

### ONA - AURN Bargaining Team

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## Next Bargaining Session May 17

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## Negotiation Update #15

### MEDIATION UPDATE

The Oregon Nurses Association (ONA) and Oregon Health & Science University (OHSU) negotiating teams had a mediated bargaining session on May 10, 2017. Neither party is able to discuss what occurred during that session. This confidentiality is normal during mediation as the parties discuss "supposals" or "what if" scenarios. The parties were unable to reach a deal on May 10, so your ONA team stayed late into the evening preparing for the next mediation session scheduled for May 17.

The following proposals (among others) continue to be discussed:

- Recognition provisions regarding which nurses should be in the existing OHSU bargaining unit
- Provisions related to meal and rest breaks
- Provisions related to double-back premium pay
- Regular rates of pay for sick and vacation hours

- Several differentials including call, night, weekend, and critical need incentive (CNI)
- Retirement plans
- Insurance benefits
- Salary wage scales

We anticipate having more detailed information for you following our May 17 mediation.

It is important that we continue to stand strong and united to move OHSU administration to agreement. Nurses are currently working to build support in our community, should we need assistance from them down the road. This includes asking local businesses to display signs in a show of solidarity with nurses at OHSU. Please contact your contract action team (CAT) member or union steward about helping to distribute signs to local businesses.

Stay strong and stay tuned as we continue through this process.



Nurses have voiced their concerns about staffing at OHSU, consistently stating that safe patient care depends on adequate staffing. The ONA bargaining team's position is that adequate staffing is not only necessary but cost effective. However, at the bargaining table, the OHSU administration team has prioritized cost containment measures such as limiting overtime and double-back pay, incentives that the hospital currently relies on to maintain adequate staffing levels. Local staffing benchmark indicators tell us that staffing needs to be a priority in bargaining.

In the two most recently reviewed 12-month periods, OHSU showed a significant year-over-year staffing variance report increase. In the 12-month period ending April 2015, there were 122

## Staffing: The Real Picture (continued from page 1)

submitted variance reports. Over the subsequent 12 month period (through April 2016), submissions increased by over 100 percent to 254 reports. Read the [full staffing variance report](#) by ONA's Professional Services department on the ONA website.

Staffing variance reports are only one indicator of understaffing. Other local staffing benchmarks indicating staffing shortages include the necessity for OHSU to utilize nurses in overtime situations, including situations that cause incremental overtime and double-back pay. OHSU recognizes this overutilization of nurses under these short-staffed conditions. Many nursing units have conducted studies about the root causes for incremental overtime. Some of these have been identified as shift change interruptions, admissions within one hour of shift change, change in patient condition during shift change, waiting for next shift nurse, handoffs given to more than two nurses, toileting needs during handoff, conversation with patient/family, and completing charting. Many of these causes could be remedied and cost savings achieved by adequate nurse and support staffing.

Other local benchmarks are the

necessity to call in nurses on short notice to work unscheduled shifts, and the necessity to utilize outside/contract (agency) nurses to supplement scheduled staff. Data provided to ONA by OHSU shows that the number of hours worked by outside/contract nurses increased from 12,661 in 2014 to 26,963 in 2016.

The consistent inability of nurses to take meal and rest breaks is yet another local benchmark indicator of inadequate staffing. The utilization of the "buddy system" unnecessarily restricts the nurse's ability to take breaks. Nurses report the inability to take breaks is related to the expense of incremental overtime and likely absenteeism due to stress. The "buddy system" also places patients at risk by doubling the covering nurse's workload for extended periods of time while their "buddy" is unavailable due to required meal and rest breaks or patient transports.

Staffing numbers vary per day, but consider these figures (calculated from unit staffing schedules): typically more than 570 nurses work each 24-hour day at OHSU, and each nurse is entitled to 1.25 hours of time away from work per 12-hour shift (0.5 hours for a meal and

0.75 hours for three rest breaks). If OHSU supplied sufficient staff to actually relieve nurses of their assignments, they would need to schedule approximately 60 additional 12-hour shift nurses per 24-hour day, which is the equivalent of 139 additional full-time 12-hour shift nursing positions.

Staffing plans for OHSU are adopted by each unit-based nursing practice committee (UBNPC) and the hospital-wide staffing committee. Unfortunately OHSU relies heavily on external hours per patient day (HPPD) benchmarking data to compare our staffing to other facilities, and minimizes all of the objective local benchmarks listed above. The Oregon Hospital Nurse Staffing Law explicitly states that a hospital may not exclusively use external benchmarking data to establish their staffing plans.

OHSU continues to have bargaining proposals and cost containment policies that minimize expenses related to double-back pay and overtime while at the same time relying on these incentives to staff the hospital. ONA continues to push at the bargaining table for OHSU to recognize the need and cost effectiveness of adequate staffing.

## PERS Sustainability

There are several bills currently being considered at the Oregon State Legislature that if adopted would negatively impact future earnings for active members under any of the Public Employees Retirement System (PERS) plans. No one knows if these bills will be modified and eventually adopted or rejected during this legislative session (or in future sessions). The Association of University Registered Nurses (AURN), however, is concerned about pending legislation that could impact future retirement for PERS-enrolled nurses. Please visit the [Keep Oregon's Promise](#) website for details about how your retirement may be impacted.

**Senate Bill (SB) 559 and SB Bill 560** are bills that appear to violate prior Oregon court ruling protections for benefits set by statute prior to the date of the legislation. They also change the PERS Full Formula irrevocable benefits. Unless significantly modified these bills are not likely to be adopted, or if adopted they are likely to be challenged in court.

**SB 913** similarly proposes to amend multiple aspects of the

current PERS system including adjusting actuarial and annuity benefit calculations, raising the retirement age for future enrollees, adjusting calculations for crediting sick leave and other calculations of final average salary, and creating a new account similar to the individual account program (IAP) out of which employee contributions would be applied to fund pension costs, among many other changes. Again, these proposals can be challenged in court to the extent that they violate precedents set by prior PERS litigation.

Nurses who have spent their careers in public service at OHSU are part PERS. ONA members believe any proposed PERS reforms should not shift the burden of paying the state's unfunded liability bill to current employees. ONA is a proud member of the PERS coalition and working hard to ensure any changes made to the PERS system are legal, fair, and honor the promises Oregon and OHSU have made to nurses.

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