

Nurses of Coquille Valley Hospital

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ONA Members: Update Your Contact Information

To ensure that you get the most of your membership and receive information in the timeliest manner, be sure to update your contact information online!

Visit www.OregonRN.org and click on "Update Your Contact Information" under the Member Services menu.



BARGAINING UPDATE NO. 2

On July 9 our Oregon Nurses Association (ONA) bargaining team met for the fifth bargaining session. To date we have made lots of progress on language issues and non-economic issues (see the summary article for details).

Our team is disappointed by management's lack of response to the economic proposals that ONA provided at the June 11 session. During the July 2 session, management ended the session on the note that they had 'dipped their toes' into the economics

and would come to the next session with more in-depth economic proposals. The information brought by management on July 9 was a recap of the to-date information and some minor issues were tentatively agreed on. The bargaining session ended with comments by management that they will come to the next session, July 22, with economic proposals. However, they are requesting the ONA team to relook at the wages that ONA proposed. Coquille Valley Hospital (CVH) stated that they believe the

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Here is a summary of where we are

Article 1

We have a tentative agreement (TA) on this article (June 25, 2013). An ONA representative will have 15 minutes during a registered nurse's (RN) orientation. We will also have a designated section on two bulletin boards, one in the employee lounge and one in the nurse work room.

Article 3

We have a TA on the ONA proposed added objective to the professional nursing care committee (PNCC) to support educational needs and opportunities.

We have also added language that the

hospital will comply with the obligation to the staffing law.

Article 4

ONA's proposal included:

- The hospital to provide coverage for staff for all mandatory meetings when possible with the ability for nurses to read and sign meeting minutes for credit;
- An increase in tuition reimbursement to \$750 and \$3,000;
- Restructure of obstetrics (OB) language continuing to be

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current wages at CVH are not too far off of the current wages in the Bay Area Hospital (BAH) contract. Our ONA team disagrees. We are providing the wage comparison scale for the bargaining unit to see the information that our team is working with. A nurse at 10 years at CVH makes \$35.16 [including MAC \$3.25, \$.50 retention and \$1.20 (.60/.60)]. At BAH a 10 year nurse makes \$40.33, a difference of \$5.17. No matter how the math is done, this is not comparative or competitive wages. The scale varies in the severity of the wage differences. Beginning wages are closer but quickly skew around year eight. Our team's goal remains to encourage a scale that pays a fairer nursing wage. We hope to have a better feel of the direction and movement on the economics including wages after the next session on July 22.

Hospital	EXP Date	41455		41820	
	7-08	Next Inc.			
	2013	Date Inc	41091	41456	
		CVH*	\$3.25+\$0.5+\$1.2(.60+.60)	BAH	current difference
Start		\$23.86	\$28.81	\$30.30	\$1.49
After	1 Yr	\$24.56	\$29.51	\$31.21	\$1.70
After	2 Yrs	\$25.30	\$30.25	\$32.15	\$1.90
After	3 yrs	\$26.05	\$31.00	\$33.11	\$2.11
After	4 Yrs	\$26.84	\$31.79	\$34.10	\$2.31
After	5 Yrs	\$27.64	\$32.59	\$35.13	\$2.54
After	6 Yrs	\$28.47	\$33.42	\$36.18	\$2.76
After	7 Yrs			\$37.27	
After	8 yrs	\$29.32	\$34.27	\$38.36	\$4.09
After	9 yrs			\$39.54	
After	10 Yrs	\$30.21	\$35.16	\$40.33	\$5.17
After	11 Yrs			\$41.13	
After	12 Yrs			\$41.96	
After	13 Yrs	\$31.11	\$36.06	\$42.79	\$6.73
After	14 Yrs			\$43.65	
After	15 Yrs			\$44.52	
After	16 Yrs	\$32.05	\$37.00	\$45.41	\$8.41
After	17 Yrs				
After	18 Yrs				
After	19 Yrs	\$33.00	\$37.95		
After	20 Yrs			\$46.32	\$8.37
After	21 Yrs				
After	22 Yrs	\$33.99	\$38.94		
After	23 Yrs				
After	24 Yrs				
After	25 Yrs	\$35.02	\$39.97	\$47.25	\$7.28
After	27 Yrs				
After	28 Yrs	\$36.06	\$41.01		\$6.24
After	29 Yrs				
After	30 Yrs				

Save the Date: Oregon Rural Health Association Town Hall, July 20, Coos Bay

Join the Oregon Rural Health Association (ORHA) in Coos Bay on Saturday, July 20 at 10 a.m. to review and discuss how new state health care laws may affect rural practitioners. Senator Arnie Roblan, Representative Caddy McKeown and ORHA board members will lead the discussion, which will focus on legislative updates – including updates on tax credits and student aid for rural providers - workforce issues

and Coordinated Care Organization news. Meeting information is below.

Annual ORHA Town Hall Meeting
Saturday, July 20, 10 a.m. - noon
Coos Bay City Hall Council
Chambers
500 Central Ave Coos Bay, OR
97420

Please RSVP to
baker@oregonrn.org

ORHA was founded in 1992 to build a stronger voice in Salem for all rural practitioners. ORHA is composed of individuals and organizations dedicated to providing leadership on rural health issues through advocacy, communication and education.

To learn more about ORHA visit
www.orha.org/

HERE IS A SUMMARY OF WHERE WE ARE

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discussed under the mandatory certification section. This is still an open issue.

Article 5

TA reached on 'housekeeping' wording related to 90 days.

Article 6

Management proposed in lieu of benefits of \$2.50 for only casual nurses.

TA on changing casual nurse requirements to three, 8-hour shifts or two, 12-hour shifts a month.

Continued discussion on the topic that management proposed to stop stand-by pay when a nurse is called in and clocked in for call-back pay.

Article 7

TA June 25, 2013 on management's proposed additional language for military leave.

Article 9

Management proposed changes to medical insurance.

ONA team is working on providing a comparison chart for the bargaining unit to help explain the proposed changes and the impact it will have on nurses.

CVH agreed with proposal by ONA to include part-time nurses for medical, dental and vision coverage.

Article 10

Both teams have presented proposals to help support accurate credit for experience. Discussions continue.

Article 11

TA reached on removal of reduction of pay as a disciplinary action.

Article 14

TAs were reached on:

- A process for developing and maintaining a seniority list that will be posted and visible to the nurses;
- Positions and vacancies to be posted on the intranet and posted on a bulletin board by the time clock;
- Incorporated language from existing memorandum of understanding regarding seniority;
- Daily staff reduction method to add a provision that permits the hospital to not cancel or send home a contract or agency nurses and would allow them to work if there is a monetary requirement as long as skills and qualifications of the unit are met;
- Nurses working overtime a step in determining daily reductions.

Article 15

TA on added language to accrue on paid time off (PTO); exclude

only overtime in excess of full time employee (FTE); and raise the cash-out cap on PTO to 360 hours; to incorporate existing PTO memorandum language and remove language related to transition to PTO program.

Article 20

Management proposed a 3-year agreement.

Appendix A

ONA proposed a wage scale for July 2013 that changes the base scale to reflect a competitive wage with acute care facilities. For years: 2014, 5 percent; 2015, 5 percent; and 2016, 3 percent, for both RN's and LPN's.

Retention incentive program

ONA proposal included increases in the following sections:

- Charge Nurse: \$4
- Night Shift Differential: \$4.50
- Weekend: \$1.50
- Stand-by: \$5

Removal of sections related to salaried surgery nurses.

Additional Memorandum proposed by management reflecting changes in drug-free and alcohol-free section to support a safe environment for patients and employees.

Both teams have proposed a number of language 'clean up' items to catch the contract up to current times and needs of the bargaining unit.



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, Sue Davidson, Tara Gregory or Connie Miyao at the ONA office 503-293-0011.

