Executive Committee:
Chair: Mike Howell (PACU)
Co-Chair: Jax Dillon (PCU)
Secretary: Christina Terkildsen (ED)
Treasurer: Chris Carmichael (ICU)
Grievance/Membership: Corrine Howard (Med/Surg)
PNCC Chair: Pam Gordon (IV Therapy)
Membership: Jackie Leyser (Surgical Services)

Negotiations Team:
Chair: Jax Dillon (PCU)
Stacey Hardin (ED)
Corrine Howard (Med/Surg)
Chris Carmichael (ICU)
Jesse Hazleton (PCU - nights)
Christine Terkildsen (ED)

CAT Members:
Melinda Colón, Chair
Bruce Penner
Erin Murphy
Jessica Vorse
Nicole Stanford
Autumn Giordiano
Cindy Lathrom
Amanda King
Haylie Mooney
Marguerite Rodriguez
Laurie Armatas
Jeanne McKinley
Cameron Fehr
Michael Kolbas
Betsy Stanley
Hypatia Walters
Tara Gaitaud
Marcia Macomber

Good Samaritan Regional Medical Center (GSRMC)
Bargaining Update #13
Voice of Oregon Nurses Since 1904

Ona’s Lope for Hope this Saturday Sponsored by GSRMC ONA!

This summer ONA Good Samaritan Regional Medical Center (GSRMC) members discovered that GSRMC would no longer support this amazing event so we stepped up to sponsor it! Lilly’s Lope for Hope is an annual 5k run and 1k walk that aims to increase suicide awareness in the local community and provide hope for the future. Through the years, the run has helped focus the community on how we help young people overcome adversity and mental health concerns and made a difference in many lives.

To ensure that the money is protected within a non-profit organization, the

Where We Stand on Surgical Services Excessive Call

Our surgical services departments have been mandated an excessive amount of call due primarily to short-staffing for the past several months. Nurses in these departments understand when they accept a position that taking call is part of the work. Our surgical services nurses committed to covering approximately 32 hours of call per schedule period when they were hired.

Within the past year, due to staffing levels, surgical services nurses have been expected to take nearly double that amount. This is a staffing concern for our nurses, as more of them leave the department because of the excessive burden which continues to increase for those that remain. This is a patient safety concern - working fatigued is not safe!

These departments have recently brought in several traveler/agency nurses to decrease the burden of call, providing a temporary solution. What happens when those traveler/agency nurses’ contracts are up? We need a permanent solution to the excessive call burden in the Surgical Services area and our bargaining team has several proposals on the table to attempt to address this:

- We are seeking to clarify that all surgical services areas, including Ambulatory Surgery Center (ASC) are considered separate departments. This will ensure that

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Good Samaritan Regional Medical Center (GSRMC)

Surgical Services Excessive Call (continued from page 1)

nurses floated to a different surgical services area than they were hired into will have the same rights as nurses floated off their home unit in-house. Currently, management is treating all the separate surgical services units as one big department and floating staff between them at will.

• We have proposed capturing the current 30 minute report time in the contract so that it cannot be changed without bargaining.

• We are asking that per diem nurses in surgical services get credit for call-back hours worked towards their minimum requirements. We hope that this will encourage per diems to pick up call shifts, deter the hospital from attempting to require per diems to take call shifts, and relieve the call burden on the full and part-time nurses.

• We are seeking to limit the mandatory on-call burden for surgical services nurses required to take call to 24 hours per schedule period. Nurses could pick up call shifts beyond this limit at their discretion.

• In a Letter of Understanding (LOU) that expired in February but is still being honored, we have agreed to a tiered pay structure for on-call hours which provides additional on-call pay for surgical services nurses who sign up for call shifts beyond 32 hours in a scheduling period. We want language from this LOU to be printed in the contract and preserved for the life of the agreement. You can view the currently expired LOU by visiting our GSRMC BU webpage at www.OregonRN.org/58.

• We are proposing additional on-call pay for holiday call shifts picked up late (orphan call).

• Surgical services nurses who are held over beyond their schedule shift and are not on-call at the conclusion of their shift are not eligible to receive the call-back rate of pay. We are trying to address this by proposing clarification that the call-back rate should be paid for all nurses held beyond one hour past their shift regardless of whether they are on-call or not.

• The Oregon Nurse Staffing Law allows nurses to invoke a 10-hour rest period at the end of completing a pre-scheduled shift (call shift or regular shift) if we have worked 12 hours in the preceding 24 hour period. We want to ensure that the 10-hour rest period is given regardless of whether it was a “regular shift” or a call shift in which a nurse worked. We are also seeking the call back rate of pay for hours worked without 10-hour rest period.

• The cardiovascular surgery team has a LOU which expired in 2016 but has been continued in practice. We would like to get this LOU printed in the agreement as well. You can view the currently expired LOU by visiting our GSRMC BU webpage at www.OregonRN.org/58.

The hospital has been resistant to including much of the language that we’ve proposed despite the fact that they have been honoring the expired LOUs. The hospital’s current position on our Surgical Services contract language is:

• Surgical Services is comprised of “units” not “departments” (float language refers to “departments”) though they are willing to include language that nurses floating from their home “unit” will be oriented.

• They are willing to include a definition of what it means to be on-call and which units/departments are required to take call but they seek to include all surgical services units/departments in the on-call requirement which would add required call to the Cardiac Catheter Recovery and all ASC units/departments.

• The hospital does not want a limit to the amount of required call hours they can impose upon our

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Good Samaritan Regional Medical Center (GSRMC) Nursing Agreements

Surgical Services Excessive Call (continued from page 2)

nurses. If staffing levels go down or surgery volumes go up required call hours for our nurses will fluctuate.

• They are willing to provide credit to per-diem nurses who voluntarily pick up call shifts and work during them. Any hours worked while on-call would count toward per-diem’s minimum required hours of work.

• They would like to maintain “orphan call” pay at double time and not provide additional on-call pay incentive for “orphan call” on a holiday.

• The hospital is willing to maintain the minimum call-back pay of three hours at the call-back rate and pay this for nurses who are on-call and required to work one-hour or more beyond the end of their shift. However, they are not willing to pay minimum call-back pay to nurses who are not on-call but are held one hour or more beyond the end of their shift.

• They are seeking to eliminate language that guarantees half pay for remaining hours scheduled if we are given a Mandatory Absence (MA) during our regular shift after working call-back hours.

These Surgical Services concerns are a high priority for our bargaining team because the hospital is creating unsafe conditions for our nurses and our patients by refusing to find long-term solutions to relieve the excessive call burden in these units/departments.

Mediation Begins Thursday, Oct. 17

Our first mediation session will take place on Thursday, Oct. 17 at Comfort Inn & Suites located at 1730 NW 9th St. Corvallis. Despite requesting bargaining sessions take place in the hospital again, GSRMC management continues to refuse to allow rooms in the hospital for mediation. During mediation, ONA GSRMC bargaining team often does not sit in the room with GSRMC management but sends the mediator back-and-forth with proposals. Since we will not be in the same space as GSRMC management for most of the mediation, our team asks for nurses to engage in actions at the hospital while we’re in mediation at the hotel.

As we begin mediation, it’s important that we demonstrate to the employer that we are united as a union. Our ONA team and CAT members will be passing out stickers for nurses to wear on Thursday, Oct. 17. We want every nurse to wear one during our first day of mediation. Hopefully, the management team will receive calls from the hospital with concerns about what the ONA nurses are doing. We would also like nurses to send photos of themselves (and their units) wearing stickers to Hallay@OregonRN.org.
Join the Contract Action Team (CAT)

The ONA CAT at GSRMC has been hard at work supporting our bargaining team in their efforts for a fair contract. The CAT works to make sure our members are informed about negotiations. They help spread the word about actions we can take to support our priority proposals at the bargaining table. We are always seeking more CAT members! If you're interested, please contact Melinda Colon, CAT Chair, at mcolon97333@gmail.com.

Don’t Miss Important ONA Emails

ONA wants to make sure all members receive timely communications, ensuring you have the most up-to-date information on your contract, bargaining issues, upcoming votes, nursing research, practice issues and workplace policies. If you are not receiving ONA emails, we can help.

First, check to make sure ONA emails are not being filtered into a junk, spam or clutter folder. Many email providers, have built in spam/junk filters or blockers. The filters are intended to prevent you from getting junk mail or spam, but can unintentionally block emails you want to receive. If ONA emails are in one of these folders, flag them as "not junk" and add News@OregonRN.org to your safe sender list.

If there are no ONA emails in those folders and you still aren’t receiving ONA emails, there are various causes listed to the right.

You can fix most problems by simply emailing ONA at News@OregonRN.org with your name, personal email address and the name of the facility you work at in the body of the email.

We will update our records to ensure you don’t miss future ONA emails.

Common Reasons for Not Receiving ONA Emails

1. **Spam/Junk Filters:** Emails from ONA are being flagged as junk or spam by your email service provider.
2. **No Email:** ONA does not have an email on file for you.
3. **Bad Email:** ONA has an incorrect or outdated email on file.
4. **Blocked:** Due to several failed delivery attempts, our system has stopped attempting to send emails to your email address.
5. **Opted Out:** You have opted out of receiving emails.
6. **Work Email Filters:** Some health care systems filter out ONA emails so nurses don’t receive ONA-related emails. This is why we encourage nurses to use their personal email addresses instead of work emails.

Fixing Problems to Receive ONA Emails

1. **Check your junk/spam/clutter folder for ONA emails:** Flag ONA emails as "not junk/spam" and add News@OregonRN.org to your safe sender list.
2. **Email ONA:** To fix reasons 2-6, simply email ONA at News@OregonRN.org, and include your name, personal email and facility you work at in the body of the email.