

May 9, 2014

Sacred Heart Medical
Center Negotiating
Committee

Pam Van Voorhis, RN
NICU
Lynda Pond, RN, LDR
Suzanne Seeley, RN
Mom Baby
Nancy Deyhle, RN, ICU
Kevyn Paul, RN, ED-UD
Beth Harvey, RN,
Float Pool
Kim Stroda, RN,
7 Surgical
Erin Smiley, RN,
8 Medical
Kellie Spangler, RN, OR
Annie Maguire, RN,
Regional Infusion Center
Laura Lay, RN, Mother
Baby - Alternate

Sacred Heart Home Care
Negotiating Committee

Billy Lindros, RN
Hospice
Phil Zicchino, RN
Hospice
Susan Walters, RN
Home Health
Terri Dean, RN
Home Health
Kristi Till, RN
Home Health - Alternate

Maureen Smith
ONA Labor Relations
Representative
smith@oregonrn.org
(541) 726-0772

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

- Hospital Administration Says SRDFs Not a Priority for Managers Pages 1 - 2
- ONA Team Proposes Improvements to Health Insurance Pages 3-4
- Next Bargaining Session May 16 Page 4
- Thanks for Lunch ICU Page 4
- Change Your Email Address to a Personal Email Address Page 4

Hospital Administration Says SRDFs *“not a priority for managers”*

Our third round of contract negotiations were tense Monday as discussion moved forward on a variety of subjects, including hospital staffing and health insurance (see page three for details on health insurance issues).

The Oregon Nurses Association (ONA) had previously proposed contract language shortening the time frame for managers to respond to SRDF forms from 30 days to 14 days. Our proposal also specified that would have to include the Staffing Committee co-chairs on their responses to nurses. Due to the severe and chronic nature of staffing issues here at Sacred Heart Medical Center (SHMC), we think a month is too long for a nurse to wait to hear back from his/her manager about an unsafe shift. **Management responded to our proposal by saying that responding to SRDFs was “not a top priority for managers.”**

That’s clear. Currently, managers on a whole only respond to SRDFs approximately 30 percent of the time.

As far as we can tell, no one is held accountable to respond to these reports from nurses of unsafe situations – and the ONA team doesn’t think that’s fair to nurses or to the patients that we’re advocating for.

There are two exceptions to the rule though; ONA would like to thank managers Steve Perry and Dawn Fisher for consistently responding to the SRDF forms that are submitted in their units.

Here’s a look at the SRDFs filed so far this year, along with some data detailing management’s lack of responsiveness.

Month in year 2014	Number of Shifts for which SRDFs were reported	Number Management Responded to
January	36	12
February	29	11
March	52	16

ONA was notified last week by Human Resources that effective June 15, 2014 On-Call Called In and Critical Staffing Incentive pay would be discontinued for nurses at the facility. When ONA asked for clarification, we were told that the Extra Shift Incentive would also discontinued. ONA pressed further, asking Human Resources

Incentive Proposals *continued from page 1*

what the employer's plan was to properly staff the hospital in light of discontinuation of all incentive pay programs. Our concerns were dismissed, and we were assured that management's goal is to "adequately and safely staff the medical center within the premiums that currently exist in the contract."

In response to this change, the ONA bargaining team presented proposals for two new incentive pay programs during our session on Monday. Most hospitals in the state (and PeaceHealth hospitals in Washington and Alaska) have contract provisions that spell out incentive plans, that provide extra money to nurses who volunteer to work over and above their scheduled hours.

Our first proposal is for a "Critical Staffing Incentive" which would apply to shifts identified by the medical center prior to posting, and would consist of \$15 an hour for weekdays and \$20 an hour for weekends and holidays.

Our second proposal is for "Short Notice Incentive Plan" of time and a half (1.5) + \$10 an hour for nurses that pick up a shift of need 24 hours or less before the shift.

Even with the incentive programs that are currently in place (and due to go away in June) – we are continuing to see record numbers of SRDFs filed. We have asked the hospital to share with us what will happen on June 15 (once the existing incentives are scheduled to expire) to end the staffing crisis. Although we've continued to ask for it, management has not shared their plan on how they will safely staff the hospital – either now, or in the future.

On the hundreds of SRDF forms we've seen filed in the two years since our last contract bargaining, when nurses were asked what would help them remedy the situation they were reporting on, none of the responses we've gotten from nurses said, "give us more money." Nurses ask for help in the form of additional resources including more nurses and ancillary staff. Meanwhile, the employer continues to portray nurses as "greedy" and the cause of their financial problems, rather than recognizing the fact that if there was adequate staffing to begin with, they would not have to ask nurses to come in on their days off, time and time again, to provide safe patient care.

As part of our broad effort to address staffing problems through negotiations, the ONA team brought forth a proposal on Monday to change the Staffing Committee language in our contract. One such change would be to require staffing plans to "take into consideration admissions, discharges, transfers, rest and meal breaks for nursing staff and non-direct care required tasks on each shift."

Additional ONA proposals regarding staffing were also made Monday, including the following:

- Language that ensures that the medical center will provide sufficient staff to ensure that all efforts are made to contact nurses on available lists, unit lists and agencies in order to fill vacancies in the schedule.
- A proposal that requires the medical center to develop a method of sending blast text messages to nurses that agree in writing to share their cell phone numbers in order to notify nurses of scheduling needs for specific units and shifts and any associated incentives for those vacancies.
- An article requiring all newly hired nurses and nurse managers to attend a training on the Nurse Staffing Law (ORS 441.162) within three (3) months of hire. This training would be jointly developed by the medical center and the association and would cover mandatory overtime rules, staffing plans, SRDF forms and other topics related to the Staffing Law and its implementation at the medical center. ONA's proposal would require that the training be held every six (6) months and be open to all current staff nurses, Charge Nurses and Nurse Managers on a voluntary basis. Our proposal also says that nurses would be compensated for attending the training.

We're still waiting on responses from the management team on these and other proposals. Our next negotiation session is Friday, May 16 at RiverBend.

Both employer and ONA proposals from the May 5 bargaining session will be posted on the ONA Sacred Heart Bargaining Unit web pages for our members to review.

The ONA Team Proposes Improvements to Health Insurance

Aside from focusing on staffing issues on Monday, the ONA team presented proposals to address concerns about health insurance that were raised by our members in the pre-negotiation survey. All of our proposals are ones that wouldn't require an overall change in the plan design.

We were told by the employer during 2012 negotiations that the wellness program was an important piece of the new health insurance plan's design and success. However, it's not being handled that way currently. The wellness benefit provides a reduction in premium costs for nurses in the Preferred Provider (PPO) plan and a contribution to your health savings account for nurses in the High Deductible/Account Based Health Plan.

In our pre-negotiation survey this year, we heard from many nurses who were dissatisfied with last year's Biometric screening process. There were over 130 comments in the survey about biometric screening – most talking about the inconvenient times, the complex log-in procedures, lack of response to nurses who sought assistance, difficulty in determining whether benefits were received, and so on. Such concerns might explain why only 260 nurses participated in the wellness program this year from Home Care Services and the medical center combined – that's a significant decrease from the 358 nurses who participated in 2013.

ONA asked nurses *"if the incentive were higher, would you participate?"* Over 49 percent of the nurses surveyed responded in the affirmative. Based on that feedback, the association has proposed that the wellness incentive be increased to \$500 (it's currently just \$200), and that we revert to the Biometric process used in previous years.

We've heard from many nurses about the high cost of health insurance for part time employees. For part time nurses with families, the cost for the PPO plan is \$477.12 per month; and for the High Deductible Account Based Health Plan (ABHP), it is \$347.80 per month. At the same time, management is proposing hiring more part time nurses than ever to provide "flexibility" in staffing.

For a new grad with a family that starts at Step One (there are currently 100 nurses at Step One at the medical center) and is hired for a .5 FTE position (20 hours a week), insurance costs for the PPO plan would be 18.4 percent of monthly income. If that same nurse chose the High Deductible Plan, the cost would be 13.4 percent! Of course, while that new grad might save some money with the High Deductible Plan, she/he would potentially be liable for \$10,000 in out of pocket costs (including deductible). That represents nearly four months total income for a nurse in Step One.

Aside from being concerned about the impact on nurses, our members have indicated that they are concerned about how PeaceHealth "caregivers" who make less money than RNs are affected.

Below are ONA's proposals for changes in premium share:

For nurses working at least 64 hours per pay period, the medical center will pay **95% instead of 93%** of the cost of the PPO medical plan premiums for employee coverage and **85%** instead of 77% of the cost of said premiums for dependent coverage.

For nurses working at least 40 hours, but less than 64, hours per pay period, the medical center will pay **87%** of the cost of the PPO medical plan premiums for employee coverage and **77%** of the cost of said premiums for dependent coverage.

For nurses working at least 64 hours per pay period, the medical center will pay **100%** of the cost of the ABHP medical plan premiums for employee coverage and **87%** of the cost of said premiums for dependent coverage.

For nurses working at least 40 hours but less than 64 hours per pay period, the medical center will pay **90%** of the cost of the ABHP medical plan premiums for employee coverage and **82%** of the cost of said premiums for dependent coverage.

continued on page 4

ONA Team's Health Care Proposals *continued from page 3*

Our team also proposed increasing the contribution to Health Savings Account (HSA) for those in the high deductible plan to \$1,000 individual; \$1,800 family. That would be an annual increase of \$200 at each level.

Finally, the association brought up concerns raised about the Open Enrollment dates changing and the timeframe for benefit enrollment being shortened.

We proposed that there be a “Minimum four (4) week open enrollment period with accurate information available regarding all benefits at time of open enrollment.”

Management indicated that they have no desire to make any changes in the Health Insurance plans. We know that these proposals will be difficult and we'll need your support. If you have stories to share about your experience with the health insurance plans, please contact Lydia Hallay at hallay@oregonrn.org

Next Bargaining May 16

Our next negotiating session will be Friday, May 16 at RiverBend in Room 200EB. Bargaining typically starts at 1000 and nurses are invited to come and observe the process. This will be the final day for either party to introduce new language at the table.

Thanks for Lunch!

Audrey Winner, from the Intensive Care Unit (ICU), provided lunch during our bargaining session on May 5, 2014. We appreciate your support!

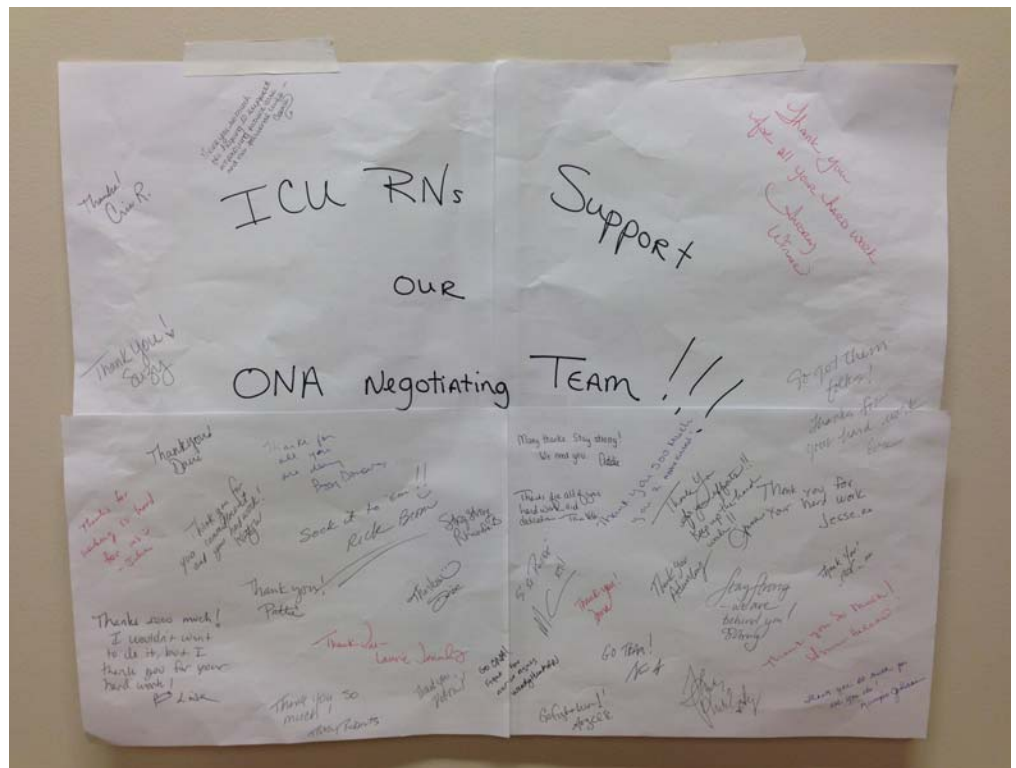
Nurses from the Operating Room (OR) have signed up to provide lunch on May 16. If your unit would like to provide lunch or refreshments at a future bargaining session, please contact an ONA bargaining team member.

Change in employer policy: Update your email address to your personal email!

The employer has changed their practice regarding distribution of bargaining updates like these to nurses at SHMC / SHHCS.

After many years of sharing this kind of information with nurses via hospital email, the employer is now preventing nurses from getting this information at work. Please contact Lydia Hallay at hallay@oregonrn.org

Thanks ICU RNs for Your Messages of Support!



O
N
A
Oregon
Nurses Make
A Difference