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Alison Field, RN, FBC

Negotiating Team

John Nangle, RN

Joe Sack, RN

Judy Gage-Scott, RN

Angie Streeter, RN

Alison Field, RN

Andrea Rombach, RN

Lynda Coats-Sellers, RN

Courtney Niebel

ONA Labor Relations Representatives

Alison Hamway

541-312-9822

hamway@oregonrn.org

Courtney Niebel

503-560-4668

niebel@OregonRN.org

Oregon Nurses Association

18765 SW Boones Ferry Road

Suite 200, Tualatin OR 97062

1-800-634-3552 within Oregon

www.OregonRN.org



Seventh Negotiation Session Completed May 12

The latest bargaining session May 12 focused on discussions regarding ONA's proposals for new language about shared governance and staffing. St. Charles Hospital System (SCHS) provided responses to several outstanding proposals though no tentative agreements were reached this week.

SCHS presented the following proposals:

- They are willing to include language that states SCHS will make every effort to conclude an investigation into an allegation of serious misconduct within 14 calendar days when a nurse is placed on administrative leave. This proposal was part of a package which includes SCHS withdrawing their proposals regarding introductory nurses and ONA withdrawing our proposal that nurses would not be disciplined based on time entry or nurse locator systems alone (Article 5.1.6, New 5.1.7, 5.2.1, New 5.2.2).

A package proposal can only be accepted by the other party as a whole. They can't pick and choose the items they like.

- SCHS is willing to include a line which clarifies that "it is the intent of the parties that grievances be heard by a different hospital representative at each step of the process" in the grievance procedure article but is not willing to remove the ability for the chief nursing

officer (CNO) and chief executive officer (CEO) to designate another representative to hear grievances at Step 2 and Step 3 (Article 6).

- SCHS proposed withdrawing all language proposals related to earned time off (ETO). This includes their proposal deleting language that required SCHS to develop a way to track denied ETO requests. ONA's proposals were that ETO opportunities be provided based on annual accrual of the unit's nurses and references that the Bend Staffing Committee is responsible for setting minimum staffing standards of a unit (Article 9.6, 9.10).
- SCHS proposed a package on Article 11 which includes all proposals last presented by ONA, except, it excludes new language we have proposed which would require collaboration on protocols for the Staffing Office (Article 11).
- The hospital agreed to language that ONA last proposed regarding allowing a nurse to utilize leave without pay for an educational conference once a year but packaged this with ONA's withdrawal of language we proposed requiring a standard orientation plan be developed for each unit (Article 13.3, 13.7).
- The package proposal presented by SCHS on Article 14 included adoption of ONA's language regarding

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reasonable recommendations of the professional nursing care committee (PNCC) being implemented but altered it to “will be considered for implementation.” This was tied to ONA’s withdrawal of new language regarding a nurses’ right and responsibility to refuse an assignment which they do not feel qualified to perform and our right to refuse to work in an unsafe work environment (Article 14, 12.7).

SCHS had not yet responded to ONA’s proposed new articles on shared governance (New Article 14) and staffing (New Article 13), citing that they felt more discussion was needed before they could provide a meaningful response.

In the afternoon, our ONA team was prepared to discuss these issues with the SCHS team. In order to demonstrate all of the work that has previously been done regarding implementing a shared governance structure at SCHS, we taped butcher paper with notes from shared governance work done in 2010-2011 all over the room.

A few of SCHS’ team members had contributed to this work and were quite familiar with it. Members of our team shared their stories regarding past iterations of shared governance at SCHS and we invited members of the hospital’s team to do the same though they declined. We made a point to impress upon their team that they should not allow this past work to go to waste and that a program was already developed by SCHS in the recent past.

Our ONA team provided SCHS with statistics regarding reduced turnover, increased job satisfaction and improved patient outcomes when shared governance is a reality. We also pointed out that shared governance provides a structure for consistency and stability of policies and procedures as well as better support or buy-in from staff nurses when changes occur.

We engaged in a more brief discussion regarding our new staffing article. Our ONA team feels that this new article is necessary to inform staff RNs, clinical supervisors and managers alike about the most crucial elements of nurse staffing legislation in Oregon. We also expressed to SCHS that it would be beneficial for both parties if those crucial elements of the law could be enforced through the internal grievance process rather than only through filing a complaint with the state.

Unfortunately, Chief Nursing Officer Karen Reed was absent for bargaining this week when these important nursing issues were being discussed. However, we were informed that Ms. Reed has already been holding focus groups with nursing leaders and Unit Practice Committee (UPC) chairs regarding shared governance at SCHS and how to move forward.

If you have any questions, comments, or considerations for your ONA bargaining team don’t hesitate to contact any of the staff nurse representatives or the ONA Labor Representative, Courtney Niebel at Niebel@OregonRN.org.

Track Meals and Breaks May 24 - June 6

The practice of nursing can be both intellectually and physically exhausting. Based on patients’ needs and assessments, nurses are required to make many important decisions during a shift. In addition, turning patients, helping them out of bed and to ambulate, and being on their feet for eight or 12 hours a shift requires physical strength and stamina. The link between fatigue and mistakes is undeniable. According to the ANA (2014), fatigue alters a nurses ability to problem solve, make decisions and slows reaction time – all of which puts patients and nurses at risk.

It is for these reasons that we have proposed language that would require each unit to develop a methodology for providing meals and breaks to nurses. We are also seeking meal and break time to be considered when developing the staffing plan for each unit, as it should be part of the calculation when determining hours per patient day (HPPD). The hospital is not interested in including more specific language regarding how to ensure nurses get their meal and break periods more often even though they have admitted that it is a problem.

We need your help to document the extent of the issue and support our proposed changes to the contract. Our ONA team will be asking you to take action to show SCHS how important this issue is to nurses. The first step is gathering data; we want you to track your meals and breaks for one full pay period May 24-June 6. ONA will be providing a simple form or survey electronically within the next couple of weeks so that the information can be easily submitted. Stay tuned for other ways to take action and show support for nurses getting meals and breaks!