ONA
Oregon Nurses Association
Bargaining Unit Newsletter
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Sacred Heart Medical Center (SH) and Sacred Heart Home Care Services (SH-HH) Newsletter

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Implementation of new Per Diem Contract Availability Requirements and Pay Changes Begin at SHMC

Letters are being sent out this week to per diem nurses to notify them about changes in contract language. Per diem RNs are being asked to identify whether they want to be a Per diem I (15 percent differential) or Per diem II (20 percent). Nurses are to let their manager know about their decision by Friday, Sept. 26. After that date, nurses will be asked to submit their availability to work per the new requirements but ONA does not have any details on how that will be handled at this time.

Please see our new contract language in the next column and contact your ONA Executive Committee representative or Maureen Smith, ONA Labor Representative with any questions or concerns. Remember, if you were a per diem nurse prior to June 30 and were receiving a 16 or 18 percent differential, you will be grandfathered in at that rate for meeting the requirements of the Per diem I.

Contract Language:

3.6 Per Diem Nurse. *A nurse employed to work on an intermittent basis to supplement the regular work force on a scheduled or unscheduled basis. Per diem nurses will be placed on the schedule when initially posted only to cover for unfilled, posted positions or for absent nurses. They must submit their availability dates by email to their home unit fourteen (14) days in advance of the posting of the schedule. A nurse must remain available, until the schedule has been posted, on the dates of availability the nurse has submitted in accordance with the requirements below.*

3.6.1 Per Diem I. *A nurse will be classified as a Per Diem I nurse and will receive a pay differential in lieu of benefits of fifteen percent (15%) of the nurse's straight hourly rate if the nurse*

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Implementation of Per Diem Pay Changes *continued from page 1*

agrees to meet the following requirements of availability for work:

a. *Twelve (12) shifts for every designated period of three (3) consecutive four (4) week work cycles (herein "Designated Period");*

b. *Six (6) weekend shifts among the 12 shifts listed above for every Designated Period except for nurses who regularly work in units that do not routinely require scheduled weekend work; and*

One of the designated winter holidays each year.Per Diem I nurses who have been receiving a differential in lieu of benefits higher than 15% as of June 30, 2014 shall retain that higher rate as a Per Diem I nurse until they relinquish their per diem position.

3.6.2 Per Diem II. *Based on operational need as determined by the Employer, a nurse will be classified as a Per Diem II nurse and will receive a pay differential in lieu of benefits of twenty percent (20%) of the nurse's straight hourly rate if the nurse agrees to meet the following requirements of availability for work for a minimum of six (6) work cycles:*

a. *Eighteen (18) shifts for every Designated Period, six (6) of which the nurse must select from a list of available shifts designated by the Medical Center;*

b. *Twelve (12) weekend shifts among the 18 shifts referenced above for every Designated Period except for nurses who regularly work in units that do not routinely require scheduled weekend work. Those nurses who work in Mandatory Call Units (OR, PACU, Cath Lab) will be required to be available for six call shifts per Designated Period; and*

c. *One of the designated winter holidays and one of the other designated holidays each year.*

3.6.3 Assignment to home units. *Per diem nurses shall be assigned to home units, and shall be expected to maintain skills and cross-orient in accordance with Article 8.9. Nurses may be permitted, but shall not be required, to work outside of their assigned shift. Nurses may also pick up shifts in other units.*

3.6.4 PTO cashout. *When a nurse transfers from regular status to per diem status, all of the nurse's PTO shall be cashed out within one (1) year from the date of transfer.*

3.6.5 Consecutive weekend premium pay. *Per diem nurses shall not be eligible for consecutive weekend premium pay described in Article 9.4.4.*

3.6.6 Non-compliance with availability requirements. *Per Diem I nurses who do not meet their commitment to be available for the required number of shifts for at least two consecutive Designated Periods shall be subject to removal from per diem employment following one written warning administered after the first Designated Period of non-compliance. The foregoing sentence shall not apply, however, to a per diem nurse who has waived entitlement to the differential in lieu of benefits described in Section 3.6.1*

Meals and Breaks – Problems Continue

ONA has requested help from management with implementing the new Meals and Breaks language. This was one of the major victories in recent contract negotiations. Unit Councils are to develop meal and break plans that can include either a short shift nurse (s) to assist with meals and breaks or a nurse with a shift that has an alternate start time –for example,

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Meals and Break Problems Continue *continued from page 2*

1100-1930. These positions should be over the unit's core staffing.

The Medical Center also agreed that it will make a reasonable effort not to regularly assign charge nurses or facilitators a primary patient assignment, unless otherwise agreed to, so that they may assist in meal and rest period coverage; provided that this provision will not interfere with the staffing needs of smaller nursing units as determined at the unit level. The Medical Center will schedule sufficient staff to implement each unit's plan.

We know that many nurses voted to ratify this contract based on the improvements gained in this area of the contract. ONA has asked management to work collaboratively to educate the unit councils and staff about this new language and to make sure Charge Nurses and Facilitators don't regularly get patient assignments. To date, we have had no response to our requests and are considering our options for addressing this important issue.

Voluntary Call

ONA is holding two meetings to check in with nurses about the Voluntary Call Pilot project that came out of negotiations this year.

The meetings are: Thursday, Sept. 18 from 3:30-5 p.m. and Monday, September 22 from 1-2:30 p.m. – both are held in Conference Room 200 CD.

The pilot project includes the five (5) medical/surgical units of Ortho, Neuro, 7 Surgical, 7 Oncology and 8 Medicine. Recently, management decided to add OHVI 4 & 5 to the pilot as well. Float Pool nurses or any other nurse who is oriented to one of the abovementioned units is also eligible to sign up for call shifts.

Guidelines for this project are posted on the ONA Sacred Heart web page–click here

ONA wants to be sure that nurses understand the process and compensation for call and hear from you about how the pilot program is working to fill holes in the schedule. We have heard from some nurses that there was a lot of confusion about who should be called in first if more staff was needed on a particular shift. Apparently, staffing was calling all nurses in the unit to see if they could find someone to work at straight time instead of calling the on-call nurse in first. We raised this concern at the Staffing Committee meeting last week and Heather Wall agreed that was not the way it should be handled.

She sent this communication (see below) out after the meeting and agreed to communicate with Charge Nurses, Nurse Managers and the Staffing Office about this.

> *"As discussed in Staffing Committee yesterday, we will be instructing the Staffing Office and Charge Nurses to use the following algorithm for calling staff in, if needed:*
>
> *(1) availability list (non-premium), (2) on-call list, (3) calling staff not listed on either"*

Please attend one of these meetings if possible to share information about this project. ONA believes that the use of a Voluntary Call System can help fill holes in the schedule if done properly and we want to work with you and management to fix any problems so the pilot project can succeed.

SHMC Executive Committee Changes

We're pleased to announce that the new members of our negotiating committee have all decided to become members of the ONA Executive Committee. We only had four positions open on the committee, so Erin Smiley, 8 Medical, volunteered to become a member-at-large to the Committee as a Unit Rep Liaison.

Per our bylaws, we have elections for all nine Executive Committee positions in February and will likely have new members in March.

Our new ONA SHMC Executive Committee members:

- Co-Chair: Pam Van Voorhis (NICU)
- Co-Chair: Lynda Pond (LDR)
- Secretary: Suzanne Seeley (Mother Baby)
- Treasurer: Kevyn Paul (UD-ED)
- Nancy Deyhle (ICU)
- Beth Harvey (Float Pool)
- Kim Stroda (7 Surgical)
- Kellie Spangler (OR)
- Annie Maguire (Regional Infusion Center)

And Advisory Members:

- Erin Smiley (8 Medical) Unit Rep Liaison
- Laura Lay (Mother Baby) – Grievance Committee Chair

SHHCS Executive Committee in Transition

At Sacred Heart Home Care Services, we also have upcoming changes in our team members. Billy Lindros, Hospice, will be retiring in December! Billy has held a leadership role at Home Care Services for many years and will be greatly missed.

We have four positions on the Executive Committee and per the bylaws the current officers (Billy Lindros and Susan Walters) can appoint nurses to fill vacant positions until our elections in February. With the resignation of Phil Zicchino last month, that leaves three vacancies.

We'll get information out to members soon but our plan is to appoint three new members to fill out the rest of the term and Billy will remain in an Advisory Position to help with the transition.

Name badge credentials

Nurses who would like to have their credentials put on their name badges can finally do so! After years of discussions with Human Resources (HR), we finally convinced management that they should allow nurses to add their credentials (advanced degrees or nationally recognized certifications) to their name badges at no cost to the nurse. However, if you lose the badge or have a change in credentials occur within 12 months of receiving a new badge, you can be charged for the cost of the new badge. HR was not able to provide us with the cost of the name badge at this point in time but estimates it's somewhere between $5 and $10 per badge. Contact HR to get your credentials displayed and get the recognition you deserve for your hard work!

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Staffing Committee

There will be elections for the Medical Center Nurse Staffing Committee this fall. ONA is waiting for confirmation about the unit clusters for which the nurse representatives will be responsible. The Nurse Staffing Committee Co-Chairs will meet and propose units to the committee for approval at their Oct. 6 meeting. ONA will send out a nomination notice shortly after that meeting.

As you know, the work of this committee is extremely important with safe staffing as the number one priority of ONA members.

Please consider nominating yourself or a co-worker to participate in this joint committee that includes equal numbers of nurse managers and direct care registered nurses.

The committee currently meets once a month for four hours with a paid prep period that is also currently four hours. More information about the nomination and election process will be out soon.

Home Health and Hospice Staffing Taskforce

In our recent contract negotiations, the parties agreed to create a Task Force focused on reviewing and improving the staffing models used in each program. ONA did a call for nominations and several nurses stepped up and offered to be part of this vital work.

The ONA representatives selected for the Staffing Taskforce are:

- Home Care: Susan Walters and Alison Tharp
- Hospice: KC Templeton and Chris Mariska

Management representatives are:

- Home Care: Laura Helfrich and Susan Kline
- Hospice: Terrance Kinnamon and Laura Matthews (or her soon-to-be replacement)

Thank you to all who expressed interest in serving on this important committee. After an initial joint meeting, it's envisioned that the two program areas will break up into subcommittees to continue the effort.

Nurse representatives will be paid for their time in these meetings. And, the task force is expected to accomplish its work by April 1, 2015. If the task force is unable to reach a consensus in each program area, the issue will be brought to the Labor Management Committee.

This should be an excellent opportunity to work with management to address some long standing staffing issues in these two programs! We're working with administration to get the taskforce convened as soon as possible.

Possible Changes in Hospice On-Call Guidelines

ONA will be holding a meeting for Hospice nurses Wednesday, October 1, from 4:30-6 p.m. in the Juanita Fix Room.

The purpose of the meeting is to discuss potential changes in the on-call guidelines for Hospice. Human Resources contacted ONA and said that administration wanted to propose changes to the guidelines. Administrators are planning to propose including full-time nurses in the on call rotation when there is a vacancy

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Possible changes in Hospice On-Call Guidelines *continued from page 5*

in one or both of the on call positions that is going to last for more than 45 days.

ONA has a right to negotiate any changes to the guidelines (see our contract language below) and wants to discuss this with nurses, and, possibly hold a vote to adopt any changes to the current guidelines. We will also need to discuss if nurses should get credit for being on call when they get another nurse to cover their call.

8.11 On-Call Scheduling. *Written on-call guidelines shall be maintained by the Agency for each program and forwarded to the Association. The Agency shall only have the right to implement changes in such guidelines after having notified and bargained with the Association over such proposed changes (either to agreement or to impasse) during the term of this Agreement. These guidelines shall be in compliance with the provisions of Article 9.7.*

We strongly encourage all Hospice nurses to attend this important meeting on Oct.1!

We need to hear from you.

Thank you!

Research Supports Adverse Effect of Inadequate Staffing Levels in Oregon's Acute Care Facilities *— reprinted from Oregon Nurse Summer 2014*

Carl Brown, PhD, RN, AOCN®, FAAN
Director of Professional Services ONA

In our 2014 report, ONA provides analysis of 1,780 SRDFs submitted from a two-year period from May 1, 2012, to April 30, 2014. Key observations from the analysis are highlighted below.

Summary of the Reported Consequences of the Insufficient Staffing Event on Care Task Delivery

82 percent of pain management, 90 percent of medication, and 91percent of medical orders and treatments were reported as being delayed or omitted due to insufficient staffing on the unit.

Not enough staff, patient intensity, and patient acuity were significantly related to the delay or omission of almost all of the measured care tasks.

Summary of the Reported Patient Safety Consequences of Insufficient Staffing

71 percent report that the staffing event compromised patient safety and 30 percent indicated that continuity of care was impacted.

There was a 1.5 to two times greater likelihood that compromised patient safety was reported when not enough staff, patient acuity being too high, and inappropriate staff mix were identified as a reason for submitting the SRDF.

Reported Self-Care Consequences of an inadequate staffing event

78 percent reported missed rest breaks, 55 percent reported missed meal breaks, and 31 percent indicated they worked voluntary overtime.

When patient intensity was indicated, there was at least a 1.7 times greater likelihood that nurses reported voluntary overtime, missing meal breaks and missing rest breaks.

The results from our analyses support the adverse effect of inadequate staffing on delaying or omitting patient care tasks, compromised patient safety and missed self-care activities.

Carl Brown's complete article is available here

Complete SRDF report is available here