Update on Dec. 4 Negotiations

Negotiations this last week between the ONA/Willamette Valley Medical Center (WVMC) bargaining team and hospital management were particularly difficult as management has been making slow movement around most topics, signaling to us that they not taking this process seriously.

What is most frustrating in these negotiations is that they often are even unwilling to commit current practices to paper in our prospective contract. The next dates scheduled will be Dec. 17 and 18, please be ready to show your support for the bargaining team everyone!

Here are some of the topics that were discussed on Dec. 4:

WVMC to ONA:
- Package Proposal combining Association Business and Management Rights – Essentially management is proposing to limit Union Representatives in accessing Nurses and break areas, causing difficulty for your Labor Representative to interact with you

ONA to WVMC:
- Health & Safety – In this article ONA addressed Safe Patient Handling, concerns around Workplace Violence specifically assignment of security officers in the Emergency Room.
- Work Schedules – Another article where your bargaining team has listened to the concerns of management and has made adjustment accordingly and management continues to nitpick language that would benefit Nurses

Advocating for Every WVMC Nurse!

The main role of your WVMC/ONA executive bargaining team is to advocate for EVERY one of our nurse colleagues.

We are your voice and we bring your concerns to the bargaining table. Negotiating and bargaining with hospital administrators has brought about a mix of emotions. To be the voice of our nurses and fight for what we feel is fair is empowering, but also frustrating.

Our team brings articles to the table for discussion and we understand that our proposals aren’t all going to be accepted and that compromising is part of the process, for both sides. It becomes emotionally exhausting when our team has heated debates over important articles with our hospital administrators and even more frustrating when you present a counter offer, that we feel is more than fair, and get told by the hospital lawyer that “we have to make more movement than that,” even though it reflects current hospital policy.

continued on page 2
Our bargaining team devotes many hours outside of work, on our own time, sacrificing time with our families and personal lives, and doing this all unpaid, to discuss and write up articles for our contract.

This process is something that our bargaining team is so passionate about and we are more than happy doing because we know we are going to achieve a contract that will mandate better working conditions, mandate better wages and benefits, and mandate safe patient assignments. We put in this hard, emotionally and physically exhausting work because we want to make a difference for our nurse colleagues. So, if you feel like it’s taking forever to achieve a contract, you are right!

Our team works hard to make movement on articles and we aren’t afraid to stand up for our nursing staff in the bargaining sessions. We will let the hospital team know what we are passionate about and what we aren’t willing to back down on. It is hard to also not feel like some of our unpaid time is being wasted due to the hospital team not compromising enough.

As supporters we ask that you continue to participate in ONA t-shirt days, our sticker up days, filling out the Staffing Request & Documentation Form (SRDF) and signing petitions. These types of support do not go unnoticed, especially by hospital administrators. The SRDFs are of utmost importance.

Most of you received an email from our CEO stating that she has “not been presented with any evidence to substantiate” the claims of such allegations of unsafe staffing. She further states that “it is incumbent upon every employee to report” these claims up the chain of command if they are true concerns.

These SRDFs are the evidence our administrators need to see to prove, IN WRITING, that unsafe staffing is occurring. Clearly these actions are grabbing the attention of our administrators.

Our voices are being heard! We realize that filling out the SRDF forms are another step at the end of your day, but these forms can be filled out at home after you’ve had time to divest your shift, and we have provided you with the direct website in this newsletter and on our Facebook page.

Ultimately, we would like to thank you for your patience and the support you show our bargaining team and we ask that you have faith in us as we continue the good fight in obtaining our first contract.

WHY FILL OUT THE SRDF?

The Oregon Hospital Nurse Staffing Law defines “safe patient care” as “...nursing care that is provided appropriately, in a timely manner, and meets the patient’s health care needs.” Inappropriate nurse staffing can lead to patient care needs not being met.

The information gathered in SRDFs allows ONA to track staffing data and provide information to hospital wide staffing committees. It also provides valuable information to labor representatives about how specific units are staffed, and can be used to assist with OHA complaints.

HOW TO FILL OUT THE SRDF

If you work a shift with insufficient nurse staffing, you should complete the following steps:

1. Notify someone in the chain of command;
2. Ask for additional staff;
3. Ask for a response in a reasonable period of time, (e.g., minutes, hours) and;
4. Complete the SRDF as detailed below.

The nurse should complete the SRDF at the end of the shift or within 48 hours. The SRDF can be found online at OregonRN.org/SRDF.

A PDF copy is automatically emailed to the nurse and to ONA, and it is the nurse’s responsibility to forward a copy of the completed form to the nurse manager and staffing co-chair.

The SRDF should be completed even if the problem is corrected quickly. Questions about the SRDF process?

Email SRDF@OregonRN.org