



ST CHARLES MEDICAL CENTER BEND

NURSE NEWS

CURRENT ONA TEAM

Executive Team:

Chair:

Vacant

Vice Chair:

Joe Sack (IMCU)

Treasurer:

Judy Gage Scott (PACU)

Secretary:

Andrea Rombach (ED)

Membership:

Kyle Swantek (CC float)

Member at Large:

Unit Rep Liason

Jody Holland (NICU)

Member at Large:

Lynda Coats (O/N)

Member at Large:

PNCC Coordinator

John Nangle (ED)

Member at Large:

Alison Fields (FBC)

Grievance Co-Chairs:

Shelley Lewis Leander

Tom Boarman

ONA Labor Relations

Representative

Alison Hamway

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UPDATE ON GRIEVANCES

- Oregon Nurses Association (ONA) filed for arbitration over the dismissal of Bruce Humphreys
- ONA filed for arbitration over the denial of earned time off (ETO) during Paragon electronic medical records (EMR) implementation
- The grievance over lack of collaboration on the charge registered nurse (RN) patient care assignments is at Step 3 of the grievance procedure; this grievance was filed based on the hospital's requirement of 50 percent patient care assignments (which was NOT agreed to in negotiations)
- On June 14, Arbitrator David Stiteler issued his decision on the meals plus 15 minutes docking of pay when the RN returns early; he ruled hospital violated the contract; back-pay awarded from March 2012 to June 14, 2013. More information will follow in next newsletter!

ST. CHARLES SAYS NEW CLINICAL SUPERVISORS WILL NOT DO PATIENT CARE

BY THE ONA NEGOTIATING TEAM

In the last labor management committee (LMC) meeting on May 28, St. Charles agreed that clinical supervisors would NOT be doing direct patient nursing care. Nurses throughout the hospital have been united in advocating for the past 18 months that the experts in clinical care, the ONA bargaining unit nurses, be responsible for direct patient nursing care. Now it appears that the ONA nurses and St Charles Health System (SCHS) are aligned on this issue. ONA asked several direct questions of SCHS for clarification:

- How much direct patient nursing care does SCHS anticipate the new clinical supervisors doing?
- What exactly would that direct patient nursing care be?

In response, SCHS stated that the new clinical supervisors would not be doing any direct patient nursing care, and that clinical

supervisors were not hired to replace charge nurses. ONA inquired about both lunch breaks and state law required 15 minute breaks. SCHS stated that staff nurse breaks would NOT be covered by clinical supervisors. ONA also inquired about "backing up" during busy times, and again SCHS stated that they do NOT intend to have clinical supervisors doing "back up" clinical work; this will continue to be the role of charge nurses.

SCHS did state that the clinical supervisors are part of the "nursing team," and that a nurse, for example, could ask for help from a clinical supervisor to turn a patient or answer a call light. ONA did not dispute that clinical supervisors are part of the "nursing team," which also includes the chief nursing officer (CNO), nursing directors, nursing clinical educators, nursing

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managers, staff nurses, and nursing aides.

The fact that SCHS does not intend to have clinical supervisors do ONA bargaining unit work will be helpful for the unit practice committees (UPC) as they collaborate on defining the roles of clinical supervisors and charge nurses, as agreed in the ONA/SCHS contract. ONA requested that the LMC be an "umbrella" for the various UPCs as they work through this tough, 18 month-old, issue. This would mean the LMC would request that individual UPC minutes be forwarded to the LMC for review, thus allowing the LMC to keep track of the collaborative process and identify any problem areas. The LMC would intervene when necessary to keep the UPCs on track, thus assuring relationship building and, most importantly, success for the UPC collaborative process. SCHS indicated that this was a good idea, but wanted to vet it with CNO Tim Eixenberger, who unfortunately was absent from

the LMC meeting.

ONA also inquired if SCHS anticipated any changes to staffing matrixes related to the budget and NHPPD (nursing hours per patient day) once the clinical supervisors had been hired. ONA stated that clinical supervisors should not be included in direct patient care nursing hours, as they are part of management and thus would negatively impact resources available to provide safe, quality patient care. Although there was no direct answer from SCHS, ONA reminded the LMC that as required by Oregon state law, any changes to the staffing matrixes must be brought to the Bend staffing committee for review and approval.

The ONA negotiating team is requesting that all ONA staff nurses, as clinical patient care experts, identify any clinical supervisor team members doing inappropriate direct patient nursing care. This request is being

made so that ONA can have appropriate discussions with SCHS regarding this issue. ONA firmly believes that the safest quality care we can provide our patients must come from bargaining unit staff nurses, not from management (clinical supervisors). Although we are all part of the same nursing team that delivers high quality, safe patient care, management (which includes clinical supervisors) cannot be routinely stepping in to provide direct patient nursing care. If any nursing unit notices a continued need for clinical supervisors to provide direct patient nursing care, the Bend staffing committee should be notified so that a review of the nursing unit's resources and staffing can take place and be appropriately rectified. We must be committed to providing the safest quality patient care, and thus we all must be vigilant in budgeting the appropriate resources to ensure success for our patients and the nursing team.

NATIONAL FEDERATION OF NURSES ELECTS NEW PRESIDENT

Oregon's Stephen Rooney, RN, Elected During National Delegate Assembly



WASHINGTON, D.C. – Stephen Rooney, RN, of Oregon was elected as the new President of the National Federation of Nurses (NFN) on May 17, 2013 during the national NFN delegate

assembly. Rooney, who practices as an Intensive Care nurse at St. Charles Medical Center in Bend, Oregon and has served as the elected President of the Oregon Nurses Association (ONA) for the past 3 years, will be the second President of the NFN. Rooney succeeds Barbara Crane, RN, of New York. Crane served as the President of the NFN since 2008.

Rooney said, "Working with my colleagues from Washington, Montana, Ohio, Oregon and New York to advance the mission of the NFN is one of the great honors of my life. I am humbled by the support of my colleagues and am excited to be a part of this historic union, a national union that holds among its most sacred values openness, transparency, respect for state autonomy and collaboration."

The NFN and its four member states recently voted to affiliate with the American Federation of Teachers (AFT), one of the largest unions of professionals in the United States. Rooney will play a key leadership role in forging the details of the historic partnership between the NFN and AFT.

"Nurses and teachers face enormous

challenges and opportunities; the implications of the Affordable Care Act on the scope of our nursing practice and on the delivery of care throughout our nation, the creation of strong and sensible health care policies for all and, my greatest priority as we move into the next stage of our evolution, working with AFT to organize and expand the reach, voice and influence of this national union I am so proud to be a part of," said Rooney.

The NFN is a leading national labor union and collaborative voice for registered nurses. Founded in 2008, the NFN was created to provide a unique, more inclusive option for unionized nurses and be a new model for national unions. Currently, the NFN represents approximately 34,000 nurses in four states.