Update from June 10 Negotiations

In other newsletter articles, we highlight the compelling discussion on workplace violence and ONA/SH Bargaining Unit Co-Chair Lynda Pond shares her impressions from our last session.

Here are more on proposals on the table and where we are in bargaining to date. Our next sessions are Friday, June 17 and Monday, June 20 — come sit in, hear the conversations firsthand, and help us stand strong to support better working conditions. These are the last scheduled sessions that will be held at RiverBend.

**Wages**

Our team proposed a 3-year contract with an expiration of June 30, 2019. We asked for an across the board wage increase of 6% per year and an

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adjustment for steps 7-9 so nurses only spend one year at each of these steps rather than the current two year wait.

Administration came back with their counter proposal. They proposed a 4-year agreement because Service Employees International Union (SEIU) has a 3-year agreement ending June 30, 2019. They don’t want to have two contracts expire at the same time. We are not convinced a 4-year agreement is the way to go and we would like to have our contract lined up with SEIU if possible.

Their wage proposal is 1.5% at the end of contract negotiations, 1.5% in July 2017, 2% in July 2018 and 2% in July of 2019. Remember this is only their initial wage proposal.

Other Economics

We proposed increasing the compensation for extra shifts from $12.50 to $20 per hour; they proposed $16 per hour.

They agreed with our proposals to increase evening shift differential from $2.35 to $2.50 and preceptor differential from $1.50 to $2 per hour. We also made some progress on getting additional pay for nurses that volunteer to be sexual assault patient examiners but we need to work out more details on that one.

They said “no” to any increase in holiday call pay, consecutive weekend pay, weekend differential, advanced education pay for bachelor of science in nursing (BSN)/master of science in nursing (MSN), or a float pool differential. They didn’t come back with any proposals about tuition assistance or ONA Education Fund increases – we had proposed increases in both contracts.

Other Outstanding Proposals

Definition of charge nurse: Administration has proposed new language stating “An essential function of a charge nurse is to serve as a clinical and resource expert for the department. This is accomplished by maintaining clinical competency which includes but not limited to the ability to provide full patient care to the department’s standard nurse assignment.”

Protection for Injured Workers

Our team proposed continuing health insurance benefit contributions to nurses that are absent from work due to a workplace injury. We also proposed language that encourages SH to find suitable light duty work for nurses rather than sending them “home to heal” because they are now included in the productivity index for the unit.

Senior Nurse Mentor Program

We want to bring this program back to help support new hires and provide good options for experienced senior nurses that may want to reduce hours or have less physically demanding work.

Health Insurance

Administration has agreed to the same language that they’ve negotiated with SEIU. We would like more improvements to the health insurance benefits such as a reduction in premiums, and reductions in out of pocket maximums.

Staffing Committee, Staffing Plans and Unit Based Councils (UBCs)

Our team has proposed language designed to empower UBCs and prevent administration veto power in development of staffing plans or other unit governance. We have heard from our members that the unit

RN Marjean Yates from 7 Surgical and team-minute taker Suzanne Seeley support their ONA team and the University of Oregon Ducks.

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manager should be part of the decision making process but not have their one vote count more than the entire UBC or unit RNs. This is a very important proposal as it gives staff nurses the ability to ensure that staffing plans take into account patient acuity; the time it takes for admits, discharges and transfers; account for meal and rest breaks and give nurses the authority to make patient care decisions based on their clinical judgment and not just the “bottom line.” Our proposal also provides more paid time for staffing committee members to attend unit council meetings for the units they represent to assist with their plans.

Both parties agree that UBCs and staffing committee representatives should receive annual training on best practices for staffing plan development and evaluation methods but we haven’t reached agreement on any of the decision-making provisions of this article.

The two proposals that seem the most important to the administration team are: 1) the proposed change in paid time off (PTO) caps down from 600 to 480 at the top tier (20+ years) and as low as 336 hours maximum for nurses working 0-5 years. And, 2) putting nurses on call for the entire shift if low censused instead of just up to half a shift.

Both of these proposals have raised concerns from our members. For the PTO proposal, we asked the reason for the proposal and administration said it was to “standardize” the PTO benefit for all employees and to limit their liability. Our team did some research and the only other PeaceHealth nursing contract that has less than 600 hours is Southwest Washington – we suggest bringing them up to the standard of the other facilities rather than “standardizing down” to the lowest amount of PTO. PeaceHealth St. Joseph in Bellingham just finished their negotiations and kept their 600 hour cap – they also have an extended illness bank which helps members that need time off for their own or family member’s illness.

In regard to being put on call for an entire shift if low censused, nurses have said that they don’t understand why decisions can’t be made after huddle rather than wait until six or eight hours into a shift before deciding the unit needs additional staff. Night shift nurses talked about the difficulty of needing to be available to work from 11 p.m. – 7 a.m. and not being able to get the rest they need if not needed in the unit. If the staffing is tight, why not bring in the nurse at 3 a.m. rather than 5 a.m.?

We have scheduled sessions June 17, June 20 (at RiverBend), June 22 (Home Care), June 28, June 29 and 30 (at the University District). We need your support to get language that will make a meaningful difference in nurse staffing and real shared governance and to push back on proposals that limit your ability to get paid time off when needed and keep you on hold in case you’re needed at work for $5 an hour rather than just making that decision at the half shift!

Update Your Contact Information

If ONA doesn’t have a home email address on file for you or the email address on file is a work email, go to www.OregonRN.org and click on — Update Your Information under the Membership tab.

Together we can make sure everyone is involved and stays informed!
nurses for meal and rest periods if required. As part of all of this, the Kronos time clock is being reprogrammed to ask if you got your meal and breaks prior to letting you clock out. The change is that you will now be making a formal “attestation” that yes, you did get your meal or rest breaks or no, you did not get a break. Nurses will need to make sure that they accurately report missed meal and rest breaks. This is supposed to be activated as of July 24. Management also proposed a quarterly review of “Meal and Rest Period Compliance” in a labor management committee.

Regarding ED Holding practices, in response to concerns that we have raised and our May 20 proposal, they countered with a side letter rather than putting language into the contract. Our proposal said that for purposes of “Article 8.9, Orientation” ED Holding “shall be considered a unit and orientation to this unit shall be required prior to floating any nurse to this area.” Management’s proposal states that people that float there will be provided with an orientation to the unit layout, policies, meal and rest period plans and the care needs of the population. This can either happen in the moment or prior to being floated. (Wow). They used similar language in Article 8.9.1 and offered that we would be oriented to the nuances of the patient populations. We don’t think that “in the moment” orientation works and have many examples of the problems that have occurred in the ED Holding area.

Our team also proposed changes in the super float pool language. Management agreed to rename it “Float Pool” and there is new language clarifying how people will be assigned to float between campuses. They also stated that Pam is hiring an educator for the float pool. They agreed that float pool nurses should be able to attend the staff meetings of the various units they float to and that this will be paid time.

Debra Miller could not understand why managers would not want this and needed us to provide examples of the ones that don’t.

A huge Thank You to Alene Roberts (Float Pool) Mandy Pennefather (ACE Unit) and Nancy Dehyle (ICU). They provided compelling testimony about their workplace injuries and the environmental conditions that contributed to the injuries. For more insight into this part of the session, see the article on “Violence in our Workplace” (see Page 7) in this newsletter. On our side of the table, we presented a packaged proposal around mandatory trainings. We continue to insist that nurses shall be made whole when they have to miss work to take mandatory classes. The management team feels that the best solution to this is for us to return to work after our class and finish our shift. Personally, I’m not convinced. First, if the class is off campus, who pays for the travel time? If the shift is slow, is someone low censused so that you can work? This is becoming even more important with the amount of upcoming trainings for CareConnect. Nurses that work alternate shifts could lose twelve or more hours of pay or have to use PTO to take these required classes. We also propose adding Behavioral Health to the units that have training programs. (we don’t have a tentative agreement so I wouldn’t say that yet)

Finances were discussed as well as insurance comparisons with Providence Systems plan. This is covered elsewhere in this newsletter.

All in all, management is optimistic that we are close to settling. I am not. If this was just about money, I might be. However, I feel that the bottom line of these negotiations is about respecting the professional voice of the nurses. Those of us that work at the bedside are doing the best we can in a work world where the budget is the bottom line and cuts are rampant.

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A Co-Chair’s view of contract negotiations by Lynda Pond, RNC

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We cannot continue to put ourselves at risk everyday we come to work. We need the equipment to be up to date and safe. We need our support staff to be adequate and we need to know that the security staff is well trained and able to intervene when patients and families are out of control. We need the staffing plans to be about acuity and we need to know that there is a commitment by administration to uphold the contract, as it will be written. If that does not happen than all of this is an exercise in futility and that is sad.

I hope to see you at bargaining! Once again, we can't succeed without your support. Thanks to the 7 Surgical nurses for a great lunch last week! The cookies were the bomb!

PTO Donations: Please Give “Two for the Team”

Your ONA team members continue to spend long hours in bargaining sessions and between sessions reading, analyzing, and researching proposals and counter proposals, as well as talking with nurses throughout the hospital. Please consider a small donation of PTO (we’re suggesting two hours, more are welcome) to help offset some of those hours. It’s a great way to support your team as they bargain for a strong and fair contract. Please join your fellow RNs and give “Two (hours) for the Team”!

Any Sacred Heart RN can donate PTO hours. Just fill out the form and turn it in to human resources and to ONA. You can fax it in as well – see information on the donation form. Thank you for supporting our team.

Hospitalists Reach Tentative Agreement on a First Contract

The Pacific Northwest Hospital Medicine Association (PNHMA), the union of hospitalists at Sacred Heart (AFT Local 6552) just announced that they have reached a tentative agreement (TA) with PeaceHealth Sacred Heart. After their negotiations failed to make sufficient progress, on June 7 the PNHMA had informed Sacred Heart’s attorneys of their plans to hold an informational picket on Thursday June 23. The plans for the picket were featured in the local press and the story was picked up on national social media.

On Friday, June 10, ONA sent PeaceHealth Sacred Heart a notice of our intent to support the doctors’ picket. Sacred Heart nurses have been strong supporters of the hospitalists since the beginning of their organizing efforts. Two more bargaining sessions were quickly scheduled between the hospitalists and Sacred Heart, and at the end of a long day June 14 they reached a tentative agreement, with resolution of key
Important Dates Ahead
Bargaining Sessions and Bargaining Unit Update

Bargaining Sessions

At RiverBend
Friday, June 17, (200FA) and Monday, June 20 (200EB) (approx. 9 a.m. to 5 p.m.)

For Home Care
Wednesday, June 22 (9 a.m. to 5 p.m., UD Support Services Building, Cusack Room)

These are the last two sessions currently scheduled at RiverBend locations and the last scheduled Home Care Services session, so please come and support your teams.

Bargaining Unit Update Meeting

At RiverBend: Friday, June 24, 1 to 2:30 p.m. (drop in anytime) (RB 200EB)

Come talk with your team members about what’s happening and help shape important decisions about PTO, compensation, health benefits, staffing proposals, and much more.

Top Three Reasons to Come to Bargaining

1. **Your team needs you there.** Bargaining is a long, stressful job and it is very meaningful to the team members when their colleagues take the time to come to bargaining.

2. **It’s in your best interest.** The more you know about the details of what may go into your contract (pay, PTO, benefits, rights, all of it), the more you can give us valuable feedback and help shape what the next contract looks like.

3. **It influences administration.** They will only give us what we’re asking for if they believe nurses will stand up together if they don’t. Your presence in the bargaining sessions is one important way they can see that your contract matters to you.

Hospitalists Reach Tentative Agreement on a First Contract

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Issues including protections against contracting out and provisions for a committee to provide a mechanism for the doctor’s input on important patient care-related decisions.

*Plans for the hospitalists’ picket have now been CANCELLED.* The doctors are planning to hold a vote on ratifying their proposed contract in the very near future.
Meet Your Bargaining Team Members

Continuing our “Meet your Team Members” series, this issue features Nancy Deyhle and Lynda Pond, co-chairs of the ONA/SHMC Team. Over the years, Nancy and Lynda have been involved in just about every ONA committee at Sacred Heart – they’ve served as staffing committee co-chairs, grievance committee representatives, executive team members and more. Lynda is currently the statewide ONA Vice President and is also involved at the national level in American Federation of Teachers (AFT) Health Care Division.

A complete list of bargaining team members is available online.

Nancy Deyhle

“As an active ONA member I am able to help at the local level to advocate for a healthy collaborative work environment, safe working conditions, prevention of workplace violence and bullying, and safe nurse staffing. I also work to protect our benefits, wages and employee rights. If needed I am able to serve as an objective union representative. We need to stand united and advocate for our patients and fellow nurses. I am empowered to use my voice to help nurses in the hospital environment.”

Lynda Pond

“Nursing is a calling for me. I knew when I was six years old that this is what I would be doing with my life. I became involved in ONA because it provides me with a voice to discuss my concerns about staffing and workplace safety. Being a union activist goes hand in hand with being a nurse.”

Violence in Our Workplace

June 10, negotiations continued with a focus on sharing information with the administration team about the ever-increasing threat of workplace violence.

ONA members ranked “a safe working environment” as one of the top priorities in bargaining for this year. In our pre-negotiation survey, we asked nurses “During the past year, have you experienced threat of physical harm, physical assault or verbal abuse on the job?”

Medical Center

Threat of physical harm (including communication of intent to cause physical harm, or brandishing a weapon) – 38% of nurses reported receiving threats by patient (over 300 nurses!) and 10% by patient family

Physical Assault (including being hit, grabbed, pinched, or attacked) – 30% by patient and 2% by patient family

Verbal Abuse – 60% by patient and 48% by patient family

Home Care Services

Threat of physical harm – 13% by patient and 48% by patient family

Physical Assault – 2% by patient and 2% by patient family

Verbal Abuse – 48% by patient and 36% by patient family

During the bargaining session nurses gave powerful testimony about workplace violence in their units. Bargaining team members Phyllis Hurt, Kellie Spangler and Jessica Detering read accounts from staffing request and documentation forms (SRDF) sharing stories about nurses being floated to the secure area in the UD ED without orientation and a neuro patient running down the hallway, throwing a walker at the

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Violence in Our Workplace (Continued from Page 7)

wall and trying to hit staff -- a requested sitter had been denied. Team Co-Chair Nancy Deyhle talked about the recurring and harrowing frequency of violent patients in the ICU.

Team member Wendy Nau, who has done research on this issue for her BSN, cited a disturbing statistic from 2008: of the more than 1600 incidents of workplace violence in all workplaces in Oregon, 99% took place in hospitals.

Wendy also shared some of the safety and security concerns that RiverBend ED nurses had discussed with ONA representatives earlier in the year. These included the absence of a regular security presence in the ED, exacerbation of the problems by extended patient wait times, and nurses' uncertainty about security guards' policies and procedures for intervention, availability, and response times.

Nurses Alene Roberts and Mandy Pennefather gave moving testimony of the personal attacks they had experienced on 3 Medical. In separate incidents, each was hit in the face by an agitated patient. Notably, in each case there had been prior warning of potential violence. Both Alene and Mandy emphasized their concern for the other patients on the floor, visiting family members, and fellow staff members.

ONA is advocating for a task force to do a comprehensive review of safety issues and develop a hospital-wide workplace safety plan, improved training for all staff, support for nurses that have experienced a violent assault or verbal intimidation, and sufficient and appropriately trained security personnel.

Following the testimony on workplace violence, Team Co-Chair Lynda Pond and RNs Alene Robertson, Xochilt Dauteuil and Tawny Dwyer discuss their concerns.