



Oregon Nurses Association
Bargaining Update Newsletter

Columbia Memorial Hospital (CMH) Newsletter

Feb. 16, 2016

ONA / CMH

Executive Committee/ Negotiation Committee

Chairperson

Kelsey Betts, OB

PNCC Chairperson

Carla Lumbr, ICU

Negotiation Committee

Theresa Hecox, OB
Becky White, OR
Becki Glasson, PACU
Jennifer Fremstad, OR

Secretary/treasurer

Vacant

Membership Chair

Vacant

Grievance Chair

Vacant

Oregon Nurses

Association Labor

Relations Representative

Sam Gieryn, JD

503-293-0011 ext. 350

gieryn@OregonRN.org



Oregon Nurses Association
18765 SW Boones Ferry Road
Suite 200 Tualatin OR 97062

1-800-634-3552 within Oregon
www.OregonRN.org



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New ONA Leadership Team at Columbia Memorial Hospital

After completing the nomination process, Oregon Nurses Association (ONA) nurses at Columbia Memorial Hospital (CMH) in Astoria have a new chairperson, professional nursing care committee chair (PNCC) chair, and four additional negotiations committee members. **The new ONA/CMH leadership team is as follows:**



Kelsey Betts
Chairperson
Obstetrics (OB)
kelsey_betts@hotmail.com
503-440-3625



Carla Lumbr
PNCC chairperson
Intensive Care Unit (ICU)
lumbracarla@gmail.com
503-338-2198



Theresa Hecox
Negotiation committee
OB
t.hecox@hotmail.com
503-440-9146



Becky White
Negotiation committee
OR
bcwhite2323@msn.com
503-738-8664

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Payroll Grievances

Sept. 29, CMH wrote to ONA regarding “Consistency in Time Administration”. The gist was that with the need to update their Kronos program they wanted to make sure

that their payroll practices related to the ONA/CMH contract were consistent and in accordance with union contracts. ONA labor relations representative Sam Gieryn, in meeting

with CMH to gather information about how the Kronos changes would affect various departments, learned that the apparent standardization of payroll practices

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New ONA Leadership Team at Columbia Memorial Hospital

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Becki Glasson
Negotiation committee
Post anesthesia care unit (PACU)
davenbecki@yahoo.com
360-244-0033



Jennifer Fremstad
Negotiation committee
OR
norsky_4@yahoo.com
503-458-5448

Vacancies Still Exist

Position vacancies still exist for the positions of membership chair, grievance chair, and secretary/treasurer. You may nominate yourself for any of these open positions. These positions shall be filled in accordance with the ONA/CMH bylaws. Send your nomination form to gieryn@oregonrn.org or fax the form to Sam Gieryn at (503) 293-0013.

Payroll Grievances Continued from page 1

actually included significant changes to previous interpretations of our contract. After discussion with CMH administration we thought we had reached a mutual understanding, but the Kronos changes moved forward unabated, and we eventually filed three grievances which were presented to Lucy Dupree, CMH human resources director, at Step 2. We met with Dupree and Stephanie Brendan to discuss all three grievances Feb. 2 and received a denial for all three Feb. 9. We have since advanced those grievances to Step 3 of the grievance procedure.

A couple things really trouble us about these grievances. One is that we have lost faith in CMH's ability to properly track earned leave, seniority and hourly credit toward benefit status. Nurses need to begin doing their own calculations until confidence is restored. Another big concern is that administrative employees have been making changes to some nurses' timecards without their permission or knowledge. This is a major break in trust between nurses and CMH.

Rest Between Shifts Grievance

This grievance is the result of CMH reinterpreting what was previously considered regular overtime as call-in pay, resulting in the hours not being counted in determining whether a nurse was eligible for the minimum rest between shifts (RBS) differential. The differential is an extra 50 percent on top of your regular pay for all hours worked when you did not receive sufficient rest. That's 10 hours for a 12-hour shift nurse and 12 hours of rest for all other nurses. Our contract is clear that hours worked while on-call do not count in determining eligibility for RBS. But regular overtime hours do count. For years, CMH has considered hours worked immediately after a regular shift to be regular overtime, even when the nurse's call shift was due to begin immediately after their regular shift. That made sense because the nurse wasn't really being called back from "on-call" status, but continuing the work off her regular shift. CMH paid overtime, and did not begin paying the nurses the on-call differential until the nurse actually clocked out and left. Instructions provided to nurses by managers also indicated that the call shift

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PLEASE UPDATE YOUR CONTACT INFORMATION

Together we can make sure everyone is involved and stays informed!

Please update your contact information, especially your address and personal email, as soon as possible. Your team is encouraging all nurses go to www.OregonRN.org and click on

Update Your Information under the **green Membership** tab at near the top of ONA's home page to provide ONA with updated information and ensure all messages get through in a timely manner.

Payroll Grievances *Continued from page 2*

doesn't actually begin until the nurse clocks out. That interpretation resulted in those nurses being eligible for RBS the next day. Call-in pay did not occur unless a nurse was called back from on-call status. Recently CMH declared that those hours worked immediately after a regular shift were not regular overtime but were call-in pay and instructed nurses who were working overtime to clock out at the end of the regular shift and immediately clock back in. We objected. When we signed the contract we had a mutual understanding of what is overtime and what is call-in. It is not appropriate for CMH to unilaterally reinterpret words in our contract in order to change the deal they made.

In the process of investigating this grievance we learned that Kronos had not been properly configured to pay the RBS differential when the previous shift that led to the lack of rest was an unscheduled shift (UNSC). It appears that the only pay code that would consider UNSC hours as triggering an RBS differential the following day was the 880 DIFF pay code. Nurses who clocked in 880 NoDiff, 1240, 1040 NoDiff, 880 Diff Float, 1040 Diff, 1240, or 880 Diff Charge, or 1040 NoDiff did not receive the RBS differential the following day when they deserved it. Even within these general rules there was some variation, so we are asking for explanations. We have an audit showing which nurses were affected, but we don't want to rely solely on CMH's audit. Please check if you were paid RBS when appropriate.

Extended Leave

CMH recently began insisting that nurses use their earned leave (EL) in any pay period where they did not work enough hours to meet the benefit eligibility requirements for their position (40 hours for a part time nurse, 72 hours for a full-time nurse). We objected. Article 19, Section 1 of our contract states that nurses can use EL as best fits their personal needs and desires. Article 23 does require nurses to work that number of hours (dock time and earned leave use also count towards these hourly requirements). But the article only requires the nurse to "average" that number

of hours over six months. There is no requirement that nurses work any particular number of hours in any particular pay period. Furthermore, nurses have the right to choose whether they will meet these eligibility requirements. This is an important issue for many nurses. You never know when you will really need your sick leave for an extended illness. Nurses who are often docked also need to save earned leave for use when paychecks are lower than expected.

Dock Above Status

CMH is experimenting with the new pay code "Dock Time (above status)". The purpose of the code is to prevent nurses from using earned leave to be paid for dock time resulting in the nurse being paid more hours than the maximum found in Article 19, Section 1 (80 hours for a full-time nurse, 64 hours for a part-time nurse). Unfortunately the code has had three negative impacts on nurses that are contract violations:

All nurses are no longer accruing seniority on all of their dock time hours above these maximums in violation of both Article 10, Section 1 and Article 35.

All nurses are no longer accruing hourly credit towards eligibility for health insurance and other benefits on all of their dock time hours above these maximums in violation Article 23, Section 2 and Article 35.

Part-time nurses are not receiving any EL accrual on dock time hours which, when added to other paid hours, exceed 64, in violation of Article 19, Section 2, which states that the maximum hours for which any nurse can accrue EL is 80.

We've asked that CMH correct all of these payroll problems and make nurses whole for lost pay and accruals. All nurses should scour their pay stubs dating back to Oct. 1, 2015 to determine whether they have been paid RBS when appropriate. Part-time nurses should check whether they have accrued the appropriate amount of earned leave. Earned leave is supposed to accrue on a maximum of 80 hours per pay period on regular, overtime, education, earned leave, dock/dock standby, call-back, compassionate leave,

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Payroll Grievances Continued from page 3

and jury duty. **Earned leave accrues at the following rates:**

- 1st through 5th year - 0.108 hour EL/hour
- 6th through 10th year - 0.127 hour EL/hour
- 11th through 14th year - 0.146 hour EL/hour
- 15th year and thereafter - 0.154 hour EL/hour

All nurses should also review those pay stubs and schedules to determine how many hours they should have been credited toward benefit status and seniority. For benefit status credit hours, add together all hours worked plus those for which you were paid EL or were on dock time. For seniority accrual, add together all regular, over-time, earned leave, education, dock, dock standby, compassionate leave, jury duty, and call-back hours. There is no per pay period limit on either of these two accruals. It's up to you to figure out whether you are earning what you should be. As we've said we've lost faith in CMH's ability and willingness to calculate these accruals properly through Kronos.

Evening Differential

This is a potential grievance we are trying to work out with CMH. We just learned last week that nurses

working in departments that are not staffed during evening and night shifts have not been receiving the applicable shift differential for any hours worked beyond their scheduled shifts. This is a violation of Article 32, lines 12-15. If you worked in one of these departments and you worked beyond your regular shift and into the evening differential period (1400-2400) you should have received a differential of \$2.50/hour for all such hours. Please check your pay checks and let us know. Most of these shifts are scheduled to end by 1400 or later so any overtime on your check should have a corresponding amount of evening differential. We are not sure how far back in time this problem goes.

These are the affected departments:

- | |
|--------------------|
| Home Health |
| Hospice |
| Cardiac Rehab |
| Oncology/Infusion |
| Cardiology Clinic |
| Quality Management |
| Care Management |
| Recovery - PACU |
| Community Outreach |
| Same Day Services |
| Diabetic Education |
| Surgery |

Bargaining Preparations Underway

Our current contract expires May 31. ONA opened negotiations by sending a notice of intent to bargain Jan. 22. Your ONA/CMH bargaining team, ONA/CMH chairperson Kelsey Betts RN, and RNs Theresa Hecox, Becki Glasson, Becky White, Jenn Fremstad met with ONA labor relations representative, Sam Gieryn Jan. 25 for ONA bargaining team training and to discuss preparations and ground rules for bargaining. They were joined by Carla Lumbra, RN, who chairs both the ONA/CMH PNCC and the CMH Staffing Committee.

Both your ONA and your elected team are committed to hearing your opinions and pursuing a new contract with CMH that meets your needs. We hope you are too. In the near future you will be invited to participate in a bargaining survey. Please complete the survey

as soon as possible, but please also take time to really think about what is most important to you as a nurse at CMH. We value your opinion.

The profession of nursing continues to become more complex and demanding. We have a community to serve, careers to protect and families of our own for which to care. As your ONA representatives, we take this responsibility very seriously. It is also of utmost importance that every nurse be committed to the bargaining process. That's our real power as a union. This includes responding to bargaining surveys and staying informed about our progress on the issues you are concerned about. We promise to keep you informed. We hope that when called upon you will support our efforts to make progress for our patients and for you.

Welcome Your New ONA Labor Relations Representative Sam Gieryn

ONA has assigned Sam Gieryn to work with nurses at Columbia Memorial. Sam started with ONA in 2011 and spent the last four years representing the nurses at Oregon Health & Science University (OHSU). Sam has also led negotiations at Providence Milwaukie and Amedisys Home Health. Sam has an extensive background bargaining contracts, managing campaigns and representing clients on behalf of unions and other nonprofit organizations. Sam previously worked as a labor representative and organizer for the American Federal of State, County and Municipal Employees (AFSME) for eight years and for five years as a

campaign coordinator with Wisconsin Citizen Action. His professional resume reflects a strong history of organizing, collective bargaining, contract administration, litigation, local union support, legislative and political action. Sam has a bachelor of arts in philosophy from the University of Wisconsin and a law degree from Marquette University Law School. You can reach Sam at 503-293-0011, ext. 350 and Gieryn@oregonrn.org.



Have You Experienced Wage Theft?

ONA will work to end wage theft during the upcoming legislative session. Wage theft covers a variety of illegal employment practices that deny workers the wages they've earned. Tactics include refusing to pay overtime, forcing employees to work "off the clock" or "under the table," denying legally-required breaks and flat out just not paying workers for time

earned. ONA will be working with our labor partners and state legislators to give workers the tools to expose employer wrongdoing, reduce the barriers that prevent workers from getting help and recovering the wages they are owed and put an end to workplace abuses that leave workers and their families shortchanged.

Do you have experience with wage theft? It's only with workers like you coming forward to talk about these issues that we will be able to make change. If you have experienced wage theft, please contact Catie at Theisen@oregonrn.org to learn more about how we can help.

Representing More Than Nurses

ONA's Economic and General Welfare (EGW) Cabinet is proposing to amend ONA bylaws to allow other employees represented by ONA under collective bargaining agreements to become members of ONA. This would enable licensed practical nurses (LPN), certified nursing assistant (CNA), physician's assistant (PA), social workers, and others covered by an ONA collective bargaining agreement to enjoy the full rights of ONA membership.

This proposal will be voted on during ONA's 2016 House of Delegates in April. The following article explores the reasons behind the proposed change and how it will affect ONA.

It used to be that you could walk down the hall to the

payroll office and fix a mistake on your paycheck. Or make an appointment with the human resource office to discuss arrangements for your maternity or paternity leave. Or resolve other issues at the local level.

That's no longer the case. A hospital's decision makers are no longer in the building. Worse still, in many cases they are no longer in Oregon. The farther removed they are to the work we do at the bedside, the harder it is for us to make changes, especially when we only speak for one group in the workforce. The continuing corporatization of health care is driving the need for us to work collaboratively with other employees to maintain our ability to effect meaningful change in our workplaces.

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Representing More Than Nurses Continued from page 5

That's one reason we need to represent more than nurses—to speak with one voice when dealing with multi-state corporations. With each new voice, it becomes harder for an employer to refuse to address common concerns and it becomes harder for an employer to drive a wedge between various groups. We are stronger as a union when we are working together, not apart.

This change will alter ONA. But it will allow us to adapt to the times we are in where we are increasingly negotiating with corporate entities, rather than colleagues.

Visit www.Oregonrn.org and sign up to attend ONA's Convention and House of Delegates to share your voice on proposed changes to ONA's bylaws.

Save the Date: ONA 2016 Convention, April 11-13 in Seaside!

Please mark your calendars and plan to join us for the ONA 2016 Convention and House of Delegates, April 11-13, 2016 at the Seaside Civic & Convention Center in Seaside, OR.

The first day, Monday, April 11, will

be a half-day staffing workshop. This workshop will feature presentations and information to help nurses better understand the updated Oregon hospital nurse staffing law and improve staffing in their workplace.

The second day, Tuesday, April 12, is a full day of continuing education sessions with topics ranging from the use of social media, nurse advocacy, collective bargaining tools and skills, effective

communication, ethics in nursing, nurse leadership and more.

The third day, Wednesday, April 13, will be the ONA House of Delegates.

More details will be posted as they are confirmed and registration will open in late 2015. We look forward to seeing you in Seaside!

[Visit the ONA website](http://www.Oregonrn.org) for more information as it becomes available.

Serve as an ONA/CMH Delegate for the ONA Convention

The Oregon Nurses Association's biennial convention is an opportunity for ONA members, ONA leadership, nursing students and others in the nursing field throughout the state to come together and discuss the issues facing Oregon nurses. The House of Delegates also sets the agenda and policies for ONA's next two years.

Your ONA/CMH bargaining unit sends a representative number of nurse delegates to ONA's convention to inform ONA decision making at the House of Delegates. In addition, our nurses have the benefit of the educational and networking opportunities available at the convention.

This year's convention will be held **April 11-13, in Seaside, OR**. ONA Constituent Association funds will

most likely be available to defray most travel-related expenses for CMH nurses as they have in the past. ONA will make the final decision, based on available funds sometime in December.

In addition you can use contractually-provided education and leave hours:

Educational Leave Hours (Article 22, Section 2) Up to 24 education leave hours may be requested if you need to take time off for the convention.

Educational Funds (Article 22, Section 3) Conference registration costs may be reimbursed.

If you are interested in attending the ONA convention as ONA/CMH Delegate, contact Sam Gieryn at gieryn@oregonrn.org. There is some minimal paperwork that you must complete.