This summer, our Oregon Nurses Association (ONA) leadership learned Sacred Heart Medical Center (SHMC) wants to develop a clinical ladder program for nurses. A clinical ladder is a career advancement program designed so nurses can remain on the floor providing direct patient care while advancing their professional development. We think a clinical ladder can be a way for nurses to receive recognition and remuneration for their professional achievements; it can also be a way for nurses to advance without going into a manager role. However, per the terms of our collective bargaining agreement, SHMC must negotiate the terms of this type of program with ONA. On July 27, 2017, we sent a notice to Dan Kelly, chief nursing officer (CNO) at SHMC RiverBend, and Marie Stehmer, senior director of human resources for PeaceHealth Oregon, stating we’d heard SHMC was planning to implement a clinical ladder program and reminding them of their legal obligation to negotiate the terms of that program with ONA (an excerpt of this notice is shown below). Our notice refers to two proposals by SHMC administration; one is the clinical ladder, and another is a “self- (Continued on page 2)
Clinical Ladder Program (continued from page 1)
scheduling” trial in which nurses would participate in creating their own schedules. We have limited information on the latter initiative (see “Self-Scheduling Trial Update” on page 5 of this newsletter), but any such change to scheduling practices would also be subject to negotiation, which is why we referenced both initiatives in our notice.

On Oct. 4, our ONA leaders held an open meeting for members of SHMC’s Research and Practice Councils of Shared Governance to meet with our team to discuss areas we would like to negotiate. On Oct. 19, our ONA leadership met with Dan Kelly and Marie Stehmer to begin the negotiations on the clinical ladder. Next, we asked to meet with the Shared Governance Research Council and held a meeting on Oct. 26. More updates from that meeting will be provided at a later date.

We will keep you informed of our progress in these negotiations. ONA leaders want to ensure frontline nursing staff have a voice in creating, implementing, and evaluating a clinical ladder program. If you have any questions, please contact Maureen Smith, ONA labor relations representative, at Smith@OregonRN.org, or Phyllis Hurt, ONA executive committee co-chair, at pkhurt@yahoo.com.

Proposed Clinical Ladder Program – ONA’s Negotiation Positions

1. **Who can participate in the clinical ladder?**
   We think it’s important for nurses at both campuses to be part this program; it was initially presented to us that University District would not be part of this program. We also asked SHMC why per diem nurses were excluded; we want SHMC to consider participation for per diem nurses possibly based on a certain number of hours/shifts.

2. **Composition of clinical ladder board/panel.**
   The clinical ladder would be overseen by a board or panel. We think it’s important nurses volunteer to be part of this oversight board, and we want to negotiate how board members are selected, as well as the balance of direct care nurse involvement and management participation on the board.

3. **Paid time for clinical ladder board/panel.**
   Both ONA and SHMC agreed the clinical ladder board should be paid for all time spent reviewing applications and performing other related activities.

4. **Hourly compensation for nurses participating in clinical ladder program.**
   We looked at comparator hospitals in Oregon (Providence Portland, Providence St. Vincent, and Kaiser Permanente) and found the Providence system’s compensation is much higher than what SHMC administration is currently proposing.

5. **Should increased educational expenses be available for nurses who participate in the clinical ladder program?**
   In the Providence system, nurses are granted additional hours and funds for the increased amount of education expected as part of their clinical ladder program. Dan Kelly suggested the proposed Sacred Heart ladder may not require the same amount of education hours. We will discuss this further.

6. **Should trainings and/or mentoring on the application process be available for interested nurses?**

7. **Appeal process.**
   We believe there should be an appeal process for nurses denied entrance into the clinical ladder program. SHMC nursing administration seems amenable to this proposal.

8. **Annual review process.**
   A designated committee should evaluate the clinical ladder program and propose changes as needed. The review should include number of applicants, number of nurses accepted into program, feedback from participants, etc.
OR Charge Nurses Stand Strong!

Since the beginning of June, the operating room (OR) charge nurses have been leading an effort to push back on SHMC administration plans to eliminate charge nurse positions in their unit. SHMC appears intent on replacing charge nurses’ positions with non-union clinical nurse supervisors through attrition. With support from ONA, the charge nurses created and circulated a petition opposing the changes and indicating that not one of the current charge nurses would apply for these new supervisor positions if SHMC moved forward with the plan.

After collecting 78 signatures from nurses in the OR, the charge nurses scheduled a meeting for Aug. 10 with Dan Kelly.

As you may know, the nurse care managers (RNCMs) and utilization review nurses (URs) are preparing for negotiations that will bring their unit into the ONA/SHMC collective bargaining agreement for the first time. This 39-member unit has experienced challenges related to caseload, timely approval of paid time off (PTO), and over-reliance on per diem staff, and they hope their inclusion in the current contract will address these issues. Four nurses from the unit have stepped up to serve as the elected bargaining team: Anne-Marie Burns, Tami McNealy, Tammy Strehlow, and Michelle Zoller. Kathy Andrews, Beth Irvin, and Cyndi Solesbee are serving as contract action team (CAT) members tasked with keeping nurses in the unit informed on negotiation preparations and assisting with turnout to team meetings and negotiation sessions.

The first day of negotiations were Friday, Oct. 27 from 9 a.m.-noon in room 200G at RiverBend. We encourage all nurses at Sacred Heart to support our RNCM/UR bargaining team! If you are able, please show your support by coming by to observe negotiations. Your visit will be appreciated!

Unfortunately, a majority of our future negotiation sessions are to take place at the Annex, making it more difficult for nurse to stop by on a break or lunch. A complete schedule of negotiation sessions is shown in the box at bottom left. Please note that depending on when you stop by, we might be in caucus (a team-only conference) or adjourned for the day.

As in years past, we are hoping nurses will support this bargaining team with PTO donations. As with all negotiations, these team members are volunteering their time and may use their own PTO to cover days spent in negotiation. Note that because our RNCM/UR bargaining team members are not currently covered by the ONA/SHMC contract, we must negotiate with SHMC to allow them to receive donated PTO. We feel confident SHMC will agree to this, so keep an eye out for a future PTO donation announcement. Nurses at Sacred Heart have been generous with their PTO donations in the past, and we hope to see a similar level of generosity towards these new union nurses for their negotiations.

If any units are able to bring treats, lunch, or signs of support to the RNCM/UR team, please contact Maureen Smith, ONA labor relations representative, at Smith@OregonRN.org, or Cyndi Solesbee, RNCM, at cyndisol@aol.com.

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OR Charge Nurses Stand Strong! (continued from page 3)

chief nursing officer (CNO), to deliver the petitions and discuss their concerns with him. Kelly’s office canceled this meeting on short notice, so the delegation of charge nurses left the stack of petitions with Kelly’s executive assistant. The charge nurses later met with SHMC administration, but instead of providing clarity about what SHMC had planned for the new supervisor positions, Kelly and Cindy Lilley, director of surgical services, only offered vague information about what the clinical nurse supervisor role would be and how they had come up with this plan for the OR.

In that meeting, ONA labor relations representative Maureen Smith reminded Kelly and Lilley that the ONA/SHMC collective bargaining agreement does not allow work carried out by nursing staff, including charge nurses, to be replaced with supervisors. She informed them of ONA’s right to bargain over these changes, which cannot be made unilaterally. Also present at the meeting were ONA unit representatives Kellie Spangler, Raeann McClure, and Abby Maurer, as well as unit based council (UBC) chair Tonya Odell, who joined the charge nurses to speak up against making these positions non-union. The meeting ended without any firm agreement from Ms. Lilley or Mr. Kelly to engage in good faith negotiations on the subject.

In order to protect the charge nurses from further unilateral action, we filed a grievance on this issue. During the step 2 grievance meeting, the ONA labor relations representatives again reminded Mr. Kelly and Lilley that the hospital could not make these changes unilaterally and that we believe they have an obligation to negotiate over the changes. They denied the grievance, and we have requested a step 3 grievance meeting with Robert Blake, chief operations officer (COO).

OR nurses are united in their stand to oppose these changes, which they believe will have a negative impact on patient care and outcomes in the unit. The charge nurses are asking for nothing more than their contractual right to negotiate with their director over these proposed changes in order to find the best way forward for their unit and their patients.

We will be asking all nurses to wear a sticker on the day of the grievance meeting with Robert Blake to show their support for all charge nurses, in the OR and the rest of the hospital. SHMC nursing administration has indicated that they want to do a review of all charge nurse positions and duties at RiverBend.

Workplace Violence Committee

Nurses Provide Important Input to Committee Work

In the most recent ONA/SHMC contract negotiations, we heard from many nurses at both RiverBend and University District that workplace violence was a continuing concern. In response, we negotiated for nurse representation on the workplace violence committee, which addresses workplace safety and related policies. While this committee’s work was slow to start, there now have been several workplace violence/threat assessment meetings at which nurses’ input was critical to informing changes in policy and practice related to safety. Among these are how to include action response team (ART) meeting decisions in patient charts in a timely manner and a policy change allowing night shift staff at University District to park in the Physicians and Surgeons south parking structure, which is connected to the hospital by a sky bridge. In addition, the committee has been and will continue to review data from both campuses that details security calls for service, code greys, and ART activations.

Teresa Currey, Mandy Pennefather, Sarah Donahue, and Wendy Nau are the current nurse representatives on the workplace violence committee. Having these staff nurses at the table alongside Robert Blake, chief operating officer (COO) for SHMC, and Mary Anne McMurren, chief administrative officer (CAO) of University District, has been extremely important in bringing the voice and perspective of frontline staff to the table, to inform how policy is implemented and identify gaps that can lead to dangerous situations for nurses, patients, visiting families, and others.
Health Benefits Review Committee Working on Improved Education and Communication for Enrollees

The joint ONA/Service Employees International Union (SEIU)/SHMC health benefits review committee welcomed two new members this month. Nurses Kellie Spangler (OR) and Paul van Waardenburg (ICU) have stepped up to fill two vacancies on the committee. The health benefits review committee has been focused on improving communications to all staff at SHMC about the various benefits available to them, including a chronic conditions program, a premium reduction plan for those who qualify, and a discount pharmacy benefit.

This month the committee gave feedback on PeaceHealth’s plan for rolling out communication and support for the upcoming health benefits open enrollment period, which begins Oct. 30. Committee members noted that while the communications related to open enrollment appeared to be well thought out, the support side was inadequate, with no provisions being made to have HR staff available in person to assist people in navigating the process. HR did announce computer labs will be set up at RiverBend and University District for people to use for online enrollment, but HR staff members would have limited ability to be present to answer questions. Instead, they instruct anyone seeking help with open enrollment to call My HR for assistance. The ONA and SEIU members of the committee agreed to try to have some of their members volunteer to assist people in navigating the online application in the computer labs. Towards the end of the discussion the HR director indicated that her department might be able to have the labs staffed by HR partners for some portion of the time they were open. We will provide more details on these computer lab times as they are available.

There are no major changes proposed to the benefits package for 2018. There will be a less than 1 percent increase in the premiums for medical and vision, and no increase for dental. Times for the open enrollment computer labs will be published and promoted in the Caregiver and other places, according to HR.

Self-Scheduling Trial Update

SHMC has informed ONA they intend to conduct a “self-scheduling” trial with units that have expressed interest. We don’t yet have any details about how self-scheduling would work; we will make this information available as soon as SHMC provides it. SHMC is still in the planning stage of this trial and working with Kronos to determine its current capabilities. However, they feel self-scheduling could lead to increased nurse satisfaction by providing nurses with more control over their schedules. Our ONA executive team has raised questions about how this would align with our current contract language around scheduling, time off, and seniority. We also suggested that units get to decide if they want to participate in the trial rather than being told that they are required to be part of the trial.

Again, we will keep you posted as we get more information. If you have questions or concerns about self-scheduling, let us know! Please contact Jessica Detering, our ONA executive team’s liaison on the self-scheduling subcommittee, at Kobelane@hotmail.com.

CA 5 Fall Dinner

Tuesday, Nov. 14, at 6 p.m.
Valley River Inn
(McKenzie Ballroom)
1000 Valley River Way, Eugene
RSVP to Tyna Gormley
at tgormley@peacehealth.org
or 541-914-7988

The fall dinner put on by constituent association (CA) 5, representing ONA members in Lane County, is coming up! At this dinner, information will be presented on how to become a delegate to ONA’s statewide convention, to be held in Bend in April 2018.

If you can’t make the dinner but are interested in learning more about the convention or how to run for a delegate position, please contact ONA labor relations representatives! You can email Claire Syrett at Syrett@OregonRN.org and Maureen Smith at Smith@OregonRN.org.
**Lane County AFSCME Workers Strike**

*Update: Tentative Agreement Reached! We’re happy to report AFSCME and Lane County reached a tentative agreement on a new contract late in the evening on Tuesday, Oct. 24.*

Employees of Lane County represented by the American Federation of State, County, and Municipal Employees (AFSCME) went on strike Oct. 18 after they failed to come to agreement with Lane County administration on wages and benefits, and the county chose to implement its last offer. This meant over 500 county workers walked the picket line while many county offices were closed or operating at reduced hours. ONA formally endorsed the strike and supports these AFSCME-represented workers in achieving a fair contract. Workers were seeking greater wage parity with similar-sized counties, which would result in significant salary increases for Lane County workers, especially for county nurses. AFSCME argued these increases were overdue and would serve to bring these workers’ wages more in line with other workers doing similar work in other counties. Lane County had offered no more than a 3 percent cost-of-living adjustment (COLA) with the added requirement that workers pay more towards their health insurance. This would have resulted in a net pay cut for some county workers. ONA encourages our members to stand united with our fellow union-represented employees! You can learn more about the tentative agreement between AFSCME and Lane County by visiting the AFSCME Local 2831 webpage.

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**Do you know your rights?**

**WEINGARTEN RIGHTS: DON’T GO ALONE!**

*Weingarten* is the name of a U.S. Supreme Court case that gave workers the right to have a union steward present in some circumstances “when a supervisor asks for information that could be used as a basis for discipline.”

As a represented nurse, you should always request a union steward if a meeting could lead to discipline. You should say the following whenever requested to go to a meeting with administration or your manager:

"Could this discussion in any way lead to discipline? If so, I respectfully request that my union representative be present."

There may be times when a manager ignores a nurse's Weingarten rights. If that happens, you should stay in the room to hear the manager out, and take notes. If you are denied representation, you don’t have to answer any questions until you have a representative present. If this happens to you, please reach out to your steward or ONA labor relations representative right away!

**My manager asked to have a meeting with me and I told them I wanted an ONA representative to join me. Now what do I do?**

ONA has a number of stewards at RiverBend and University District who are specially trained to help you navigate these situations.
Advanced Degree Differentials Are you getting paid correctly?

We have been hearing from nurses who realized they aren’t receiving their advanced degree differentials. Per article 9.12 of the ONA/SHMC collective bargaining agreement, if you hold an advanced degree, you should be receiving a differential. Here is the applicable contract language:

9.12 Advanced Education Pay. Nurses holding a baccalaureate degree in nursing (BSN or BAN) will be compensated three percent (3%) above their Appendix A rate and nurses holding a master’s degree in nursing (MSN or MAN) will be compensated four percent (4%) above their Appendix A rate.

There are a variety of reasons this underpayment error continues to happen to nurses. Nurses tell us they are unfamiliar with how to read their paystubs. Some nurses were surprised the differential was not part of their base pay. They were unaware the advanced degree differential would show up on their paystub as a separate line item of pay. The picture to the left shows examples of paystubs with and without an advanced degree differential.

ONA has been successful in helping nurses correct their pay for missing advanced degree differentials. If you are having or have had a problem with your advanced degree differential, please let us know by contacting Laura Lay at Lay@OregonRN.org.

trained to join you for this type of meeting—look for a list posted on the ONA bulletin board on your unit. No list? Let us know. You can also reach out to one of your ORA labor relations representatives via the SHMC bargaining unit webpage, and we will help arrange for you to have representation.

Why should I bring a union steward? Won’t that make things worse?

Stewards have received special training to represent you in this type of meeting. A steward will help coordinate the meeting time and location, and be present on your behalf to support and advocate for you. They are also there to take notes so there is a record of the meeting. These meetings can be stressful, so it’s good to have someone there to help support you through the process and make sure everything is handled fairly and appropriately. If you do receive a corrective action, the steward or labor relations representative will help determine if the discipline is fair and accurate or if it needs to be grieved or challenged.

So—no, it will not make things worse if you request a steward. In fact, it actually makes the whole process go more smoothly! So don’t go alone.

Are you interested in becoming a steward?

Upcoming steward training opportunities are available—and local! Let us know if you are interested in being an advocate for your fellow nurses! Questions or comments? Contact Laura Lay at Lay@OregonRN.org.
Vote YES on Measure 101 to Protect Health Care Access

Oregon voters will face a decision on whether or not to protect health care for more than 350,000 children, adults with disabilities, seniors, and low-income families in a special election Jan. 23, 2018.

Measure 101 asks voters to uphold the bipartisan Oregon Healthcare Protections Bill which the legislature passed in the 2017 legislative session. Nurses, hospitals, insurers, Democrats and Republicans all supported the bill in order to fund health care and lower premiums for more than half a million Oregonians.

Voting YES on Measure 101 means protecting health care for Oregonians who otherwise couldn’t afford care and are too often forced to go to the emergency room when they are sick. If the measure fails, thousands of our most vulnerable patients will be in jeopardy of losing their health care.

It is critical we stand together to protect Oregon families by supporting Measure 101 in the Jan. 23 special election.

Learn more, get involved, and add your name to pledge to vote YES on Measure 101 at:

www.OregonRN.org/YesOnMeasure101