On Friday, April 29, we met with our employer and they offered their proposals to renew our collective bargaining agreement (CBA), which expires June 30. Their themes included changes related to the hospice house, updating and refining our CBA to more accurately portray reality, deleting references to implementation of now-historical changes, and meeting industry standards.

Around the hospice house, they propose the following:

- The work day will be 12 hours with start times at 0700 and 1900 and end times of 1930 and 0730 (§8.1).
- If a hospice house nurse is unable to take her meal break, she will be paid 30 minutes for it. (§8.1.2)
- Hospice house nurses must remain on the facility during all meals and breaks (§8.1.2).

In terms of benefits, they propose standardizing our vision benefits to match the rest of CHS employees, which would remove additional coverage we now have for progressive lenses (§14.1.4).

In changes related to pay issues, the employer proposes that report pay be reduced to two hours when nurses are sent home due to low-census, instead of the current four (§8.7) and the...
Cascade Health Proposals (continued from page 1)

weekend triage differential be changed from 10% to $2.50 ($9.9).
To clarify leave of absence without pay, they suggest that nurses request it in 30-day increments and that nurses only need to give two days’ notice before returning to work instead of the current 30 days ($11.1).

They propose to enshrine current practice that “nurses will not perform any work off the clock” ($8.1).
Although they have no intent or plans to lay off anyone in the near future, they propose that layoffs could be based on job classification, which would be the first time this term is introduced into our CBA ($12.3).

Finally, they propose the probationary period of transfers be three months to a different department and one month to a different position in same department. Their proposal does not include any language on return rights to one’s prior position ($13.3.2).

Panel Discusses PSU Experience with Interest Based-Bargaining

Alternative to traditional approach yields positive outcomes

A panel of the 29th Public Employment Relations Conference held in Salem Thursday, April 14, discussed how faculty and administration negotiators at Portland State University (PSU) employed an alternate bargaining approach to build respect and create a better contract in 2015. Instead of positional bargaining—the traditional approach, a facilitator provided by the Employee Relations Board assisted the negotiators in using Interest-Based Bargaining (IBB). IBB uses a problem-solving approach, where individuals bring interests, or problems, to the table and the group jointly explores possible solutions.

After the toxic conditions created by a near-strike at PSU in 2014, the panelists thought IBB fit better with the academic environment of discovery and exploration of new ideas. They agreed IBB requires more time and resources than the positional approach of presenting and defending proposals and counterproposals used previously, but produced a better contract.

The university provided partial release time to labor bargainers with the American Association of University Professors team and purchased mind-mapping software to enable and document their progress. They produced a four-year collective bargaining agreement that provided real solutions, e.g., around leave time for year-round non-faculty professionals in student services.

Click here for more information regarding this conference.

“We the character of a nurse is just as important as the knowledge he/she possesses.” —Carolyn Jarvis
ONA CONVENTION HELD IN SEASIDE

Nurse Leaders Learn from and Support Each Other; Retiring Executive Director King Honored

More than two hundred nurses and guests gathered in Seaside, OR for the biennial ONA convention April 11 – 13. Although the weather was blustery and wet outside, the environment inside was warm and welcoming.

Prof. Beatrice Kalisch, RN, Ph.D., University of Michigan School of Nursing, presented the convention keynote and discussed her research on missed nursing care like ambulation, patient education, and oral hygiene. Her findings suggest that these omissions are similar across multiple hospitals indicating a system-wide problem in our delivery of inpatient healthcare. Her research highlights inadequate staffing—both RNs and assistive personnel—and communications, including poor handoffs and tension among team members.

Monday afternoon also featured panels on the recent changes in Oregon’s nurse staffing law, which included presentations by officials from the Oregon Health Authority, who are currently writing the administrative rules that will implement the revised law. Members of the gubernatorial-appointed Nursing Staffing Advisory Board (NSAB), which includes several ONA nurse leaders as well as ONA Executive Director Susan King, were a part of the panel.

Another panel featured success stories from several hospitals, with both direct care and nursing managers describing how they used analytics, acuity tools, and active trialing of relief/break RNs to improve safe staffing. We learned the process to create a staffing plan that complies with Oregon’s Nurse Staffing law.

On Tuesday, RNs attended seminars and workshops on topics ranging from ethics and nursing leadership, mental health, and combatting anti-worker measures. In the latter, we learned we dodged a bullet in the U.S. Supreme Court Friedrichs case, but we are likely to see a couple of anti-worker ballot initiatives on the November ballot here in Oregon.

In the House of Delegates on Wednesday, the 153 delegates recognized the long and successful leadership of Susan E. King, who is retiring as ONA’s Executive Director at the end of 2016. The Board of Directors also announced the Susan E. King Emerging Leader Award for nurse leaders with less than 10 years of nursing experience who advance the nursing profession and quality care.

Lizzy McPhee, an IV Therapy RN at OSHU, was the initial recipient of the Emerging Leader Award. She is active in the Association of University Registered Nurses, OHSU’s local chapter, where she has served as an executive officer, a member of the bargaining team, and vigorously defends RNs involved in disciplinary investigations throughout the hospital.

In a tribute to Florence Nightingale, attendees also honored and reflected on our nurse colleagues who passed away in the last year. Individuals inscribed the names of the recently deceased in a permanent dedicatory book.

After lunch, Oregon House Speaker Tina Kotek spoke to the delegates about the long cooperation between ONA and the legislature. She relayed her personal experience with nurses when her mother was hospitalized in Portland. She discussed several joint successes in the last two years, particularly SB 469, which strengthened the voice of nurses in safe patient care. The law requires hospital-based staffing committees to be composed of one-half direct care RNs, limits mandatory over time, as well as funds and authorizes the Oregon Health Authority to audit hospitals’ staffing plans every five years. She also championed the recent legislation that made permanent that Nurse Practitioners will be paid the same fees for the same work as other medical providers.
VITAL LABOR SIGNS
A Review of Labor’s Efforts in the Willamette Valley and Environs

SEIU-MCW Update
At MCW, Service Employees International Union represents 346 CNAs, technicians and other employees whose contract expires July 31, 2016. Local 49 elected a bargaining team in March and were trained for bargaining April 6. They recently sent out their re-opener letter to formally notify our employer that they intend to bargain to renew their contract. We support our coworkers who are struggling to obtain better working conditions for patient safety and staffing!

ONA and Sacred Heart Begin Negotiations
ONA and PeaceHealth (PH) Sacred Heart (SH) have met in three bargaining sessions in April to renew their contract that expires June 30, 2016. As PH’s flagship hospital, Sacred Heart's contract often serves as a benchmark for many area hospitals.

Other Labor Unions at Sacred Heart
On April 26, 98 percent of SEIU Local 49 members ratified a historic first contract with SH. The Register-Guard reported an 8 percent across the board pay increase and a standardization of wage scales for CNAs. Earlier, Local 49 voted to reject SH management's last offer and also authorized the SEIU bargaining team, at their discretion, to give a 10-day notice for an informational picket.

The hospitalists at Sacred Heart, represented by Pacific Northwest Hospital Medicine Association, an affiliate of the American Federation of Teachers, next meet with their employer May 14.

On April 22, Operating Engineers Local 501, representing 60 facilities and biomed technicians, met with SH. Their next session is scheduled for May 11.

ONA Locals Bargaining in Our Area
Congratulations to ONA nurses at Tuality Community Hospital (TCH) in Hillsboro, who turned out in record numbers to vote to ratify a new two-year contract April 21! The new contract includes significant wage and step increases, additional education funds and new language around floating and census procedures. Their new agreement offers the most significant wage increases ONA has ever seen. Early career nurses will see an 11 percent increase in their wages; midcareer RNs will earn 5 – 6 percent more than in the previous contract.

On April 28, nurses at Providence Newberg Medical Center (PNMC) voted to approve a first contract that increases nurses’ input in patient care decisions, and improves workplace protections and compensation. Local nurses voted to affiliate with ONA in May 2015 and have been working for nearly a year to finalize their first contract. Congratulations to the nurse team at PNMC!

At Good Samaritan Regional Medical Center in Corvallis, the 11-member bargaining team most recently met with the employer’s team April 29. Topics being negotiated include elimination of the two-tier benefit system, strengthened language around seniority, and the employer’s proposal to reduce total PTO hours earned.

On April 28, the ONA negotiating team at Mercy Medical Center in Roseburg began bargaining with their employer.

In Salem, the ONA local is currently negotiating with the Marion County Public Health Department.

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From the ONA Bookshelf


This comprehensive and authoritative monograph details the major strikes in U.S. labor history, from the Great Upheaval of railroad workers in 1877 to the Chicago Teachers Union “fight for the soul of public education” in 2012. As an academic treatise, the detailed record of individual strikes produces lengthy chapters that are sometimes tedious. Nonetheless, the broader gems are worth mining.

In the early chapters, Brecher reviews strikes before the passage of the National Labor Relations Act of 1935. He contends that early labor victories were often linked to large-scale actions, especially coordinated general strikes across firms and industries. These early firebrands found success by uniting entire communities in their efforts to improve everyone’s working conditions.

In later chapters on union decline in the 20th century, Brecher explains why the proportion of unionized workers fell from 27 percent in 1978 to 15 percent in 1996. He notes a broad array of global economic forces that caused this decay, but pinpoints a marked increase in top-down control within labor organizations. A primary cause of weak unions, he suggests, was the widening gulf in most unions between leaders and the rank-and-file. These internal changes assumed “it was the members’ job to pay dues and the leaders’ job to take care of union business [which] led to apathy rather than active involvement.” (p. 250)

Today’s successful unions, reflecting this lesson, employ an overt strategy of engaging members. The modern labor movement inspires member involvement in workplace and political issues. This engagement model trains and mobilizes union members to participate in union and community affairs. Brecher reviews effective strategies that accomplished this goal recently, including building community alliances and fostering global solidarity.

In the final chapters, Brecher poses the central labor question of our times: How do we build a disciplined army of citizen-workers? In his most important contribution, he identifies three related processes that create labor victories: (1) a challenge to the existing power apparatus, (2) workers’ ability to direct their own activities, and (3) worker solidarity.

Of course, the concept of worker consciousness, or solidarity, has been around for a century and a half. Workers gain power, when they no longer define themselves as atomistic individuals but develop an economic, or class-based, identity. In short, a large-scale social movement requires workers to unite in opposition to employer aggression. Brecher emphasizes the effectiveness of worker solidarity when combined with direct challenges to existing authorities (i.e., “we can halt production”) and internal organizational capacity (i.e., “we can self-manage work processes”). ONA’s contractual shared governance features exemplify self-management by nurses: Staffing Committee, Professional Nursing Care Committee, Unit Practice Councils, etc.

Workers united, Brecher contends, advance a new ideology, one where people cooperate in the pursuit of common interests that empowers and enriches their lives. The labor movement, thus, becomes a living classroom in democracy, where citizens are educated in a hands-on, practical way to problem-solve in groups. Workers engage in the daily process of negotiating difficulties among each other initially and then with their employer collectively.
The Emergency Department at Peace Harbor Medical Center recently moved into a newly-completed addition. When the older space the ED vacated has been renovated, the $5 million expansion will comprise nine patient rooms. PHH, located in Florence, OR, is a 21-bed critical access, level IV trauma center with an ONA bargaining unit of 75 nurses.

**IP 69: Supreme Court releases final title**

The fight against Oregon workers has reached a new level of urgency.

Because we won victories like an increase in Oregon’s minimum wage and universal paid sick days, wealthy special interests are striking back against Oregon workers with ballot measures designed to limit workers’ ability to advocate for improved workplace policies.

One initiative, Initiative Petition (IP) 69, is one step closer to being approved to circulate petitions statewide, moving forward on the path to Oregon’s November ballot. Like other anti-worker initiatives filed in Oregon, IP 69 will make it harder for workers to come together and advocate for fair wages and safer working conditions.

It is the 5th attempt from the forces behind IP 69 to get an anti-worker initiative on the Oregon ballot. Dissatisfied with ballot titles received in the past, this group will apparently stop at nothing until they get a title they believe will garner enough support from voters.

This latest, extreme attempt mandates union vs non-union discrimination as a means of avoiding free-rider-centric ballot language.

IP 69 actually forces employers to discriminate between union and non-union employees when it comes to determining employee pay and benefits. With that sort of discrimination in the workplace, it’ll be harder for all of us to win better pay and benefits for working families.

This would ultimately create two classes of workers, and would lead to a race to the bottom for working people, giving us all lower pay, fewer benefits and less workplace safety.

The specifics of the initiatives may vary, but our plan remains the same: We will continue to stand with our coalition partners and fight this, and any other attack on Oregon workers, tooth and nail.