PACU MOU & Surgical Services Concerns

PACU management has asked for us to agree to a Memorandum of Understanding (MOU) to change the contract to no longer require that the paper call schedule be posted in the PACU.

While this is not a terribly controversial item to agree on, it does concern us that management would ask to make alterations to our collective bargaining agreement (CBA) outside of a bargaining cycle. There are many items we would also like to change and there are challenges with some nurse managers following current contract language as it stands. Still, we are willing to work on any MOU that has a significant impact on nurses.

Assuming good intent, our core leaders strive to follow our contract and it is usually due to oversight that something is missed or carried out in a way that runs contrary to our CBA. Our Nurse Task Force (NTF) is designed to sort through those issues so that we can share what we agree upon at CBA interpretation. This has been the case with many issues we’ve worked with management on, no matter the complexity or impact.

In the case of Surgical Services, there are numerous CBA and practice concerns that we continue to bring to NTF in order to resolve but have not been successful. We stated to management in NTF last week that we would not sign an MOU until these issues were addressed.

They include:
1. Changing the OR call schedule after it has been posted
2. Issuing attendance and punctuality notices to staff that are inaccurate in terms of reasons for missed shifts
3. Not allowing on-the-clock time for case prep, scrubbing, donning scrubs
4. Not maintaining safe staffing by utilizing correctly trained percent oriented staff on OR cases
5. Unclear communication, staff feeling intimidated, and poor morale

Lisa Halvorsen, CNO has asked to discuss these issues in detail in NTF or a separate meeting. We are hopeful there can be improvements in our Surgical Services units by addressing these concerns and moving forward.

Patient Belongings Stickers

In an effort to increase patient and staff safety, we introduced the idea of using “Not Searched” stickers to put on patient belongings when the patient declines or is not able to consent to a belongings search.

ONA nurses brought this forward as a way to mitigate hazards such as access to contraband, including weapons, as demonstrated by a recent unfortunate event where one of our nurses was pepper sprayed by a patient in the...
Patient Belongings Stickers

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hospital. The patient had the pepper spray in her bag and was not able to consent to a belongings search upon admission, but upon discharge was able to access her bag and assaulted the nurse.

Use of sticker can be initiated in the Emergency Department and can be done for any patient, whether they are being admitted or not.

Management is enthusiastic about the idea and will be helping us move forward with this safety measure.

Kronos Changes

Two major changes to Kronos have started:

- No more rounding and
- No more auto deduction for 30-minute meal break.

ONA worked closely with PWFMC management and HR in order to come up with an email that went out last week explaining the Kronos changes and impacts. If you did not see it, read below.

We anticipate these changes to ultimately be beneficial, but with any electronic upgrade or roll-out, there may be unforeseen technical problems.

Make sure your timecard is correct in order to stay on top of any issues. If you have any concerns about these changes, please let one of your executive committee know so that we can help facilitate fixing it.

Dear PWFMC ONA Nurses,

As you’ve read about in recent communications, effective the pay period beginning Sunday, Sept. 27, 2020, Kronos will eliminate the rounding time calculation (to the nearest quarter hour), along with the automatic meal deduction function. All hourly caregivers will be required to clock in and out for meal periods.

We’ve received a lot of questions about how that will work for nurses who combine meal and rest periods. You will not have to clock in during the middle of a combined meal and rest break. A handout is attached explaining the change and illustrating how the system will interpret the swipes and what it will look like in a timecard. Here is how it will work:

- A caregiver gets the approval to take a 30-minute unpaid meal period combined with their 15-minute paid break (45-minute break)
- The caregiver will clock out at the beginning of their 45-minute break.
- When the caregiver is done with their 45-minute break, select the button on the clock that says “Meal + Rest Break 45 MIN”, on the 3rd screen of the clock or within the desktop application and continue.

  **NOTE:** You will not be clocked back in if your break has not been 45 minutes, and you will see the following: ![](image)

  - When the “Meal + Rest Break 45 MIN” button is used, Kronos will add 15 minutes to that shift that will count as hours worked, and be paid as the shift is being paid. For example, if the shift is an evening shift, and evening differential is being paid on the shift, the 15 minutes will also be paid evening differential.

Regarding the elimination of 15-minute rounding, you will now be paid from the minute you clock in to the minute you clock out (excluding meal periods). This ensures you are compensated for the time you are working. This includes getting into scrubs, checking work email, doing HealthStream modules, and end-of-shift charting. The expectation for these work-related activities is that you are able to do them during your regular shift. If you have a large amount of email or HealthStream to review, please arrange with your Core Leader when would be the best time for you to work on those if you do not feel you can get them done during your shift.
New PPE Safety Committee Give Nurses A Voice

Over the summer, a workgroup selected by Governor Brown was tasked with creating personal protective equipment (PPE) guidance for Non-Emergency and Elective Procedures.

The group created recommendations to the Oregon Health Authority (OHA) on criteria for hospitals proceeding with Non-Emergency and Elective Procedure Guidance related to PPE.

In addition, this guidance would help minimize the risk of SARS-COV-2 transmission to patients, healthcare workers and others; avoid further delays in healthcare for Oregonians; reduce financial impacts to Oregon’s health system; and meet regulatory requirements established by OHA and Oregon OSHA.

Most importantly, the workgroup recommended each hospital should establish a PPE Safety Committee to better understand the analytics behind facility PPE data/dashboard, seek feedback from various staff and reconcile the experience with data, determine the facility’s ability to meet PPE requirements, make recommendation to hospital leadership, and more.

A link to the full report of the workgroup’s recommendations can be found here or go to: http://bit.ly/PPEWORKGROUP

The committee is responsible for meeting PPE workgroup requirements as stated by the Oregon Association of Hospital and Health Systems (OAHHS).

Key points for ONA members:

- Each hospital in Oregon must have a PPE Safety Committee operating by September 1, 2020, in order to continue providing non-emergent and elective procedures.
- Membership of Committees is 50 percent administration/facility leadership and 50 percent front line and non-direct care staff.
- Front line and non-direct care staff include front line workers (e.g., nurses, emergency room providers, CNAs, assistants); ancillary or non-direct care staff (e.g., housekeepers, respiratory therapists, etc.)
- Membership should be interdisciplinary and represent the hospital workforce.
- Non-administration members will be chosen by co-workers.
- A union representative (one representative per union at the hospital) may attend, but not participate in Committee meetings.

The PPE Safety Committee at PWFMC meet on the fourth Tuesday at 9 a.m. each month. PPE Committee member ONA PPE Committee Representative Michelle Leigh, IV, can be contacted at occt.michelle.leigh@gmail.com. More committee information to come at a later date.

For the full details on this article click here or go to: http://bit.ly/PPE-Article

Paycheck Interpretation

As we move through the first year of having the short-term disability benefit in addition to any extended illness time (EIT) balance we have, the ONA executive committee has listened to many nurses who have come forward with questions and confusion regarding their paychecks and leave balances while on Leave of Absence (LOA).

Unfortunately, many nurses are encountering pay shortages while on leave. Part of the difficulty in identifying the problem is that we do not have access to our pay stubs from home, so nurses who are at home on leave can only infer due to their diminished paycheck amounts that there is a potential problem. The shortages have come from differentials not being included when calculating 65 percent of base pay, the way the 65 percent is calculated on a five-day work week, or from Sedgwick having the wrong dates for when an LOA ends. Some nurses who have caught these errors have been shorted over $1,000.

Nurses who have asked Sedgwick and payroll to explain their paychecks and possible short-falls are often not given a straight answer. ONA executive continued on page 4
Paycheck Interpretation  
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committee has asked HR and PWFMC administration to get involved in order for us to have access to our paychecks from home while on leave and for nurses and staff to get clear answers when interpreting their paychecks.

The response so far is that the system will be moving away from Lawson to another system sometime in 2021, which will potentially mitigate these issues. We responded that while that is appreciated, we are concerned there will still be problems with accurate pay while on LOA between now and then.

If you are on LOA or planning to be on one soon, be vigilant about your pay! Make arrangements to get your pay stubs while at home, and notify HR and our Labor Rep immediately if something doesn’t look right to you:

HR Alex Jimenez: Alex.Jimenez@Providence.org
ONA Labor Rep. Timothy Welp: Welp@OregonRN.org

Low Census Memorandum of Understanding (MOU)

On Aug. 31, we had our first bargaining session to revisit the Low Census Cap MOU. We mainly spent the two-hour meeting reviewing where we left off and making our case for why a low census cap is needed. At the end of the meeting, we made an information request for:

• How many mandatory versus voluntary low census hours from June 2019 – August 2020, broken down by unit.

• How many nurses have worked as helping hands from June 2019 – August 2020, broken down to what unit the nurses floated from and to

• Confirmation of our starting point being the last proposal PWF to ONA from May 2, 2019

Once the hospital has gathered the data and given it to us, we will set another meeting date.

Know Your Rights & How to Use Them

Sign Up for an ONA Steward Training

Learn how to build nurse power, motivate, and mobilize your coworkers and defend your hard-earned rights on the job by joining an ONA steward training designed specifically for Providence nurses.

Stewards are essential to raising standards for nurses, workers, and patients throughout the Providence system. This training gives you the tools to make a difference. ONA’s Providence-specific virtual steward trainings are the perfect basic training for new stewards, nurses interested in becoming a steward or any current steward looking to refresh your skills and knowledge.

Next Virtual Steward Trainings

Wednesday, Oct. 14, 9 a.m. – 1 p.m.
Thursday, Nov. 19, 10 a.m. – 2 p.m.
Sign up today: https://bit.ly/STEW-TRAINING