Three Negotiation Sessions Down, Five to Go!

We have met with the Hospital administration for three sessions of negotiation so far.

We have made several proposals regarding staffing, standby, floating, scheduling, ETO and EST, leaves of absence, moving to new positions, wages, and several differentials including new BSN, NRT, Floating, and translator differentials.

We have also received proposals from the hospital administration including:
* Changes to the bidding process which would prioritize experience (internal or external) over seniority.
* Changes to some sections which would reference that hospital policy is the prevailing guideline rather than fixed contractual language.
* Increasing the time requirement to access higher education tuition reimbursement from 6 months to 1 year.

Opening Wage Proposals

Our ONA team made opening wage proposals at our May 24 session. Those proposals include 4 percent wage increases for each year of the three years proposed contract.

Additionally we made the following proposals for increases to differential:
- Evening $3.00/hour, Nights (scaled for years of night shift experience) $5.50/6.00/5.35/6.70 per hour, Charge, Hospice Case Manager, and OR team lead $4.00/hour, Preceptors $2.00/hour, and Certification $3.00/hour.

We also proposed new differentials: a $5.00/hour BSN differential, $5.00/hour for Nursing Resource Team, a Floating differential of $5.00/hour and $0.50/hour for Translators.

We also had some creative proposals with regard to bonuses, including agreeing to not take time off during the summer months, retention bonuses, residency programs which would allow our internal staff to fully train for specialty areas with mandatory time requirements to stay in those areas.
Staffing, Breaks, and Lunches, Oh My!

During our most recent negotiation session we spent significant time discussing meals, breaks, and staffing in general. We mutually agree that meals, breaks, and appropriate staffing are critical for positive patient outcomes and nurse satisfaction. Our initial proposal regarding breaks and meals is that the buddy system should no longer be allowed and that additional nurses will be scheduled to care for our patients while we eat our meals and breaks. Our proposal is based on a couple of different criteria. Our stance is that the buddy system, which mandates that nurses take on additional patients’ care responsibilities while a “buddy” is on break or lunch is a violation of the Oregon Hospital Staffing law and encourages nurses to personally violate the Oregon Nurse Practice Act.

According to the Oregon Hospital Staffing Law (ORS 441.152 - 441.177) the house-wide staffing committee is required to create a staffing plan which takes several factors including nursing skill mix, patient acuity and intensity and nationally recognized specialty guidelines. Each unit has such a staffing plan; the problem is when we do use the “buddy system,” we often double the patient assignment which then violates the plan. Additionally, the Oregon Nurse Practice Act requires that nurses only accept assignments for which they are trained, qualified, and able to perform the required care. It is a nurse’s discretion as to whether they are able to meet all of those criteria when accepting a patient assignment that could be double what is normal or identified per the staffing plan.

This issue is not new, nor is it only an issue at RRMC. In 2005, ONA nurses reached a $500,000 settlement with RRMC in regard to missed meals and breaks. Part of that settlement was the current process for documenting missed meals and breaks. In 2014, negotiations brought this issue back to the table. We had shared that missed meals and breaks were being under-reported and that this was once again a significant problem. During that negotiation, we agreed to a Kaizen event to evaluate the significance of the problem and develop creative solutions for these problems. During that event actual reporting of missed meals and breaks increased as there was a guarantee from leadership that there would be no retaliation for reporting. Each unit was responsible for trialing methods to decrease the number of missed meals and breaks. Several issues that led to nurses missing meals and breaks were identified. These included primarily timing, staffing, and culture. While this information is valuable and the work provided some significant insight, we are unfortunately still experiencing missed meals and breaks.

This issue remains a priority for all involved and we look forward to a solution which supports both our patients and our staff.

Do you want to know more about what your ONA team is doing?

Join our ONA negotiators for an update on how negotiations are going.

Where: Holmes Park, 264 S Modoc Avenue Medford 97504
When: 2-4 p.m.

Families welcome, sandwiches and cookies provided.

Just drop in or stay a while, it’s up to you.
Blast from the Past!

February 19, 2007

Rogue Valley Medical Center Registered Nurses:

All of us at Rogue Valley Medical Center (RVMC) are dedicated to, and in fact proud of, our commitment to providing the very best health care and service to our patients, co-workers, and the community. To speak of this dedication is easy, to actually deliver it can be rather hard at times, when patient census and staffing levels vary widely and unpredictably. We realize that during the course of a workday, some of you may sacrifice a rest break or maybe even a meal break because you feel that you have an obligation to remain at your work site to meet our commitment to excellence. We thank you for those efforts. But when missing breaks or meals becomes more the norm, rather than the exception, we become very concerned. It is extremely hard to deliver your best effort if you are not getting an occasional respite.

During our last negotiations with the ONA in the summer of 2005, it was collaboratively decided that RVMC would focus our attention on routinely missed rest and/or meal breaks through a Performance Improvement Process. Initially, representatives from each unit volunteered to work on a committee to identify a process to ascertain how frequently this was happening. We began to collect data regarding missed meal and rest breaks from each Nursing Department.

Our next phase was to identify trends and potential solutions. As a result of this effort, a number of solutions have been implemented. For example, in some departments a system was implemented to actually assign break and meal periods at the beginning of the shift, other departments developed a buddy system where one employee covers his or her buddy for lunches and breaks, while other departments required additional staff.

These are a few examples of the efforts that have been taken to solve this problem. But it is a very complex issue due to the variety of work environments and work demands experienced from one department to the next. Because of this amount of variance, no one solution will work for all departments. That is why we have opted to find departmental answers, not organization-wide ones.

Our efforts are far from over. Ongoing monitoring will continue to each pay period. If, during this review, a trend of missed meal/breaks is identified, a more in-depth focus will be completed. During this evaluation we will look at current staffing levels, patient volumes, acuity and census, national benchmarks by specialty, meal/break relief hours and medical leave vacancy hours. To assist with the monitoring of the missed meal/break periods a “Meal and Rest Break Tracking Sheet” has been developed. This document will be attached to the daily roster.

The most recent development in this matter is that RVMC presented to the ONA, a $500,000 compensation pool to pay RVMC nurses for documented missed meals (if not paid originally) and missed breaks (based on an estimate) over the past year. This will be paid as a lump sum, one-time adjustment, and eligible nurses will receive it in their February 23, 2007, paychecks. The union determined the distribution method and the amounts would vary, depending upon your status (full time, part time and code 3). In addition, in the future, missed meals will continue to be paid at a double time rate for nurses working twelve-hour schedules and time and one-half for all other schedules. Also, employees will be compensated one-eighth an hour for a missed break.

Although this has been a long process, we are pleased with the conclusion. If you have any questions about this initiative, you may contact your union representative.

Sincerely,

Gregg Edwards
Chief People Officer

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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, like Comcast, Yahoo and Gmail, have built in Spam/Junk filters or blockers. The filters are intended to prevent you from getting junk mail or spam, but it can also 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. **Mislabeled**: 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.

STAY IN THE KNOW!

Monthly Executive Committee Meetings

Bargaining unit members are invited to join us at the monthly Executive Committee meetings held on the first Wednesday of each month in the Smullin Center, Room 108 from 7:30 to 9 p.m.

Join us!