



Oregon Nurses Association  
Bargaining Unit Newsletter

# Rogue Regional Medical Center (RRMC) Bargaining Update 4

June 27, 2014



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## DNV Arrives and Negotiations are on Hold

With the arrival of Det Norske Veritas (DNV) for the unannounced three day survey, all hospital nurse representatives from the hospital negotiation team were required to facilitate the survey teams. That severely limited the ability to negotiate and both ONA and the hospital agreed to end negotiations early June 24 and cancel June 25 negotiations. Negotiations will resume June 30 at 0900. Additional dates for negotiations have been agreed on and include July 8

and July 15. All sessions will continue to be held at Homewood Suites. While this delay was unplanned, it should be noted that our team had originally proposed to start these negotiation April 27 and allowed six additional sessions for negotiation. The hospital's response was no. The hospital did however offer that negotiations be held for three consecutive days for three weeks in June to which ONA declined two of those dates.

## What Happens when the Contract Expires?

Our current contract expiration has been extended through July 15, 2014. We agreed to an extension of the contract to guarantee we are able to maintain all rights within the contract. In agreeing to

the extension, we also agreed that any improvements to the next contract would be effective retroactive through July 1, 2014 upon ratification.

## Three More Sessions are Scheduled

We have three more negotiation sessions scheduled. We have asked to continue to negotiate across the table rather than bring in a mediator as has been done in the past. Federal Mediators are usually brought in only when after full good faith bargaining has reached an impasse. Our ONA team

does not believe we are at that point yet. Good faith bargaining means that both teams make some movement to reach a mutual agreement. We look forward to movement next week in order to reach a resolution no later than July 15, 2014.

## What Happened to the Economics?

We had anticipated progress during this week's negotiations especially in regard to economics. Monday's session was consumed with more language discussions which while intense, led to what was not such a productive day .

Tuesday the hospital shared their economic proposals which included increases to the Education

Reimbursement Fund and the ability to roll that money over for two years. We also fine-tuned the language for night shift consecutive year's incentive.

No other financial proposals were changed from opening proposals by the hospital. They did state that they prefer to put the money on the table where it will affect the greatest number of nurses

## Proposal Summaries

Article	ONA proposal	Hospital proposal
4.1	<p>Agreed to additional language regarding policies/arbitration rights. T/A 6/24/14.</p> <p>Agreed to new language regarding timely application for license renewal application. T/A 6/24/14.</p>	<p>Additional language which includes "ONA will not challenge in arbitration any Hospital policy on the sole grounds that different content is preferred."</p> <p>New language which clarifies nurses will receive 30 days advance notice from the Hospital regarding licensure renewal. Failure to apply 7 or more days in advance of expiration date on license which results in "active pending" status on the next scheduled day of work, after license expiration date has passed, will receive disciplinary action. Mitigating factors will be considered.</p>
6.1		<p>Consecutive weekend pay ends on Sunday at 1900. Proposal withdrawn 6/24/14.</p>
6.2	<p><i>Meal Break. The Hospital will provide relief nurses, unencumbered by other patient assignments to provide meal and break relief.</i></p> <ul style="list-style-type: none"> <li><i>Any RN who is scheduled to work and works six (6) hours or more and misses his/her meal break will be paid double time (2 xs) for the missed meal break.</i></li> </ul>	<p>No, would be very expensive. Hospital is currently recruiting for staff. More details to come.</p> <p>No, The Hospital is unable to guarantee nurses will have a meal break in less than 6 hours of start of shift.</p>
6.3	<p><i>For each uninterrupted rest break that a nurse does not receive, he/she will be paid double (2x) the regular hourly wage for one-fourth (1/4) of an hour for the missed rest break.</i></p>	<p>No, the Hospital is unable to guarantee that nurses are able to take appropriate uninterrupted breaks. Nurses who document missed breaks currently receive compensation of regular pay rate for 1/8<sup>th</sup> of an hour.</p>

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## Proposal Summaries *(continued from page 2)*

8.4.D	Agreed with additional language that such decisions will not be arbitrary or capricious. T/A 6/23/14	Code 1 and Code 2 may change to Code 3 with manager approval, but is not eligible to bid Code 1 or Code 2 position for six months.
8.5	<p>Agreed that nurses must remain in new department for 9 months after transfer unless mutually agreed for shorter duration. T/A 6/24/14.</p> <p>8.5 Bidding for Available Positions: Procedure and Priority. Recognizing that a position may be filled temporarily during the posting period, <b>Managers will notify unit RN's via email and unit bulletin board notification</b> and RRMC will post all vacant and newly created positions in the bargaining unit for a minimum period of seven (7) calendar days on a bulletin board in the nursing office and in the Human Resources office, with the exclusions noted below:</p>	<p>Nurses must remain in new department for 12 months after transfer unless mutually agreed for shorter duration.</p> <p>T/A this language 6/23/14</p>
9.6	Clarifying language. T/A 6/23/14	ETO Scheduling Dispute Resolution Procedure. Whenever ETO scheduling decisions involving two (2) or more RNs wanting the same ETO day (s) cannot be worked out on the nursing unit level itself, ETO scheduling decisions by RRMC may be challenged by an affected RN through the following procedure:
11.3	Allow Code 3 B to use frozen EST	No, Code 3 are compensated 15% in lieu of benefits, if they want to use frozen EST they can apply for Code 1 or Code 2 positions.
12.5	Proposal to allow Code 2 or Code 3 nurses who work between 20-25 hours per week to have opportunity for leave with similar insurance premium payment coverage and job protection as protected by OFLA/FMLA leave.	No, Law only requires this benefit for people who work an average of 25 or more ours of work per week.
13.4.B	T/A 6/16/14	A Code 3 nurse may also become eligible for health benefits due to the application of the rules under the Affordable Care Act. Such Code 3 RNs who accepts offered coverage will not be eligible for the 15% wage premium during all coverage periods.
13.4.C	Premium increase cap of 6% each year of the contract.	Premium increase cap of 12% each year of the contract. To ensure no "Cadillac tax in 2018"

*(continued on page 4)*

## Proposal Summaries *(continued from page 3)*

14.3.F	Increase education reimbursement fund for Code 3 who work a minimum of 1040 hours in previous fiscal year to \$800/year with 3 year rollover for a total of \$2400 every 3 years.	Increase education reimbursement fund for Code 3 who work a minimum of 1040 hours in previous fiscal year from \$400 to \$600/year with two year rollover for a total of \$1200 every two years.
15.3	Pay alternates who attend House wide staffing committee.	No, only pay alternate if regular representative is not present.
20	2 year contract	3 year contract
Exhibits		
14.3.B	Increase education reimbursement fund to \$800/year with 3 year rollover for a total of \$2400 every 3 years.	Increase from \$400 to \$600/year with two year rollover for a total of \$1200 every two years.
A.3	Charge/OR Team Lead/Hospice Case Manger differential increase from \$3.25 to \$3.35 in 2015	No, would prefer to make changes that affect all nurses. No change from opening proposal.
A.3	Preceptor pay from \$1.40 per hour to \$1.75 per hour.	No, amended preceptor definition will increase cost of preceptor pay.
A.4	Certification Differential from \$0.50 per hour to \$2.00 per hour.	No change from opening proposal of \$0.75 per hour although they will make some movement in the future.
A.5	Clarify language that a nurse who <b>works more than 50 % of FTE Scheduled hours</b> on the night shift, qualifies for additional night shift differential after 12 months, 3 years and 5 years. A nurse who changes regular work shifts so as to lose the consecutive years night shift differential, but who returns to night shift for <b>more than 50% of FTE scheduled hours</b> within twelve (12) months, will again be eligible for the same level of consecutive years night shift differential and retain prior accrual credits toward the next consecutive years differential level, if applicable.	T/A 6/24/14
A.7	Callbacks to Work. After being placed on standby, the RN will only be required to report to work if called during standby hours. When an RN is called back to work during the standby hours, (absent overtime being required by some other provision of this Agreement), he/ she will be paid at time and one-half (1 1/2x) for the hours of work. (With a 2 hour minimum)	No Counter-proposal so far.

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## Proposal Summaries *(continued from page 4)*

A.12	Keep current contract language	T/A 6/17/14
A.13	No ability for nurses to waive ASI/CNI. No preferential treatment.	Nurses are allowed to waive ASI/CNI. Nurses who agree to waive ASI/CNI would get preference for available shifts.
A.14	Short-Staff Shifts Designation of Short-Staff shifts. A shift shall be designated a short-staff shift and will be compensated with CNI differential for all RNs working on a unit under any of the following circumstances: a. (Where baseline staffing is ten or less), when staffing on the unit is one nurse below the appropriate staffing level, adjusted for census and acuity, as determined by the daily matrix or charge nurse. b. (Where baseline staffing is more than ten), when staffing on the unit is two nurses below the appropriate staffing level, adjusted for census and acuity, as determined by the daily matrix or charge nurse.	No, cost prohibitive.
A.15	Full time nurses who have worked twelve (12) months with no unscheduled absences will receive a bonus of 12 hours of ETO.  Part time nurses who have worked twelve (12) months with no unscheduled absences will receive 8 hours.  Full time nurses who have worked twelve (12) months with 1-2 unscheduled absences will receive a bonus of 6 hours of ETO.  Part time nurses who have worked twelve (12) months with 1-2 unscheduled absences will receive 4 hours of ETO	Considering this proposal although proposed language is too ambiguous. No counter-proposal so far.
C.1	Cell phone contract pay increase from \$40.00/month to \$70.00/month for full and part-time nurses, and from \$30.00/month to \$50.00/month For on-call nurses.	No change from opening offer, which was no change. Plan to discuss with Hospice Director.
C.5	Assessment pager time at \$10.90/hr.	No change from opening proposal, which was no change. Plan to discuss with Hospice Director.
D	9.5% in 2014, 6% in 2015	No change from opening proposal of 2% in 2014, 1% in 2015 and 1% in 2016, although they stated this is not their final offer.

## Sign ONA's Staffing Pledge

During the Oregon Nurses Association (ONA's) 2014 House of Delegates, **ONA nurses unanimously voted to pursue legislation that would improve Oregon's Nurse Staffing Law.** Nurses focused on making specific changes to the law that would empower direct care nurses, improve working conditions, increase transparency and give the state more enforcement tools.

ONA is committed to honoring the House of Delegates vote and improving nurse staffing by passing statewide Safe Nurse Staffing legislation in 2015.

### We will need your help to do it.

In the coming weeks and months, we will be asking nurses to talk with friends, legislators and other nurses about unsafe nurse staffing and the serious consequences it has for patients, nurses and families across our state.

**Click Here to sign ONA's Safe Nurse Staffing pledge** today. Help us make these important connections and pass Nurse Staffing legislation in 2015.

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## Unite for Nurse Lobby Day: February 10, 2015

Join ONA at the Oregon state Capitol in Salem on Tuesday, February 10 for ONA's 2015 Nurse Lobby Day. Every other year, nearly 300 nurses and nursing students from across the state gather during Nurse Lobby Day to meet with legislators and advocate for issues that are at the heart of nursing.

**Click Here to register for ONA's 2015 Lobby Day**

This year's Lobby Day will focus on the need to make improvements to Oregon's Nurse Staffing law that will

empower direct care nurses, enhance transparency and increase enforcement and accountability. These improvements will result in better conditions for both nurses and patients.

Join us at ONA's 2015 Lobby Day to help make the staffing changes we need to protect nurses and patients.

All active ONA and OSNA members are invited to join Lobby Day.

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## Let's Talk Staffing: Medford, July 7, 2014

Meet with ONA's Government Relations team in Medford on Monday, July 7 at 4:00 p.m., to discuss staffing issues at your facility and review ONA's framework for improving Oregon's Nurse Staffing law.

Your input and support will play a key role in ONA's ability to make the staffing changes that were

unanimously approved by ONA's House of Delegates and successfully pass Safe Nurse Staffing legislation in the 2015 legislative session.

For full meeting details and to RSVP, please contact Jenn at [baker@oregonrn.org](mailto:baker@oregonrn.org).