Certification Pay Grievance Resolved

We are pleased to report that the certification pay grievance has been resolved.

What is the resolution? To resolve the grievance, nurses who lost their certification pay between Sept. 1, 2018 and the present are eligible to be paid their missing cert pay from the date their pay ended, retroactively to September 1, 2018. To receive the retro pay, evidence of continuous certification must be provided and the nurse must “attest” that they have attempted to submit the documentation but cert pay ended.

What is Next? We will be sending more information to all ONA represented nurses as soon as we have a final agreement with administration – they are in the process of reviewing language for the notification. Notification will be sent to nurses at their Providence email address, and to any non-work email address that ONA has in our database.

CVOR Charge Nurse Grievance

As you may recall, a grievance was filed by the cardiovascular operating room (CVOR) nurses for the employer’s refusal to agree to assign (or pay) a nurse performing the charge nurse duties during call hours. Nurses have been performing the charge nurse duties but have not been compensated or recognized for their work. The CVOR nurses have asked that the same level of care be provided to their patient population all hours, and all days, regardless of whether the shift is a call shift or not.

The step one and step two letters from the former manager and current director stated that the local unit staffing plan did not include a charge nurse or relief charge nurse. This was used in support of denying the grievance. That grievance is now in the arbitration process as we were unable to resolve it at the grievance meetings or the workgroup meetings.

Staffing Committee: Corollary to the grievance process, the CVOR nurses have been working to have a charge nurse included in their staffing plan. Unfortunately, their efforts have been met with resistance. Their plan was due for review in June. First, the house wide staffing committee (HWSC) postponed the June review after the manager requested more time to work with her team. Then in July, the plan was presented but was not approved because it included the call team charge nurse requirement and noted that the call team is not provided breaks or lunches. It was clear there would be no agreement from the management members with this language in their plan.

With no agreement, Rachel Seidelman, ONA HWSC Co-Chair, invoked the 30-day waiting period, which triggers the waiting period and the Oregon Health Authority (OHA) mediation process. To review read the Oregon Administrative Rule (OAR 333-510-0120) that sets out the timeline and requirements, please visit http://bit.ly/2Zqb2IN.

For more information on the Staffing Law, rules and statutes, visit the Oregon Health Authority website and select “Nurse Staffing”.

What is Next: During this waiting period, the nurses and administration continue to work together to try and find a resolution. The CVOR’s staffing plan will be reviewed by the full HWSC at either an emergency meeting, or the September 17 meeting – this has not yet been determined. Regardless, a formal vote must be taken at the end of the 30-day period.

If the CVOR plan is not passed at that point, we will
Cardiovascular Operating Room (CVOR) Updates (Continued from page 1)

provide formal notice of an impasse to the OHA. The OHA process then begins and the agency assigns a mediator within 15 days of our notification of an impasse. The mediation period cannot extend beyond 90 days. If the HWSC is unable to reach an agreement, the OHA could fine the Medical Center.

Thank you all for your support of the CVOR staff. This unit provides vital services that often go unacknowledged. It is through the work of your colleagues that we are able to support their work, adhere to strong principles of patient safety, and support our state’s staffing law.

Demand to Bargain over RQI Training Time Modules

We issued a demand to bargain last month after the training time (online modules) allotted for nurses for ACLS, PALS and BLS certification was dramatically reduced. Although we have asked management for dates to meet, none have been provided. We will follow up and keep you informed as this proceeds.

Education Fund Re-opener

Our contract duration is four years but we have a single issue “re-opener” for education leave/pay. We formally provided notice to Providence last week that we want to bargain this issue. Next we will be requesting information about usage from Providence and will also be opening up a survey in August to prepare for bargaining that will begin in October.

House Wide Staffing Committee Update and Unit Based Committees

Message from Rachel Seidelman, HWSC Co-Chair, I want to help direct-care nurses understand how their Unit Based Staffing Committee (UBSC) functions and how you can ensure your unit has a solid staffing plan. Below is information on how decisions and discussions regarding your staffing plan should be done to make your unit’s staffing plan the best and safest possible for your patient population and staff.

Your staffing plan can be discussed at any UBSC meeting, no matter who is or is not in attendance. This allows the staffing plan to work for the unit, to reflect what the unit is currently doing and what needs to be done to ensure safe staffing.

Most decisions about staffing plans happen at the UBSC meetings.

The meeting format varies from unit to unit but generally operates like; “I make a motion...”, “I second the motion”, “all those in favor say aye, all those opposed say nay”. A critical function of UBSC meetings is documenting those decisions in your meeting notes/minutes. All USBC meetings need someone dedicated to keeping accurate minutes for future reference.

If there is an issue where staff are not in agreement or staff and management are not in agreement, then the situation needs to be escalated to the house-wide staffing committee (HWSC). This is the process outlined in the Oregon Hospital Nurse Staffing Law. To escalate, email me, the HWSC co-chair representing the direct-care staff at rachel.seidelman@providence.org and Lora Horn the HWSC co-chair representing management at lora.horn@providence.org.

Decisions and discussion are not privy to just members of the UBSC. For a staffing plan to be healthy and speak to the safe staffing of a unit, as many staff as possible should be involved or able to give feedback in the development of the unit’s staffing plan. If staff are attending the UBSC meeting(s), they can vote on decisions for the staffing plan. If a vote needs to be accessible to more staff (many cannot attend because they are working or sleeping), then other methods to obtain a vote can be developed. If
you are staff in the unit, then you have a say in your staffing plan.


After discussion and initial changes have been voted on at the UBSC meeting, the changes go out to the whole staff (usually a paper copy of the staffing plan with changes and a digital copy to everyone’s work email). The staff have two or more weeks to review the changes and provide additional feedback, approval or not. This staff review may mean more UBSC meetings to discuss feedback or outright disapproval. No contest (no response) to your staffing plan is a form of agreement.

**Your voice matters! Regardless of the design of your unit’s UBSC, you are highly encouraged to engage and participate in the process.**

The HWSC intranet has a template for the staffing plan, other unit’s current and past staffing plans, links to the law, waivers that different units have, HWSC meeting minutes, and the floating grid. To look at the HWSC intranet site go to: PSVMC Nursing Intranet page-->(left hand side) 'Councils and Committees'-->'House-wide Staffing Committee'.

The next HWSC meeting will be Aug. 13 and we will review staffing request and documentation forms (SRDFs) from CVOR, Neuro, IMCU, NICU, Surgical, AED and ICU. We will also review the floating grid and staffing plans from CVOR and CICU that were not approved at the last meeting that was on Tuesday, July 16.

**ONA Steward Election is Running on Medical A**

Our newest Steward Candidate is Adwoa Lynn, from Medical A. Our ONA/St. Vincent Medical Center bylaws require that stewards be elected by the nurses in their unit every two years. The election is online and will close on Wednesday, **Aug. 15 at 5:00 p.m.** To vote, visit your bargaining unit webpage at [OregonRN.org](http://OregonRN.org). Or go to surveymonkey.com/r/Steward-MedicalA-Vote

All Providence St. Vincent bargaining unit nurses, regardless of membership status, may vote for a steward from their unit. Stewards must be active ONA members to serve as a steward. There is no limit to the number of stewards that may serve in a unit. Our goal is to have at least one steward in every unit and every shift.

If you want to know more about being a steward, contact an ONA officer, unit steward or your ONA labor representative.

**Stewards Dinner**

**Tuesday, September 10, 2019**

**5:30 - 7:30 p.m.**

**McMenamins Cornelius Pass Roadhouse**

If you are interested in attending, meeting stewards and learning about being a steward, email us at APRNemail@gmail.com or talk to an officer or steward.

For more information about the role of stewards and officers, visit your bargaining unit webpage at [www.oregonrn.org/83](http://www.oregonrn.org/83) to view the June 2 newsletter.

Oregon Nurses Foundation was established in 1982 to advance the profession of nursing in Oregon. They raise funds to support three key areas: scholarships, workforce assistance and retention programs. ONF’s goal is to raise $100,000 this year so they can award larger scholarships in 2020. Visit [www.OregonNursesFoundation.org](http://www.OregonNursesFoundation.org) for more information or to donate.
Protect your License, Protect Yourself!

Should nurses and nursing students carry their own personal liability insurance policy? The answer is an unequivocal yes. Unfortunately, a contrary opinion is apparently being voiced by employers, faculty and nurses themselves. You carry insurance to protect your home, your car and your health. Why not your career? Here are the reasons:

1. **A common assumption is that your employer will cover any incident.**
   Technically, an employer is responsible for the acts of its staff. However, the employer’s interest is not necessarily consistent with protecting you individually. Should there be a lawsuit or threatened suit, your best protection is to have your own personal legal representation. Your own attorney can prepare you for a deposition, represent you in a deposition and, most importantly, represent you in any settlement and determination of fault.

2. **Your employer’s policy does not represent you in an Oregon State Board of Nursing (OSBN) investigation.** In fact, it could be your employer who makes the complaint to the OSBN about an alleged violation of law. The OSBN must investigate each complaint it receives and, even if the complaint is dismissed, there are costs to you. The Oregon Nurses Association (ONA) recommends that all nurses obtain legal representation before responding to a letter from the OSBN related to a complaint. You are much more likely to receive a complaint from the OSBN than to be named in a lawsuit.

3. **You are always a nurse.** You may render first aid or advise a family member or friend about a health problem. Should any incident arise about these acts, the only protection you have is your own personal insurance.

ONA urges you to obtain coverage from the Nurses Service Organization (NSO). For about $100 you can protect yourself. For example, should you be the subject of an OSBN investigation, you have up to $25,000 in coverage for attorney fees, travel, etc.

For more information please go to [www.nso.com](http://www.nso.com). If you would like to discuss professional practice issues you may also call Larlene Dunsmuir or Therese O’Donnell at the ONA office 503-293-0011.