



Oregon Federation of Nurses and Health Professionals
AFT Healthcare Local 5017
www.ofnhp.org



RN News & Updates

January 2011

Happy New Year to all of you!

I wanted to take this opportunity to share with you some of the trials and successes our bargaining unit is currently seeing.

West Interstate Anti-Coagulation Clinic RNs Push Back for Safe Patient Care

Due to a "fix" that Kaiser National made for a computer glitch, RNs at the Anti-Coagulation Clinic at West Interstate have not been able to retrieve their patients' INRs results in a timely fashion. This caused the RNs to have to go through a cumbersome multi-step process to view patients' test results, which caused long delays in service and worse still actually led to providing erroneous information on at least two occasions. Despite several complaints filed by the RNs, neither management nor IT responded until a Level 2 grievance was filed.

At that point, management finally called for a meeting with the RNs and IT to work on a prompt and practical solution to this dangerous problem. If you have any questions about this situation, please contact our Contract Specialist, Tyler Hine RN at 503.894.0812 or tylerhine@ofnhp.org.

Save the Date!

RN Bargaining Unit Meeting

Monday, January 10

6:15-7:45pm

at OFNHP

We hope to see you there!

RN Bargaining Team Meeting

Monday, January 10

7:45-8:45pm

at OFNHP

Steward Training

Saturday, January 15

9am-4pm

at OFNHP

Winter Social

Friday, January 21

6-9pm

at Big Al's Vancouver

Membership Meeting

Thursday, January 27

6:30-8:30pm

at the Monarch Hotel,
Clackamas

Cancellation of Shifts at the Flu

KSMC Payroll Problems

Those of you who work in the hospital are painfully aware that we have had real problems with getting paid the correct amount. New time clock procedures and lack of adequate training led to a huge number of mistakes and increased workload for the Payroll department.

We filed a class action grievance that led to forming a short-term committee to look into the problems. We had the involvement of management, HR, Payroll from regional and national, and a significant amount of OFNHP members. What we found was an antiquated system that is clunky and non-user friendly, but we are stuck with it for the foreseeable future. We tried to untangle as many procedural webs as we could just to make sense of it.

Payroll has caught up with the manual time sheets (green sheets) and the committee has developed education for management and staff. The class for staff is now available on Healthstream and due to be completed on January 15. Hopefully, we'll see many improvements and people will get paid properly and on time. If you continue to have concerns please go to your manager.

The Rocky Transition to the Transitional Area

As if to highlight the downfalls of failing to work in Partnership and not working within the bounds of our contract, the hospital's Transitional Area was announced to the RNs and CNAs of the float pools only days prior to its opening.

This new area was opened on November 15th without clear patient criteria, staffing guidelines, job descriptions, or a joint staffing process. Our Critical Care and Med/Surg Float Pool RNs were asked to staff this Area for a month. They have had to deal with ever-changing rules, miscommunications, and daily changes in patient criteria. In short, it's been a major mess.

If management had come to us, engaged us in Partnership, and sought our ideas, the outcome would have been very different. At this point, we have sent management a Demand to Bargain over the opening of this new area. Stay tuned as this saga continues. If you have any questions or concerns, please contact Internal Organizer [Sarah Hamilton](#) or Contract Specialist [Tyler Hine](#).

Clinics

In Fall of 2009, management canceled RN shifts for the flu clinic despite very clear language in the National Agreement regarding No Cancellation of Shifts. Management has delayed meeting with us on this issue for over a year. And right now, as we are heading to arbitration to get our members their back pay for 2009, they've taken it upon themselves to cancel shifts in the flu clinic *this year too*.

We have filed a class action grievance and hope that this year they will take the common sense option, quit canceling shifts, and pay those who were canceled the money they are owed. If you have any questions about this issue, or have been cancelled, please contact Internal Organizer [Jocelyn Pitman](#) or Contract Specialist [Tyler Hine](#).

Joint Staffing in the Emergency Department

Our brothers and sisters in the ED have been under the tremendous pressure of short staffing. They entered into a Joint Staffing process to help rectify the problem but once again, the process was severely flawed. The IBPS process is clearly defined, it's time intensive and there should be no short cuts. The process was not properly followed, just as it was abrogated at Regional Advice.

Working through the RIF in OB/Gyn

When our members banded together and demanded a voice in the regional OB/Gyn restructure, we were able to greatly reduce the number of RIFs (Reduction in Force). The RNs have bid on the new schedule, and some are in the process of accepting open positions or performing transitional work for the restructure that began December 13. We anticipate that the vast majority of the department's RNs will remain in the OB/Gyn department, while a few are considering other areas of nursing. All of the nurses should be settled into their new positions soon.

When Kaiser started the restructuring process, OFNHP submitted a Request for Information. When Kaiser did not respond, we filed an Unfair Labor Practice (ULP) with the National Labor Relations Board (NLRB). The NLRB Regional Director found that Kaiser did not respond in a timely manner and did not provide all of the information we requested, and has thus issued a complaint against Kaiser for violating federal labor law. If you have any questions or concerns about any element of the RIF, the ULP, or anything else, please contact OFNHP member Toren Brolutti RN or Internal Organizer [Jocelyn Pitman](#).

Hostile Work Environment for Case Manager RNs/CQSS Department

Our RN Case Managers filed a hostile work environment grievance back on October 1, and the group is ready to move forward with it after some push-back from management, who failed to follow the grievance procedure and missed timelines even though we granted them extensions.

As a solution to the hostile work environment, the RNs have requested in IBPS (Interest Based Problem Solving) to be scheduled no later than January 14. In addition, they have organized an action that will call out the CQSS management team on some of their behaviors--which include inappropriate discipline, condescending remarks, disparate treatment, intimidation, lack of support for specific directives, inability to show empathy for those needing FMLA/ADA accommodations, and not providing workspaces or necessary tools to

Union members identified what appeared to be unilateral decision-making on the part of management and quickly agreed by consensus to stop the Joint Staffing, demanding that the process be re-done correctly. Their efforts were successful and management has agreed to start a new Joint Staffing process—one that follows proper procedure and meets all contractual obligations to our Union members.

The re-do of the process is because of the quick action and commitment to quality patient care and fair labor practices of our ED OFNHP members—and thanks to their efforts, management listened to us. If you have any questions or concerns, please contact Internal Organizer [Sarah Hamilton](#) or Contract Specialist [Tyler Hine](#).

SPA - Surgical Prep Area of KSMC

Recently, KSMC's SPA went through a joint staffing process that resulted in a reduction of 3.8 Full Time Equivalent positions (FTEs). The joint staffing ended with no consensus, because we would never agree to a Reduction in Force (RIF) of our members.

The official 60-day RIF notice was received at the OFNHP office over the holidays. We will follow the

perform basic functions.

The RN team is calling on CQSS management to follow our contract, the proper Corrective Action LMP process, and all state and federal laws. In addition, they are demanding that management treat every Case Manager professionally by engaging with them, treating them with dignity, respect and honesty, and by following through with suggestions for work efficiencies so staff can provide superior patient care.

When it comes to workplace harassment, OFNHP members aren't alone. Please see the in-depth front-page article on bullying in the current AFT Healthwire. Our Case Manager RNs are profiled prominently and it's great to see them get the attention they deserve! If you have any questions or concerns about this issue, please contact Traci D'Andrea RN, Melissa Pond RN, or Internal Organizer [Jocelyn Pitman](#).

RIFs Coming for IMOC and ADT Nurses at KSMC

We've all been hearing the rumors in the hospital for the last few months, but now it is official. Management has chosen to RIF the IMOC and ADT RNs -- this letter was also received at the OFNHP office over the holidays.

Once again, we will diligently follow all contractual language to ensure that our members have employment at Kaiser. If you have any questions at all, please contact Internal Organizer [Sarah Hamilton](#).

I know that even hearing rumors about RIFs is unsettling and can be upsetting. Hanging in limbo is very difficult. During these times, we must all pull together and be extra kind and understanding of our colleagues. There are many changes coming our way, and we must all work together to preserve our jobs and our working conditions.

Hospital Flow and Efficiency

As I'm sure most of you are aware, the NW Region is under financial constraints. We are currently operating at below a 1% margin. We know we have inefficiencies within the hospital, such as non-ICU patients waiting in the ICU for Med/Surg beds, gridlock in many of our units, lack of clarity on the correct placement of patients, and untimely discharges. The Hospital Flow and

Employment Income Security Agreement, which guarantees a year of salary and benefits to an OFNHP member in RIF status. We will have any jobs that are currently open, frozen, so that these RNs will have a priority to choose a comparable job for which they are qualified or can be oriented/trained within a reasonable amount of time. What this means is that we will find permanent job placement for every RN who is being RIFed. If you have any questions about this, please contact [me](#) or organizer [John Scott](#).

Job Descriptions and Addenda at KSMC

It's recently come to our attention that over the past 3-4 years, hospital managers have been writing addenda to RN job descriptions and expecting co-leads or stewards to sign off on them. Some of these addenda have unilaterally change the expectations of the job in significant ways. In the Cardiovascular Lab, the addendum changed the duties of the Rn to include duties that they never perform and have added a certification requirement that isn't even meant for RNs.

We have filed a class action grievance for this unilateral change in their job, and filed a ULP with the NLRB for "direct dealing" with union members. Article I of

Efficiency Committee is focused on three distinct phases.

Phase I is Hospital Bed Optimization, which is focused on having the right patient in the right bed at all times. We have one RN representative from each of the hospital's bedded units on a taskforce to determine the right number and type of beds to meet current and future patient needs. The team met for three days in December and have been collecting data on patient care needs and getting feedback from co-workers. They are meeting for two full days this week, after which they'll produce a recommendation for the three sponsors. The sponsors are myself, representing the Coalition of Unions' interests, Susan Mullaney for management, and Dr. Rick Olsen for the MDs' interests.

We will communicate the task force's finding as soon they are finalized. We recognize that this process will undoubtedly cause disruption in work life, but we as a union felt it was important to directly engage in the work, rather than have it "happen to us." We will push to keep the disruption to a minimum.

Phase II will be the implementation of Phase I. This will most likely take place through the joint staffing process, as outlined in the National Agreement.

Phase III will happen simultaneously with Phase II, and will focus on patient flow. First we, along with the MDs, will set patient criteria for each unit. We will then look at how we can efficiently move patients between levels of care and how best to get patients discharged in a timely fashion.

Staffing at OFNHP

As many of the RNs at the hospital know, I have been working as an Internal Organizer for our union for the past year. The year has passed very quickly, and this month I am returning to the bedside in the hospital PACU.

I will continue my RN President duties and will now have more time to devote to that role. Expect to see me out in the clinics on my days off, so we can talk directly about what is going on at your worksite.

To help during this transition, John Scott has come from AFT Washington to work with us. He has many years of experience in organizing, contract enforcement, mediation, and arbitration.

our contract states that OFNHP is the "exclusive bargaining agent for the employees in the Bargaining Unit for the purpose of collective bargaining." This means that the employer *may not* ask individuals to sign off on any agreement that changes compensation, hours of employment, or any other terms and conditions of employment.

This class action grievance and an information request for all RN job descriptions gave rise to Human Resources looking into the matter. What they found is that the process for approving job descriptions and addenda at the hospital had broken down over the past 3-4 years. They are now working to repair the process and make sure the union is notified and in agreement with any changes they want to make. They have the right to make changes, but we also have a right to Impact Bargain the results of those changes. If you have any questions or concerns on the matter of job descriptions within the hospital please don't hesitate to contact [me](#).

Oregon Federation of Nurses and Health Professionals
AFT Healthcare Local 5017 |
2045 SE Ankeny Street |
Portland, OR 97232
503.657.9974 | www.ofnhp.org |
itsmyunion@ofnhp.org

To ensure you receive our monthly newsletter, make sure

John will cover the territories I worked in the Critical Care and Surgical Services arenas, with the RTs within the hospital, and the ACs at Sunnybrook.

John can be reached at
Cell (206) 276-1766
Office (503) 657-9974 x117
jscott@ofnhp.org

Sarah Hamilton, Internal Organizer, will continue with her current areas of the hospital:ED, Maternal/Child, and Med/Surg Arenas, as well as the Professional and Tech Bargaining Unit members outside of Surgical Services.

Sarah can be reached at:
Cell: (971) 322-6623
Office (603) 657-9974 x111
shamilton@ofnhp.org

Sharon Culley, Internal Organizer, represents Regional Advice (RAN), West Service Area, South Service Area, and the Interstate campus.

Sharon can be reached at:
Cell: (503) 577-1650
Office: (503) 657-9974 x102
sharon@ofnhp.org

Jocelyn Pitman, Internal Organizer, covers the East and North Service Areas.

Jocelyn can be reached at:
Cell: (503) 360-4268
Office: (503) 657-9974 x108
jpitman@ofnhp.org

Internal organizers help us with issue campaigns, help our stewards with high-level corrective actions, and follow through with the stewards on grievances that are going to mediation and arbitration.

Tyler Hine is the union's RN Contract Specialist. He is available to mentor stewards, help with grievances and joint discoveries, and hold steward elections.

Tyler can be reached at:
Cell: (503) 756-9707
tylerhine@ofnhp.org

As we look to the New Year, we know that we will continue to be a strong and united Union. Yes, we have many challenges ahead but we can face them and fight for what's right for our patients by pulling together and recognizing that there is might where there is a group of people united by a common cause.

you add itsmyunion@ofnhp.org to your address book. If you prefer not to receive future email from us, please [unsubscribe here](#).

**I want to thank each and everyone of you for
your hard work and dedication to our
patients.**

**I wish you all a New Year filled with friends,
family, and love.**

**Dawnette McCloud RN
OFNHP RN Bargaining Unit President
503 327 4334
dlmccloud@gmail.com**