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Charlie Berman, RN, IMCU

#### Grievance Chair

Thomas Boarman, RN, ED

### ONA Labor Relations Representative

Courtney Niebel, B.A.  
503-560-4668

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## Meals and Breaks: Grievance Update

In September, an Association grievance was filed because the Hospital failed to provide “adequate staffing” for rest and meal periods as Article 7.7 of the Oregon Nurses Association (ONA)/St. Charles Medical Center – Bend Agreement requires.

Our grievance also states that unit-based plans for providing meals and breaks have not yet been developed and implemented, despite the fact that they were supposed to be in place six months after ratification of the last contract changes. Meals and rest periods continue to be missed by nurses because the Hospital is not effectively providing opportunities to take them.

In order to resolve the grievance, we have sought a collaboration with administration to adjust the attestation data being collected so that it is useful in identifying the barriers to nurses receiving and taking their meals and breaks, completion of the unit based meal and break plans so we know that units are staffed adequately to cover them and asked that the “buddy system” cease immediately as it is a violation of the Staffing Act. We are also seeking compensation for missed

meals and breaks for the past two years.

The grievance was heard by Karen Reed, Chief Nursing Officer, and Bob Gomes, President at Step 2 and 3 of the grievance process. Reed responded that “St. Charles has made a significant amount of progress in ensuring nurses are receiving their contractual break and meal periods since bargaining and implementing new contract language.”

But we just don’t see it that way and the data in Kronos isn’t clear. Gomes offered “a partnership with Bend nurses to participate in a facilitated ‘problem solving’ event to look at our current process with the support of our Value Improvement Practice facilitators,” but we haven’t seen a lot of improvement coming out of the Value Improvement Practice (VIP) process. As a result, we’ve notified Hospital administration that we will be moving the grievance to arbitration. Stay tuned for further updates as the arbitration is scheduled.



## Buddy System: SRDF vs. Missed Meal/Break

All nurses are feeling the continued physical and mental strain of not being offered their legally mandated meal and breaks. This means a ½-hour meal and a 15 minute rest break every four hours of work, thus 3 rest breaks for 12-hour nurses. Despite some gains on the issue, St. Charles is still not offering nurses their breaks on a consistent basis.



What this means for you: document ALL missed meals and breaks in Kronos! It is imperative that we collect this data, despite being a hassle at the end of a busy shift. Remember, it is the Hospital's responsibility to offer the break and the nurses' responsibility to take it when offered.

ONA strongly believes the “buddy system” violates the staffing plan when nurses are responsible for more patients than would otherwise not be an acuity-based assignment. Any time that a nurse is required to take more patients than the unit staffing plan allows, that is a violation of the Staffing Act.

However, this issue has not been clearly resolved so if you receive a break under this system then you should NOT indicate a missed break in the Kronos attestation. The problem is then transferred to the nurse covering for you, who now has an overloaded –and often unsafe – assignment.

***The ONA SRDF must be filled out every time a nurse is forced into “buddy system” meal and break coverage.***

We should be getting hundreds of these monthly, but we are not. Help ONA leaders help you and fill out the SRDF whenever you are in an unsafe care situation because of a lack of appropriate nurse resources.

## Facebook: Work News Private Group

Tune in, turn on, and participate in ongoing discussions facing St. Charles Bend nurses on the Work News Facebook page.

Currently 454 of our Bend nurses are on the site, but we have 900+ nurses at Bend. Please get your colleagues on the site by requesting they join.

We monitor the site to assure that only ONA nurses are allowed access. We want to hear from you on all issues, at least come say hi!



## Overtime Calculation Arbitration Re-Scheduled

It has been well over a year since we filed a grievance regarding St. Charles' change in how they calculate overtime. As you know, in Nov. 2015 St. Charles stopped calculating overtime (1.5 times pay) on standing differentials such as Night Shift and Charge RN differentials.

This case was scheduled to be heard by an arbitrator in December but was delayed due to a “key witness”

for St. Charles administration being out on a medical leave. An arbitrator will now hear the case on March 9 and 10.

We are seeking re-instatement of the previous methodology for calculating overtime and back-pay for any lost compensation due to the violation. We will provide an announcement as soon as the arbitrator's decision is available.

# Bend Staffing Committee Report

The Bend Staffing Committee (BSC) continues to mature. The new Oregon Nurse Staffing Law legislation went into full effect on January 1, 2017. This new legislation has been a large focus for the members of the committee and will continue to be for 2017.

The BSC continues to work on reviewing nursing unit staffing plans, meals and break issues, creating a template for the nursing Unit Practice Committee's (UPC) meal and breaks plans, creating a template for the nursing unit staffing plans, setting standards for monthly data review, and aligning the BSC with legislative requirements.

Currently the ED, the OR and the Cath Lab are working on new staffing plans. A staffing plan is also being worked on for boarded patients, which will impact several nursing units like the ED, IMCU and Med/Surg. In addition, all units that include Technicians in their nurse staffing plan will now need an annual waiver to assure compliance with Oregon law.

Your UPC has the power to create the unit staffing plan. BSC is working to provide UPC's with the tools to create a unit staffing plan based on acuity and intensity of the patients, as well as account for skill mix of the nurses on the unit, as the law requires. We hope to have these tools ready for you very soon.

**If you need assistance with your unit staffing plan, please contact your BSC representative:**

Critical Care – Chris Mahl, RN and Matt Jones, RN

Med/Surge – Diane Billingsley, RN and Tammy Jo Virgil, RN

Ortho/Neuro/Rehab – Lynda Coats-Sellers, RN

Women & Children Services – Karen Kauffman, RN and Jody Holland, RN

Emergency Services – John Nangle, RN and Julie Bostrom, RN

Behavioral Health – Dawn Mead, RN and Dianne MacMillan, RN

Peri-Operative Services – Joan Ryan, RN and Anne Shepherd, RN

Radiology/MRI/Cath Lab – Jock Carter, RN

Patient Care Support – Melanie Lagalo, RN

## 2017 ONA Lobby Day

A delegation including St. Charles Bend nurses John Nangle, Bruce Humphreys, Steve Rooney, and ONA Labor Representative Courtney Niebel gathered at ONA's Lobby Day in Salem on Tuesday, Feb. 14. This delegation also had separate meetings with Bend Representative Knute Buehler (District 54), Central Oregon Representative Gene Whisnant (District 53), and Central Oregon Senator Tim Knopp (District 27).

ONA's Cabinet on Health Policy, which is comprised of elected nurses from across the state, set the following as legislative priorities for the 2017 legislative session and many of the following topics were discussed with our elected officials.

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From left: Steve Rooney, Bruce Humphreys, John Nangle

# 2017 ONA Lobby Day (con.)

	Legislative Issue	ONA Position
<b>Revenue Reform</b>	<ul style="list-style-type: none"> <li>• Oregon ranks 50th in the nation in corporate taxes – very low!</li> <li>• Oregon faces a no-new-revenue 2017-2019 budget that will require cutting \$1.8 billion from current service levels.</li> <li>• Hundreds of thousands of Oregonians will lose health care coverage.</li> <li>• Drastic cuts in nurse-lead public health and safety net programs.</li> </ul>	<p>ONA believe cuts to vital programs are unacceptable and challenge our representatives to address Oregon’s revenue issues, not just cut services.</p>
<b>Employer Health Care Accountability</b>	<ul style="list-style-type: none"> <li>• The Affordable Care Act (ACA) set a standard for what an affordable, employment-based health care plan must look like.</li> <li>• Unfortunately, employers have found a loophole to shift costs to Oregon taxpayers by reducing wages, hours worked or both, creating a false subsidy situation. This shifts costs off employers and onto taxpayers.</li> </ul>	<p>ONA recommends greater accountability for employers to provide affordable, quality health care to their employees.</p>
<b>High Cost Prescription Drugs</b>	<ul style="list-style-type: none"> <li>• Prescription drugs are the fastest growing part of the health care system.</li> <li>• Between 2008-2015 US brand-name drugs increased by 164%.</li> </ul>	<p>ONA recommends increased price transparency for pharmaceutical manufacturers by requiring justification for drug cost increases, accountability for prices that exceed a fair rate of return, consumer notice of price increases, and a cap on drug co-pays for consumers.</p>
<b>Nurse Faculty Loan Repayment Program</b>	<ul style="list-style-type: none"> <li>• Oregon is facing a nurse workforce shortage in the next decade.</li> <li>• In 2015, there were 1,610 student nurse “seats” for 7,031 applicants, mainly due to a lack of nursing faculty.</li> </ul>	<p>ONA recommends allocating some funds within the Nurse Faculty Loan Repayment Program to offset education costs for nurse educators.</p>
<b>Improving Access to School Nurses</b>	<ul style="list-style-type: none"> <li>• Oregon falls way short of the federal and state recommended ration of one school nurse for every 750 students.</li> </ul>	<p>ONA recommends increased investment in school infrastructure to bill Medicaid to help support the costs of school nurses and expand access to care.</p>
<b>PERS Sustainability</b>	<ul style="list-style-type: none"> <li>• ONA members want to do their part to be part of creating a fair and balanced solution to PERS unfunded liability.</li> </ul>	<p>ONA believes any proposed PERS reform should not shift the burden of paying the state’s bill to current employees.</p>

## 2017 ONA Lobby Day (con.)

Legislative Issue	ONA Position	
<b>Nurse Practitioner Barriers</b>		ONA has made a long-term commitment to work with the legislature to ensure statutory language is provider neutral and inclusive when appropriate, and to remove existing barriers to NP practice.
<b>Tobacco and Nicotine Control</b>	<ul style="list-style-type: none"> <li>Every year, over 7,000 Oregonians die as a result of tobacco use and we spend over \$1.4 billion on tobacco related medical care annually.</li> </ul>	ONA proposes several solutions to help address the problem: increase tax on tobacco products, new tax on e-cigarettes, tobacco retail licensure system to enforce existing laws, and raising the age of tobacco purchase and use to 21.
<b>Hospital Community Benefit</b>	<ul style="list-style-type: none"> <li>As part of remaining tax-exempt (non-profit), hospitals like St. Charles are required to provide and report on investments in “community benefit”, which is very loosely defined.</li> </ul>	ONA recommends the requirements for hospitals’ community benefit be more specific to ensure that the greatest community needs are being addressed.

## Charge Nurse Grievances

Two grievances have recently been filed to address what we see as an erosion of the Charge RN role at St. Charles Bend. We became aware that Charge RNs have been hired into positions that were posted as 50% Charge and 50% Staff RN. While we agree that there is value in Charge RNs working as a staff nurse for some shifts, our contract language requires positioned Charge RNs to receive the Charge differential pay for “all compensated hours.”

Charge RNs working in a 50/50 position are only receiving the Charge differential pay while they’re working as a Charge RN. Our contract is clear: there are positioned Charge RNs and Relief Charge RNs. Charge RNs are defined as “a general duty nurse who has been awarded a position with additional duties to assist the unit leadership...” while Relief Charge RNs are defined as “a general duty nurse who has been assigned by the Hospital to replace the charge nurse on a temporary basis.” The distinction is significant. A Charge RN must apply for a posted position which should be awarded by seniority in accordance with the contract while a Relief Charge RN is assignment which can be awarded or rescinded by St. Charles leadership with no contractual parameters because they are meant to be temporary.

We have filed a grievance because we feel strongly that nurses who have been awarded a 50/50 position (which they applied for and were granted under the hiring provision of our contract) should receive Charge RN differential pay for “all compensated hours” as our contract states in Article 8.12. Currently they are being treated as a Relief Charge RN and only receiving the Charge RN differential for “all hours performing Charge RN duties”. These nurses are a resource on the unit regardless of whether they are working in the Charge RN role on a particular shift and they shouldn’t suffer a loss of pay because they are working as a staff nurse to keep up their skills or keep in touch with unit operations.

The second grievance filed relating to the Charge RN role is due to the fact that we have seen some Charge RN positions vacated and not re-posted for applicants. Our contract requires that the “staffing committee will be used to determine any future changes in the number of charge nurses” (Article 7.15) yet the Bend Staffing Committee (BSC) has not reviewed or approved any changes in the number of Charge RNs. We are aware of two units so far that have allowed Charge RN positions to be vacated without posting an equivalent Charge RN position for nurses to apply for.

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## Charge Nurse Grievances (continued from page 5)

Again, it is important that we maintain positioned Charge RNs and not fill these hours with Relief Charge RNs. Not only is the hospital saving money by paying Relief Charge RNs only when they're working in the role but it allows them to control who is awarded the assignment entirely without regard for the hiring process agreed to by contract.

If you have seen a change in the Charge RN role on your unit, we want to hear about it. Please contact Labor Representative, Courtney Niebel at [Niebel@OregonRN.org](mailto:Niebel@OregonRN.org) or speak to a member of the ONA Bargaining Team.



## 2017 ONA Statewide Elections

The ONA 2017 Statewide Elections slate of candidates has been finalized. We are proud to have received strong interest from members who want to take an active leadership role within our organization and have several contested races.

Voting is open and every ONA member is encouraged to let your voice be heard by casting your ballot.

**Each ONA member will be sent a unique login and password from our election service provider, Election-America, specific to the 2017 ONA Elections (NOT the same as your ONA website login).** ONA members will receive the information either by email if we have a valid email address or by postal service mail if we do not have an email for you.

If you have received your unique voting login and password, visit [www.OregonRN.org](http://www.OregonRN.org) to see the candidate slate and vote today.

If you do not receive your login credentials either by email or postal mail, please contact Election-America at [Help+ONA@election-america.com](mailto:Help+ONA@election-america.com).



# 2017 ONA Statewide Elections Candidate Slate

## Vice President/ANA Delegate

- Lynda Pond, RN, RNC; Sacred Heart Medical Center

## Treasurer

- Caitlin Reid, RN, BSN, PCCN, TNCC; OHSU

## Director (4 open positions)

- John Nangle, RN, CEN; St. Charles Medical Center – Bend
- Megan Wright, RN; Providence Seaside Hospital
- Rebecca Tilley, BSN, RN, CNOR, RNFA; Grande Ronde Hospital
- Susan Phillips, RN, CCRN, CNRN; Providence Portland Medical Center
- Rachel Seidelman, BSN, RN, CMSRN, Providence St. Vincent Medical Center

## Cabinet on Education (3 open positions)

- Nichole Pagniano, BSN, RN; Sacred Heart Medical Center
- Sheryl Oakes Caddy, MSN, RN, CNE, JD; Linn-Benton Community College
- Heather Aldrich, BSN, RN, CCRN; Bay Area Hospital

## Cabinet on Nursing Practice & Research (2 open positions)

- Carl Uhlman, RN, CNOR; St. Anthony Hospital
- Debra Wright, RN; Grande Ronde Hospital

## Cabinet on Human Rights & Ethics (1 open position)

- Deanna Louise Prater, BSN, RN, PCCN; Bay Area Hospital
- Laurelen Jabbour, BSN, RN; Retired

## Nominating Committee (3 open positions)

- No candidates filed

## Cabinet on Health Policy (4 open positions)

- Teri Mills, MS, RN, CNE; Portland Community College
- Cheryl Cosgrove, MN, RN, CEN; Grande Ronde Hospital
- James McLain, Jr., RN; Providence Portland Medical Center
- Kelly Rae Taylor, BSN, RN; Premise Health
- Jane Ko, BSN, RN; Providence St. Vincent Medical Center
- Tim Gebhart, RN, FNP-C; Physicians Medical Center, PC
- Renee Reed, MSN, RN, ANP-C, GNP-BC; CRM Physicians, LLC
- Thomas Sincic, MSN, RN, FNP-BC; Independent Volunteer
- Nancy MacMorris-Adix, RN, MN, CNM; Legacy Medical Group Women's Health

## Cabinet on Economic & General Welfare (1 open position)

- Ann Murdock, BSN, RN, CCRN; Providence St. Vincent Medical Center
- Cindy Kistler, RN, ADN; Tuality Community Hospital
- Kevyn Paul, BSN, RN, CEN; Sacred Heart Medical Center
- Pam Gordon, RN, CRNI; Good Samaritan Regional Medical Center

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# 2017 ONA Statewide Elections Candidate Slate (continued from page 7)

## ANA Delegate Alternate (2 open positions)

- Nichole Pagniano, BSN, RN; Sacred Heart Medical Center
- Bruce Humphreys, BSN, RN; St. Charles Medical Center Bend

## NFN Delegate (3 open positions)

- George Haefling, BSN, RN; Rogue Regional Medical Center
- Sherry Craton, BSN, RN, CEN; Providence Seaside Hospital



[OregonRN.org/2017Election](http://OregonRN.org/2017Election)



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