

December 12, 2013

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Outpatient Infusion

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## Bargaining Update #8

*Wages and Economics Still Undetermined  
and We Meet Again January 8.*

***Please Show Your Support by Signing a Petition***

**At our most recent negotiating sessions**, December 6 and 10, the main topics were breaks, staffing, and extended leave of absence.

We also discussed alternative methods of bargaining economic issues (wages, health insurance), given our stalemate on wages and health and welfare. As a result, we expect to begin to discuss economic issues more fully at our next session **January 8**. We do not meet again before the end of the year because of Providence St. Vincent Medical Center (Medical Center) team's schedule.

We made another proposal for **missed breaks** to be paid at the straight time hourly rate (rather than the overtime rate). Our newest proposal confirms that nurses would not be subjected to any retaliation for reporting a missed meal or break, and creates some better processes for nursing units to use to ensure people are getting breaks. The Medical Center did not accept this offer, but we will continue this discussion.

**Your pre-negotiation survey responses were clear and we heard that staffing is a top priority.** You told us that the changes to many of your units' structures, such as support and ancillary staff, along with overall tighter patient-to-nurse staffing has had a significant impact on your job

satisfaction. We know that economic issues are important and along with that we believe that we can improve our work conditions by improving the impact that nurses have on staffing at the Medical Center. This means ensuring that the staffing law is followed, that nurses have a voice in staffing and that budget driven staffing changes cannot be unilaterally made without adhering to the law. This is precisely what we saw in the Emergency Department over the last year, and that despite repeated formal staff complaints, there were no changes made. Instead, staff were told they would need to "right size" with the budget.

**Although everyone agrees there was a problem with what happened in the Emergency Department**, we continue to disagree about including the staffing law in our contract. The Medical Center had proposed that we have an internal process that would have a nurse with complaints go to a manager, committees, and then to the Chief Operating Officer and Chief Nursing Officer. Other than that process, the only option would be for a nurse to file a complaint with the State of Oregon.

We want the law to be included in the body of the contract, along with some **procedural safeguards** relating to the House-wide Staffing Committee (HWSC). These changes would ensure

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## Bargaining Update #8 (continued from page 1)

the HWSC, which is administered solely by our employer, has a transparent and understandable process for decision making, and includes some basics such as requiring a quorum of 50% staff nurses for meetings, how decisions are made, defined term limits, how nurse committee members are added, meeting minutes are promptly available to staff, and ensures transparency by allowing staff to attend meetings and if requested, to be included on the agenda.

The Medical Center spokesperson told us that St. Vincent does not have a problem following the staffing law, but, they do not want the details to be in our contract or be subject to the grievance process. They told us that they had learned from the Emergency Department experience and that it was a **“wake up call,”** and that if the State tells them there is a violation, they will fix it.

As for our proposals to ensure the HWSC is meeting regularly and doing business under elementary procedural rules and safeguards, the Medical Center informed us that it also does not think having this in our contract is necessary. We were told this is not because they disagree with the substance of our proposal, but because they want the staffing committee to have the responsibility for these areas, to be a stand-alone committee, and that the committee will amend their charter if needed.

**Proposed takeaways: mandatory floating on extra shift and forfeiting three hours report pay if on standby/call at end of shift** – We told administration that we cannot agree to either of the proposals on waiving report/call back pay at end of shift, or taking away a nurse’s choice to float when working an extra shift. We were told that mandatory floating on extra shift is a priority and that it is primarily an issue in the Critical Care Cluster. The director told us that because the nurses have declined to float when signing up for an extra shift, it has caused patient safety issues by forcing the unit to go on divert. Our response was that forcing staff to float will not solve the problem, as they simply won’t sign up for an extra shift, but we were told it **is a risk they were willing to take.** If you work in one of the units at issue and have input, please contact your Oregon Nurses Association (ONA) officers at [APRNemail@gmail.com](mailto:APRNemail@gmail.com).

**We reached a tentative agreement on our leave of absence proposal.** We are pleased to report that we were able to reach an agreement on a new benefit that would allow nurses to obtain additional paid or unpaid time off. Many staff have told us that they would like to have the ability to take an extended leave of absence or sabbatical to study or undertake mission work. We first proposed that nurses be given a paid sabbatical after seven years, with return rights to position, unit and shift. We were not able to persuade administration to agree to this benefit, but we did reach a compromise that creates a more understandable process for nurses making requests and guidelines for managers when considering the requests. It also confirms that nurses must use their accrued benefit prior to taking a leave but they can take additional time off without pay. We were told that even though there is a policy on extended leaves of absence, managers never approve these requests because they are concerned about having disputes between staff and managers about approvals and denials. We hope that this will be a first step in improving nurse burnout and retention of staff who want to engage in growth that requires they take time away from the Medical Center.

To read the agreement, visit your bargaining unit webpage at [www.oregonrn.org](http://www.oregonrn.org) and go to “Negotiation Resource Center.”

### Timecard Grievance Update

We have finally opted to request a Step 1 grievance meeting to find out why the audit has not been completed and when staff will be paid, since we are no longer receiving clear information from the Medical Center.

The meeting will occur **December 19** with human resources and Andrew Stuchiner, Nurse Manager of 6E.

Bargaining Update #8 (continued from page 2)

**How Can You Help Us Make Progress in Negotiations and Show Support for Your Negotiating Team?**

**Happy Holidays from  
Your Negotiating  
Team**

*Front row*

Sally LaJoie  
Maryann Dutton  
Glenda Peters  
Sonda Martin

*Back row*

John Smeltzer  
Robin Firth  
Anne Byles  
Phil D'Onofrio  
Pat Sheridan-Walker  
*Not pictured*  
Rachel Seidelman



**We have collected  
350 signatures  
on our petition  
in just two weeks!**

**Help us reach our goal  
of 750 signatures by our  
next negotiation session  
on January 8, 2014**

People are signing this petition like wildfire, but **we need your help** to reach our goal of 750 signatures. See a unit steward or officer to sign a petition. If you are in a unit without a steward or officer, please help us by informing your coworkers about our petition and our goal of improving staffing and workplace conditions.

You don't need to be a steward or an officer to circulate a petition, anyone can do it. If you would like to circulate a petition, you can pick one up from an ONA officer or steward, or visit your bargaining unit webpage and download and print a copy.

**Q & A—Signing the Petition**

**Q:** Can I sign if I am not a member?

**A:** You do not have to be an ONA member to sign the petition

**Q:** My unit is not having any staffing problems, why should I sign a petition?

**A:** To support your fellow nurses and show solidarity, and to help us build contract provisions and processes to ensure **unsafe and overly tight staffing is prevented before we see a problem.**

**Q:** What do I do with my petition after I have collected the signatures?

**A:** You have lots of options. You can give a copy to an ONA officer or negotiating team member, an ONA steward, or fax or email it to Sally LaJoie at 503.293.0013 or [lajoie@oregonrn.org](mailto:lajoie@oregonrn.org).

## Put Your Leadership into Action – Serve in an ONA Elected Position

ONA will be conducting statewide elections for officers and cabinet members. **The ONA Nominating Committee is currently soliciting ONA members and leaders to self-nominate for openings. The deadline for self-announcement is January 17, 2014.**

Elections open on February 3, 2014 and close on March 7, 2014. Any member who is interested should be encouraged to self-announce their candidacy.

Online forms are available on the website. Kathy Gannett is the committee staff person and will assist nurses in completing the process. Should a nurse wish to speak to a committee member about the various open positions and their duties, or about the nomination/election process in general, please contact Diane Hedrick at [dhedrick@eoni.com](mailto:dhedrick@eoni.com).

Job descriptions for the open positions which provide duties and responsibilities are available online.

### *The following open positions are up for election.*

President

Secretary

Director (4)

Cabinet on Health Policy (1)

Cabinet on Education (4)

Cabinet on Nursing Practice & Research (1)

Cabinet on Economic & General Welfare (1)

Nominating Committee (3)

Elections Committee (3)

American Nurses Association (ANA) Delegates (2)

National Federation of Nurses (NFN) Delegates (3)

NFN Director (1)

American Federation of Teachers (AFT) Delegates

The last day to self-announce candidacy is **January 17, 2014**. Interested members must complete a consent to serve (CST) form and submit a current resume. The CST form is available online at <http://www.oregonrn.org/displayemailforms.cfm?emailformnbr=195451>.

## Sign up Today to Keep Oregon Working!



Now more than ever, nurses need to come together. Over the past few years, nurses have seen corporations across the US grab record profits by cutting workers' wages, benefits and hours. Now out-of-state corporate interests and billionaires like the Koch Brothers are pushing Bill Sizemore's old ideas back onto Oregon's ballot.

In 2014, anti-worker ballot measures that would hurt nurses' ability to advocate for safe staffing levels, safe working conditions and modern equipment will likely appear on Oregon's ballot.

Learn more: Join Keep Oregon Working on Facebook NOW!

(Link to: <https://www.facebook.com/keeporegonworking> )

ONA has joined the **Keep Oregon Working** coalition to fight these harmful anti-worker measures and ensure that Oregon's nurses can continue to have a voice in the workplace and join together to negotiate for better safety for nurses and patients.

Join ONA to stand up for Oregon's workers and stay informed about anti-worker ballot measures by visiting Keep Oregon Working's Facebook page and clicking 'Like' today. (Link to: <https://www.facebook.com/keeporegonworking> )