandatory call pay for two hour voluntary call shifts.
- We also stopped a proposal by the employer to force Cardiovascular Operating Room (CVOR) nurses to float to other units after raising patient safety concerns.

Email. We will be able to use Sacred Heart's email system to send out links to the ONA website and information about meetings, elections and so on. The only exclusion is email that is "inflammatory or offensive."

Wages. We agreed to a two-year contract with across-the-board 2 percent cost of living adjustments on the first full pay period following: July 1, 2014 (retroactive) and July 1, 2015. We were also able to change the movement in the pay steps so that nurses now will move through steps 1-7 after one year of service (currently steps 1-6) and added a top step for nurses (Step 16) that is 2.5 percent above Step 15. Nurses will move to that step after three years at Step 15.

These victories could not have happened without the unprecedented level of support and activity nurses have demonstrated since we began this process in April. The timing of our vote to support informational picketing was such that, in the middle of mediation on Wednesday, our team was able to announce to the employer that of the nurses that voted – 96 percent of them voted in favor of picketing if we did not reach agreement.

This, combined with the many other activities nurses participated in over the last few weeks, is ultimately why we've won the agreement we have.

You all did this. And as we move forward, we'll all need to continue that level of care and engagement – both to ensure we're enforcing the new contract we've worked so hard for – and to improve Oregon's Staffing Law in the State Legislature next Spring.

Nurse Actions Propelled Bargaining Process Forward

Our tentative agreement is the result of hard work by both the ONA bargaining team and by nurses who participated in activities to support safe staffing and these negotiations. Over the last few months, nurses at SHMC / SHHCS:

- Took the pre-negotiation survey in record numbers, providing our bargaining team with ideas for contract proposals and the statistics/data to support them
- Quietly and respectfully alerted patients and their families of our commitment to improve staffing by

wearing "Protecting our Patients and Our Practice" buttons at work

- Documented cases of unsafe/insufficient staffing by continuing to fill out SRDF forms, even when (at times) it felt pointless to bother doing so
- Showed our ONA team and the Hospital Administration that you were paying attention to negotiations by taking time to show up and observe sessions.

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Nurse Actions Propelled Bargaining Process Forward *continued from page 3*

- Made posters of support for our team, which were displayed around the room during negotiations and reminded the employer of our commitment to safe staffing
- Collected more than 800 signatures on our petition, which was delivered by a delegation of 50 RNs to CEO John Hill
- Offered testimony at the bargaining table to help support our proposals
- Helped our ONA team feel supported and nourished by bringing food, snacks and refreshments to get them through the long days
- Turned out by the dozens to speak with state officials during their investigation of Sacred Heart staffing violations
- At ONA Nurse Appreciation Day, shared our concerns with elected officials and alerted them to the problems with staffing
- Signed up to be Contract Action Team members; collected home email addresses from our colleagues; helped to distribute information at work; called, texted and posted info on Facebook to make sure that your coworkers had the information they needed
- More than a hundred of us participated in an action meeting with our bargaining team to discuss informational picketing
- When our bargaining team asked for more support, we voted overwhelmingly (by 96 percent!) to authorize informational picketing if needed

Our contract bargaining is coming to an end, but we'll need help from everyone to enforce the agreement we've worked so hard to achieve. Stay-tuned for information about ways to get involved. Meanwhile, ***thanks for your hard work!*** We showed Hospital Administration that ***when nurses stand together, nothing can stop us!***

Contract Ratification Vote and Information Sessions

There are two ways to vote on the contract on-line and in person

You can vote in person and ask questions of team members:

Tuesday, August 5 – RiverBend (outside PRN)

0730-0900

1100-1445

1530-1700

Online voting link for SHMC

OregonRN.org/?86

Wednesday, August 6 – University District

(1 Main)

0730-0900

1100-1445

1530-1700

Wednesday, August 6th – Home Care Services

4:30-6 p.m. Juanita Fix Room

Online voting link for SHHCS

OregonRN.org/?85

On-line Voting is open from 8 am Tuesday, August 5 through Wednesday, August 6 at 8 p.m.

The entire Tentative Agreement (TA) will be posted on-line by Thursday, July 31 and copies will be available at the information sessions.

Our ONA Teams Thank You for Your Support

Sacred Heart Medical Center

Pam Van Voorhis

Lynda Pond

Nancy Deyhle

Suzanne Seeley

Kevyn Paul

Annie Maguire

Kellie Spangler

Erin Smiley

Beth Harvey

Kim Stroda

Laura Lay

Sacred Heart Home Care Services

Billy Lindros

Susan Walters

Phil Zicchino

Terri Dean

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