Contract Expires May 31

Your participation is crucial in upcoming negotiations.

Members of the Oregon Nurses Association (ONA)/Providence Milwaukie Hospital (PMH) Negotiating Committee met recently to set goals and begin drafting proposals for negotiating a new contract. Negotiations for a new contract are set to begin in March. As always, wage increases for 2017 and 2018 will be a key subject of negotiations. We already know that the health insurance benefit will not change for 2017, but 2018 is still in question, and many nurses would like to see continued improvements to our health benefits. Other issues that are likely to come into play are scheduling, educational requirements, mandatory overtime, and staffing for high-quality patient care.

Our success in negotiations depends greatly on the participation of all our nurses in the bargaining process.

Our leverage at the bargaining table is the solidarity of our membership and our willingness to act in a united way to show the hospital administration that nurses are serious about their proposals and getting a fair contract. Providence is a big company and likely to drive a hard bargain if nurses don’t show their power. Fortunately, we have significant power, because nurses do the bulk of the critical work of caring for patients. That’s work no one else can do. If we send a strong message to Providence that we are united and serious about a particular issue, they will listen.

Join ONA!

If you are not a member, now is the best time to join. The increased interest shows hospital administrators that nurses care about their patients, professional working conditions, and compensation. By joining ONA, you are agreeing to work with your fellow nurses at PMH to develop and bargain proposals that will improve working conditions for nurses and the experience of our patients. Joining ONA sends a strong message that nurses are united behind their bargaining team and indicates to the hospital that nurses are willing to do what it takes to get a fair contract.

Please click here to obtain a printable membership form. Once completed, fax the form to 503-293-0013 or scan and

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email to memberservices@oregonrn.org.

The second important thing nurses need to do to get a good contract is take the bargaining survey.

The bargaining survey tells our negotiating committee what issues are important to you. When a majority of nurses have taken the survey, we’ll know what you want, and we’ll have credibility when we tell Providence what your bottom line is. A high percentage of participation in the survey also shows Providence that nurses are interested and paying attention to what goes on at the bargaining table. It demonstrates that nurses are willing to take small actions now supporting their team, in hopes of avoiding the need for more serious demonstrations of unity in the future, such as rallies or picketing.

The bargaining survey is completely confidential. No personal identifying information will be shared with Providence. Only aggregate data will be shared (e.g. the percentage of nurses who would like to see improvements in the retirement plan). However, please include your personal email on the survey so we can communicate critical information via email regarding bargaining. If negotiations don’t go well, we will ask for your support. This might include an ONA button wearing campaign, attending negotiations sessions, placing signs in your car while at work, or other activities that show solidarity and resolve. Your participation level will determine what we can achieve.

ONA/PMH Bargaining Team

Our ONA/PMH bargaining team includes our ONA labor relations representative, Sam Gieryn, our five member executive committee (ONA floor nurses at PMH), and one additional nurse representative from any unit not currently represented by a member of the executive committee. If you are an ONA nurse in one of these units, please consider becoming a bargaining team member. Contact RN Laurie Nilsson (M/S) if you are interested in serving. The only unit not currently represented is the Short Stay Surgical Unit.

The nurses on the bargaining team will do the heavy lifting of creating proposals, attending all negotiating sessions, sending out communications, and organizing events in support of bargaining. Please give them a warm thanks, as well as share your concerns and interests with them.

Here’s who they are and their confidential contact information.

♦ Laurie Nilsson (Med/Surg) ljkaler@gmail.com
♦ Renee White (PACU) renee@tempusdictum.com
♦ Jeanine Ramirez (Med/Surg) jeaninehouck@gmail.com
♦ Catherine Nelson (PACU) westcoastnelsions@yahoo.com
♦ Penny Collyer (ICU) Pennyc2000@gmail.com
♦ Julie Davison (Surgical Services) howlvly2bhere@yahoo.com
♦ Marie Teela (ED) marieteela@comcast.net
♦ Tracey Hylton (Senior Psychiatric) tjphrm@gmail.com

Take the ONA/PMH nurse bargaining survey!

Click here
(Survey takes about 20 minutes)
UNIONS 101

Local unions depend upon a well-informed and trained membership that understands our mission and shares information with each other. We are putting out this basic primer so that all PMH nurses will understand the basic rights of unionized nurses, the very foundation of why we have a union at PMH.

- **We have a legally binding contract.** Our contract applies to every nurse from the very first day of work. Most conditions of employment, wages and benefits are addressed in the contract, which is a legally binding document. You can rely on the contract. The language is not as complicated as you might think and means exactly what it says. If you ever feel like you are not being treated according to the contract, please let us know. Most nurses received a spiral bound contract when the last negotiations concluded. The contract is also available on the PMH page on the ONA website. Go to OregonRN.org and click on Prov Milwaukie under Find Your Bargaining Unit. That will lead you to the ONA/PMH page where you’ll find a link to our contract and much, much more information.

- **We have an agreed upon dispute resolution procedure.** Our contract contains an agreed upon procedure for resolving disputes about the application of the contract to your pay, your benefits, and working conditions called the grievance procedure. It is a four step process that involves presenting the dispute up the chain of command and finally, if necessary, to a neutral third-party arbitrator with experience in resolving contractual disputes between nurses and hospitals. Our ONA labor relations representative will be there to help the nurse and local representatives present any grievance in a respectful, professional, and effective manner.

- **You have the right to representation.** As a union nurse, you have a right to be represented by an ONA/PMH official in any discussion or meeting that might lead to disciplinary action. If a supervisor wants to speak with you about a matter that might result in discipline, you may stop the conversation and request representation. Your representative can advise you on how to handle any questioning, take notes, provide additional supportive information, and help document any unfairness in the investigation procedures.

- **We have the right to bargain over other changes in company policy that affect your pay, benefits, or working conditions.** Because of our binding contract and status as legal representative of the bargaining unit, any changes to the terms of employment, pay, benefits, or working conditions of our members must be bargained with our ONA bargaining unit prior to implementation, even if they are not currently covered by the contract. Let us know if you hear of proposed changes that affect nurses or patient care.

Questions? Contact your ONA Labor Rep, Sam Gieryn: gieryn@oregonrn.org
Nurse Prevails on Licensure Grievance

A Providence Seaside Hospital (PSH) Nurse filed a grievance when he was removed from the schedule and disciplined for not having an active license. The nurse had applied for renewal two weeks in advance of his expiration date and the Oregon State Board of Nursing assured him that he had taken care of everything and his license would not expire. On the date the nurse’s license would have expired OSBN listed his license as “Active*”. According to the OSBN website, the asterisk indicates that the nurse has submitted a timely application for renewal, the license has not yet been issued, but the applicant can legally practice as a nurse. The nurse showed all of this information to his manager prior to the start of his shift, but the manager still refused to allow him to work. Later the manager issued discipline. We grieved on behalf of the nurse and PSH has agreed to pay the nurse for the missed shift and rescind the discipline.

Providence is reviewing its licensure policy. The key thing for nurses to remember is don’t wait until the last minute to renew. Providence sends out plenty of reminders. This nurse prevailed because the application and fee was sent in far enough in advance of the expiration date.

“"We grieved on behalf of the nurse and PSH has agreed to pay the nurse for the missed shift and rescind the discipline.""

Rest Between Shifts

Under the Oregon Nurse Staffing Law (441.151 to 441.192), a nurse is entitled to the 10-hour rest break after any shift or combination of a shift and/or call-in that exceeds 12 hours in a 24-hour period. Whether or not the nurse volunteered for the hours worked, he or she must be provided the 10-hour break, if requested prior to the next shift.

When you clock out, no matter what the reason you were working, be it regular hours, a call-back, a meeting or education session, you should count up your hours worked over the previous 24. If you worked 12 or more, you then have a right to a 10-hour rest period. Nurses may volunteer to waive the 10-hour rest period.
What You Need to Know About Oregon’s Hospital Nurse Staffing Law And Mandatory Overtime

Hospitals may NOT require a nurse to work beyond the agreed upon and prearranged shift, regardless of the length of the shift. Hospitals must provide a 10-hour rest period if a nurse is mandated to work 12 or more hours in a 24-hour period. The 24-hour period starts when a nurse starts a shift. Make sure to clarify if the overtime is mandated or considered voluntary—the rest period only applies to mandatory overtime at this time, although ONA is seeking additional clarification from the Oregon Health Authority about this.

Staffing committees are encouraged to explore ways to track and document mandatory overtime. Under the law, hospitals must have a means to track all occurrences of mandatory overtime.

Currently, the law does not affect voluntary overtime. There are limited exceptions to the “agreed upon shift,” language. End of shift “slush time” is one example and refers to instances where shift technically ends but there is still work to complete or there is not another staff person available for relief.

What if a staff vacancy for the next shift becomes known at the end of the current shift?

This is the only allowable instance of Mandatory OT, and only for an hour, according to the staffing law. Notify the unit manager, as soon as possible, of your ability to remain on shift for no more than one extra hour. Verify that the hospital has called in on-call nurses, resource nurses and/or agency staff. Near the end of the extra hour, request another nurse to take a report-off. If there is no one available to report off to, it is recommended that continuity of patient care be maintained so as to avoid accusations of patient abandonment. Continue asking questions as to when relief will arrive and contact a labor representative. Make sure the mandatory overtime is documented by your unit.

What if I work in an area where there are still patients to care for after the time that the unit technically closes (such as an infusion clinic), and there is no additional staff available?

This is mandatory overtime and you should communicate this to your manager. If this is a pattern in your unit, it is time to review the staffing plan and suggest some additional evening coverage or a way to avoid the mandatory overtime. By law, your unit can require one additional hour of work, but no longer than one hour and only in the situation where a vacancy becomes known at the end of your shift (such as the oncoming nurse having a car accident).

What is my responsibility if there is no nurse to take my assignment at the end of my shift?

By law, if a “vacancy” occurs at the end of your shift, the hospital can require one hour of overtime while a replacement is found. The vacancy could be caused by sudden illness of a staff member, car accident on the way to work or a family emergency.

While no nurse wants or intends to leave a patient without handing off care to another RN, it is the facility’s responsibility to secure replacement staff members. Your responsibility is to notify the charge nurse, supervisor or manager that you must leave at a certain time and determine who will be receiving your assigned patients.

What if I have declared the time that I must leave the facility and no one has been assigned to replace me?

You have the right to escalate the issue beyond your unit to the administrator responsible for the facility. You also have the right to expect that alternatives to requiring you to stay are implemented. Those

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alternatives might be to transfer your patient to another unit, to secure staff from another unit, to divert patients from the unit or facility, or there is a member of the administrative staff on site that will assume responsibility for your patients and/or work to ensure alternatives are found.

How does the staffing law work in areas that require call?

On-call shifts/time can still be required as a part of a job and, as such, is considered to be voluntary as long the shift and schedule is agreed to by the nurse. Additional required call shifts, or overtime, are prohibited.

Hospital facilities cannot require mandatory overtime as a way to cover for adding on non-emergent surgeries.

Can overtime be required as part of an “emergency?”

The only “emergencies” that allow a hospital to impose mandatory overtime are:

- A public health epidemic
- A national or state emergency requiring the implementation of a facility disaster plan (a disaster plan previously adopted by the hospital’s staffing committee)
- Sudden unforeseen adverse weather conditions
- An infectious disease epidemic suffered by hospital staff
- An unforeseen event preventing replacement staff from approaching or entering the premises

All other overtime should be considered as voluntary

If I am unable to resolve the staffing issue through my hospital staffing committee, how do I make a staffing complaint to the state agency?

Complaints are made through the Healthcare Regulation and Quality Improvement (HCRQI) Public Health Division of the Oregon Health Authority.

If you would like more information about filing a complaint with the HCRQI please contact the ONA through your labor representative or by emailing practice@oregonrn.org.
New Nurses at PMH

We have a lot of new nurses at PMH! Having a union means we know and care about each other. It’s all for one and one for all! If you haven’t already welcomed these new nurses to your unit, please try to touch base and introduce yourself.

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<tr>
<th>Kathryn Kerr</th>
<th>Emergency Services</th>
<th>Evelyn Grant</th>
<th>Senior Psychiatric Unit</th>
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<td>Joshua Brown</td>
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<td>Kahri Bergman</td>
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<td>Yvonne Nikolai</td>
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<td>Charles Johnson</td>
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2017 ONA NURSE LOBBY DAY

ONA invites you to join nurses and nursing students from around Oregon to lobby on important nursing and health policy issues and meet with your legislators.

Hundreds of nurses will rally at the Oregon State Capitol in Salem on Tuesday, Feb. 14, 2017 to advocate for our patients and advance Oregon nurses’ practice.

It’s vital that we have nurses represented in the key decisions that are made about our priorities and key bills that will come up in the 2017 session.

Visit [www.OregonRN.org](http://www.OregonRN.org) for more information and registration.