



Oregon Nurses Association
Bargaining Unit Newsletter

Feb. 12, 2016

St. Charles Medical Center - Bend (STC-B) Nurse Newsletter



ONA Officers:

Chair

John Nangle, RN, ED

Vice Chair

Lynda Coats-Sellers, RN, O/N

Members

Alison Field, RN, FBC

Elaine Teague-Bennett, RN, OR

Organizing Co-Chairs

Eric Morton, RN, IV Therapy

Angie Streeter, RN, MSVS

Members-at-Large

Judy Gage-Scott, RN, PACU

Charlie Berman, RN, IMCU

Grievance Chair

Thomas Boarman, RN, ED

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

Eric Morton, RN

Charlie Berman, RN

Courtney Niebel, B.A.

ONA Labor Relations Representative

Courtney Niebel, B.A.

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

In this issue

Attend ONA Convention - Page 1

Insurance Changes - Pages 1 – 2

Was Your Insurance Coverage Dropped and Travel Time Buyout - Page 2

ONA/SCHS Contract Corner - Pages 3 – 4

OT Calculation Grievance and Calling All Unit Practice Council Chairs - Page 4

Support Providence Medford Nurses and "Buddy System" Unacceptable - Page 5

Oregon's New Hospital Nurse Staffing Law - Pages 6 – 7

Protect Your License, Protect Yourself - Page 8

Attend ONA Convention

Join us this spring for the Oregon Nurses Association 2016 Convention and House of Delegates, titled "Lead by Example: Ethical Nursing Practice." Represent local nurses and learn how to improve your practice at the Seaside Civic & Convention Center from Monday, April 11, to Wednesday, April 13.

The first day will be a half-day nurse 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. Day two 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. Learners can earn up to 9.5 continuing nursing education contact hours.

The ONA House of Delegates will be held on the final day, April 13. Your constituent association, CA 14, is eligible to send 35 delegates to this year's House of Delegates. As a delegate, CA 14 will compensate nurses for the expense of attending convention. Interested candidates must complete and submit a nomination form to be a delegate to the 2016 ONA House of Delegates. Please consider joining us and being a voice for nurses in Oregon! A link to the nomination form was recently emailed to all CA 14 RNs in the ONA system but if you didn't receive it and you're interested in becoming a delegate please contact Angie Streeter, RN at angiern1965@hotmail.com.

More detailed information about classes being offered and how to register for ONA Convention is available at www.OregonRN.org.

Insurance Changes

As many of you noticed, there was a slight increase in the cost of premiums for our insurance benefits. We negotiated no changes to premium cost-sharing (percentage split between employer and

employee) for the life of the contract. The overall cost of premiums increased which is why we all noticed an increased cost. Why did premiums increase? St. Charles utilizes an actuarial agency, Healthcare

Continued on page 2

Insurance Changes Continued from page 1

Analytics, to assist in the determination of the cost of their health care plan. This is a very common practice employed by every health insurance administrator. The

During negotiations, some copays were increased. You can access a complete list of current copays on CaregiverNet under Benefits Revolution information. All copays do count toward your out-of-pocket maximum for the year.

actuary considers utilization rates, pricing of providers, census of the community being served and administrative costs to project the cost of the plan for the upcoming year. Actuaries typically provide a plan administrator (St. Charles in this case) with several configurations of how they can distribute that cost to plan participants.

Since copays are negotiated, those costs were fixed and could not be adjusted, so premium rates were adjusted to reflect the 2 percent cost increase projected by the actuary. St. Charles informed us that they have decreased administrative costs recently, which is part of the reason that premiums did not increase by a greater amount. According to a National Public Radio (NPR) story, the average health insurance plan will increase by 6 percent in 2016. To read more of the NPR story, [click here](#).

Was Your Insurance Coverage Dropped?

We recently received reports from some nurses that were dropped from their insurance coverage without warning during the open enrollment period this year. Apparently, there was a glitch in the system which dropped employees from coverage if they didn't bring all of the family members that were previously covered into renewal. The issue has been resolved

and an audit was conducted to ensure that no other employees would be unexpectedly dropped from coverage. If you are currently experiencing this, or similar issues, with your insurance coverage through St. Charles please contact the Benefits Administrator through the hospital's main telephone line.

Travel Time Buyout

Several concerns regarding the travel time buyout have been raised since the one-time buyout check was provided to nurses in mandatory call units. The buyout check should have been equivalent to three-times the amount of travel time pay received by the individual in 2014. Many nurses report that it is impossible to determine, based on pay stubs, whether the buyout check was the appropriate amount. We have recently received information requested that will allow us to determine whether the buyout check(s) were accurate or not. However, the information was provided in such

a manner that hours of manual calculations need to be done in order to determine the appropriate amount each individual should have received in their buyout check. We have assurances from St. Charles administration that if anyone received a buyout check in the incorrect amount, they will correct the error. If you are concerned that your buyout check was inaccurate, please email ONA Labor Representative Courtney Niebel at Niebel@OregonRN.org so that she can expedite the calculation of your buyout check and let you know if you were paid the correct amount.

ONA/SCHS Contract Corner

Nursing Units Meal & Rest Break Plans Due For Implementation April 26!

New contract language regarding meals & breaks is being implemented throughout the house. The new language (underlined below) requires each unit to develop a written plan for providing nurses with rest and meal periods. These plans will be reviewed annually to determine whether revisions are necessary and changes to the plans will be made with input from the nurses on the unit. The Bend Staffing Committee will maintain a list of unit based plans' successful practices on meal and rest periods to capture 'best practices' throughout the house.

The new language also places some responsibility on nurses to take their breaks when the Hospital provides them. This language requires a nurse to inform their charge RN (or clinical supervisor) as soon as possible if they anticipate that they will be unable to take a meal or rest break, and the unit leadership is required to make reasonable efforts to provide the nurse with such a break. **All missed meals and breaks must be recorded during attestation; you cannot be disciplined for accurately reporting a missed meal or rest period but inaccurate reporting could be considered falsifying your time card!**

The updated contract language regarding rest and meal periods is below for your review. Don't hesitate to contact a member of the ONA St. Charles Bend Executive Committee or ONA labor relations Representative, Courtney Niebel, with questions or concerns.

7.7 Rest and Meal Periods The Hospital, the Association, and the bargaining unit nurses have a mutual interest in nurses taking their meal and rest breaks. The Hospital is responsible for providing rest breaks and meal periods; it is the nurse's responsibility to take them. Accurate reporting of a missed meal period or rest break is not a basis for disciplinary action.

One 15 minute paid rest period shall be allowed for

each four hour period of employment, and one 30 minute meal period on the nurse's own time. The Hospital will comply with all legal requirements with respect to meals and breaks if not otherwise provided in this agreement, with the understanding that all exceptions to such legal requirements must be permissible under the law. To ensure compliance with all legal requirements with respect to meal and break periods, the Hospital will provide adequate staffing, which shall be reflected in the unit based plan described in sub-part F below. The Hospital will work with the Association and nurses to accommodate nurses' needs and legal requirements with respect to meals and breaks as long as all accommodations are either in accordance with or permissible under state and federal law.



- A. *When possible, meal breaks will be taken during the following working hours:*
 - For eight hour shifts between the third and sixth working hour*
 - For nine hour shifts between the third and seventh working hour*
 - For 10 hour shifts between the fourth and eighth working hour*
 - For 12 hour shifts between the fourth and ninth working hour*
- B. *When possible meal breaks will be scheduled by mutual agreement; management reserves the right to assign break time.*
- C. *All other provisions regarding meal and/or rest breaks contained in the labor contract, work instructions, or Bureau of Labor and Industries regulations will apply.*
- D. *It is the intention of the Hospital to provide rest and*

Continued on page 4

ONA/SCHS Contract Corner

Continued from page 3

meal breaks separate from each other. The option to combine one rest break with the meal break will be allowed when mutually agreed upon. Patient care and unit staffing will be the primary consideration when combining one rest break and the meal break. The combination of one rest break and meal break will be administered on a unit by unit and/or shift by shift basis.

- E. The Parties agree that the provision of rest breaks and meal periods is best addressed by unit-based decisions where the affected nurses and nursing leadership are involved in creative and flexible approaches.
- F. Each unit has the flexibility to develop a written plan for providing nurses with rest and meal periods set forth in this section, subject to the following:
1. The unit based plan will be developed and implemented within six (6) months of ratification of this Agreement.
 2. The plan must have the agreement of the unit manager.
 3. Nurses will follow the methodology outlined in the unit plan.

4. If a nurse anticipates that he or she will be unable to take a meal period or rest break, the nurse will inform the charge nurse (or supervisor, if the charge nurse is not available) as soon as possible. The charge nurse, supervisor or manager will make reasonable efforts to provide the nurse with such break(s) or meal period. Charge nurses who are encountering difficulties with providing meal and rest breaks to nurses on their unit will notify their manager or designee in a timely manner.
5. Each unit will review its written plan no less than annually to determine whether revision to the plan is necessary. Such necessary revisions will take place with input from the nurses on that unit. Each annual review will include a list of practices on the unit that have been successful in allowing nurses to regularly receive meal periods and breaks, as well as any challenges. The Bend Staffing Committee will maintain a list of unit based plans' successful practices on meal periods and rest breaks in the different units throughout the Hospital.

OT Calculation Grievance

On Nov. 24, 2015, an Association grievance was filed regarding St. Charles' new method of calculating overtime. St. Charles is no longer calculating 1.5 x's pay for overtime based on wages including differentials as they have in the past. Despite what you may have been told, this was not a change negotiated by ONA. We are currently at Step 3 of the grievance process and anticipating a meeting with Bend Chief Executive

Officer, Bob Gomes, within the next couple of weeks. We are seeking reinstatement of the previous method used to calculate overtime payments as well as repayment of any monies owed due to the incorrect calculation that has been utilized since November. We will provide regular updates regarding this grievance in upcoming newsletters so stay tuned for more information.

Calling All Unit Practice Council (UPC) Chairs!

Are you currently serving as Chair of your Unit Practice Council? If so, please send your name and contact information to Kerry Dynice. Dynice is the administrative assistant responsible for maintaining the list of UPC Chairs on CaregiverNet. Email her at kldynice@stcharleshealthcare.org

Support Providence Medford Nurses During Informational Picket Feb. 18!

After months of unsuccessful negotiations with Providence Medford Medical Center's (PMMC) administration, nurses at PMMC are working on an expired contract. Throughout negotiations, PMMC's administration has repeatedly denied nurses' proposals for a fair contract that prioritizes safe patient care and allows the hospital to attract and retain highly-qualified nurses.

Local nurses need your support in their fight to make sure charge nurses have the experience they need to oversee patient care, to expand continuing education opportunities for nurses and to invest in their community. Currently, nurses at PMMC make less than nurses at all other Providence hospitals in Oregon and are significantly behind their colleagues in the same city. This makes it difficult to attract and retain experienced nurses and creates serious problems for patients and the community.

With a lack of progress from an initial mediation session and only one remaining mediation session scheduled, the nurses at PMMC overwhelmingly voted to authorize an informational picket.

PMMC nurses ask you to show your support for their work by attending an informational picket Thursday, Feb. 18, from 7:30 a.m. to 9:30 a.m. or from 3:30 p.m. to 5:30 p.m. Nurses will hold the informational picket near PMMC in Medford. Contact bruce@oregonrn.org for details and to RSVP.

If you cannot attend the informational picket, you can support your colleagues in Medford by [signing a petition asking PMMC administration](#) to come to terms on an agreement that benefits patients and the community. The petition is available on ONA's website www.OregonRN.org on Providence Medford Medical Center's bargaining unit page.

“Buddy System” for Breaks Found Unacceptable by Washington Arbitrator

In 2010, the Washington State Nurses Association (WSNA) participated in a class-action lawsuit against MultiCare health systems regarding missed rest periods. The lawsuit eventually resulted in settlement in 2013 which included an agreement that the hospital needed to provide breaks without violating the established unit staffing plan. The hospital, Tacoma General, continued to utilize the “buddy system” as a means for nurses to take their breaks and a grievance was filed claiming that the practice was a violation of the settlement reached in 2013. Recently, this grievance was taken to arbitration and the arbitrator found in favor of WSNA. The arbitrator determined that when the “buddy system” is utilized the nurse going on break is not

relieved of patient care duties completely because they cannot be sure that their colleague can provide adequate attention for their patients as well as the patients under their own primary assignment. The written decision states “The nurse, on break but on call for urgent circumstances continues to feel the professional and legal responsibility for the assigned patients.” The decision included a mandate that the hospitals’ break relief system cannot violate established nurse-to-patient ratios, banned the “break buddy system” and requires the scheduling of RNs with the “precise assignment” of break relief. To read the full article published in The Stand, [click here](#) and you will find a link to the arbitrator's written decision as well.



Oregon's New Hospital Nurse Staffing Law (Senate Bill 469)

Strengthening Oregon's Nurse Staffing Law: The Oregon Legislature and ONA successfully passed improvements to Oregon's Hospital Nurse Staffing Law in 2015 (Senate Bill 469). These changes build on Oregon's collaborative staffing committee structure by improving much-needed state enforcement, empowering staffing committees, helping resolve impasses, enhancing transparency, and increasing accountability. Read on for a review of new improvements to the law.

Improves Enforcement: Increases the frequency of staffing audits and reduces the time staffing complaints go unresolved.

- Requires hospitals to be audited every 3 years
- Requires state to initiate on-site investigations within 60 days of receiving staffing complaints
- Requires state to re-survey facilities with approved plans of correction within 60 days of correction plans implementation
- Requires state to interview co-chairs of staffing committees as part of audits and investigations

New enforcement provisions take effect immediately.

Empowers Staffing Committees: Specifies that staffing committees have the final say in staffing plans. Modifies membership of staffing committees.

- Staffing plans passed by Hospital Nurse Staffing Committees (HNSCs) must be implemented by hospitals, with limited emergency exceptions
- HNSCs must meet quarterly or at the call of either co-chair
- Members of HNSCs must be released from regular assignments to participate in committee work
- Each hospital specialty unit must be represented on the staffing committee by a direct-care RN
- Creates a new position on HNSCs for a non-supervisory, non-RN, direct-care staff member whose services are covered by staffing plans
- The non-RN, direct-care staffer will join the HNSC as part of the direct-care staffs' fifty percent membership

New staffing committees must be formed by January 1, 2016.

New staffing plans must be implemented by January 1, 2017 or on approval of staffing committees if prior to 2017.

Existing staffing committees and plans remain in place until new staffing committees and plans are implemented.

Additional Staffing Plan Requirements, Regular Review: Creates more comprehensive staffing plans and a more thorough review process.

- Staffing plans must consider admissions, discharges, transfers, breaks and additional non-direct care required tasks

Appropriate RN Staffing

For Patients: Saves Lives

Each additional patient added to the average RN workload increases the likelihood of a patient death by 7%. (*Aiken and colleagues, 2014*)

For Nurses: Improves Work Environment

Nurses tend to have a more positive perception of their work environment when it employs nurse ratios or staffing plans. (*Cox, 2005*)

For Hospitals: Saves Money

Increasing the number of RNs can reduce the length of patients' hospital stays and adverse events, saving nearly \$3 billion nationally. (*Needleman, 2011*)

Continued from page 6

- Plans cannot rely *solely* on external benchmarking measures
- Regular review of staffing plans by HNSCs must be completed annually
 - Reviews must include: patient outcomes, reports of inadequate staffing, staffing complaints, staff overtime, hours per patient day, deviations from staffing plan, and other factors determined by HNSCs

New staffing plans must be implemented by January 1, 2017 or on approval of staffing committees if prior to 2017.

Helps Resolve Impasses: Creates mediation rules to promote agreements.

ONA nurses reported more than **3,400** incidents of inadequate or unsafe staffing between 2012 and July 2015.

- If an HNSC cannot agree to a staffing plan, either co-chair can call for a 30-day pre-impasse period to work towards a resolution
- After the 30-day pre-impasse period, an HNSC begins a mediation process
- Any agreement reached with a mediator must be based on the staffing plan requirements
- If there is no agreement after 90 days of mediation, the Oregon Health Authority (OHA) may fine the hospital

New impasse rules must be implemented by January 1, 2016.

Enhances Transparency: Increases access to staffing information.

- Oregon's staffing law and instructions on how to report a violation must be posted on each hospital unit in areas visible to the public

New transparency requirements must be implemented by January 1, 2016.

Increases Accountability: Creates a collaborative advisory board to ensure best practices.

- Creates a 12 member advisory board to advise the OHA
- Advisory Board will resemble collaborative staffing committee model and include equal representation from direct-care staff and nurse managers
- Advisory Board will identify nurse staffing trends and problems and advise OHA on administration of the staffing law
- Advisory Board will report annually to the Legislature

New accountability provisions take effect immediately.

Makes Changes to Mandatory Overtime: Establishes reasonable limits on use of mandatory overtime.

- Specifies that nurses cannot be required to work beyond the agreed-upon, prearranged shift
- Specifies that a hospital must provide a 10-hour rest period after a nurse works 12 hours in a 24-hour period
- HNSCs will review patterns of overtime utilization

New overtime provisions take effect immediately.

To learn more about Oregon's nurse staffing law visit www.OregonNurseStaffingLaw.org

For more information contact ONA's legislative team:

Jenn Baker, Director of Health Policy
baker@oregonrn.org
 503.621.8729

Chris Hewitt, Political Organizer
hewitt@oregonrn.org
 503.293.0011

Jack Dempsey, Lobbyist
jack@dempseypublicaffairs.com
 503.358.2864

Catie Theisen, Political Communications
theisen@oregonrn.org
 503.293.0011



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 First, 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 Second, 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. Third, 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. If you would like to discuss professional practice issues you may also call Susan King or Jordan Ferris at the ONA office 503-293-0011.

