Oregon Nurses Association (ONA) at Good Shepherd Hospital (GSH)
2014 Summary and Explanation of Tentative Agreements

ARTICLE 1 – DEFINITIONS

Section 1.1. “Nurse” is defined as a Registered Nurse or Licensed Practical Nurse employed in the Hospital, TLC Good Shepherd Home Health or VJM Hospice.

This change reflects the change in name of these two areas throughout the contract.

Section 1.6. “Per Diem Nurse” is defined as a nurse who typically is scheduled sixteen (16) hours per month to cover short-term absences and unanticipated daily workload increases, and who is otherwise on a call list available to work on a reasonable basis. A Per Diem nurse shall receive a fourteen percent (14%) differential of their straight time pay in lieu of all benefits except holiday pay for all hours worked. A Per Diem nurse must be available scheduled to work at least sixty-four (64) seventy-two (72) hours, excluding education and in-service hours, every six (6) months to retain status as a Per Diem nurse. Low census days shall count as days worked for purposes of this section. Whenever the Hospital is unable to schedule a Per Diem nurse, this requirement may be waived by the Hospital. A Per-Diem nurse shall be expected to work at least one (1) holiday shift per calendar year.

This change is in line with what we see at other hospitals. To be clear, a Per Diem Nurse can have this requirement waived if the nurse manager is unable to schedule them. Low census will continue to be counted as days worked.

Section 2.5. The Hospital will deduct Association membership dues or fair share from the salary of each nurse who voluntarily agrees to such deduction and who sub-mits an appropriate authorization to the Hospital in writing stating the amount and timing of such authorized deductions. Deductions shall be made monthly and remitted to the appropriate association except when a nurse is in a non-pay status and no funds are available to make the deduction.

Section 4.8. The total number of minutes spent in trouble shooting problems with nurses on the telephone when called by a Supervisor or their designee shall be paid at one and one-half (1 ½) times their regular rate of pay without a one-half (1/2) hour minimum.
This new language ensures that nurses will be compensated appropriately when called on the phone by a supervisor or their designee.

Section 5.4. Use of PTO.

f. When a nurse comes to work and becomes ill, the nurse shall be paid for the hours worked and shall have the option of taking PTO hours for the balance of her shift.

h. Nurses may transfer accumulated PTO, on an irrevocable basis, to an eligible coworker who has exhausted accumulated leave while recuperating or suffering from what has been determined to be an extended and continuing illness or injury.

The transfer of accumulated PTO for hardship leave and the utilization of such PTO shall be subject to the following:

i. All bargaining unit nurses shall have the option of donating PTO to an ONA Negotiating Committee PTO bank. Donations may be made up to 90 days prior to this contract expiration and may continue through the duration of contract bargaining. Negotiations Committee Nurses may request hours from the bank to cover missed work time spent in negotiations. PTO donations can be made in one (1) hour increments. Donations shall be credited to the requesting committee members as approved by the bargaining team President. PTO donations will be paid out at the recipient’s current regular hourly rate of pay.

This is a significant change we had tried to negotiate in previous years. Currently, nurses volunteer their time spent in negotiations and take unpaid time or PTO when at the table. Now, similar to other ONA facilities, Nurses may donate PTO time on hour increments to help members of the negotiating team.

Section 5.5. Holidays.

c. For purposes of this Agreement, holidays will be observed during the twenty-four (24) hour period commencing with the beginning of the night shift immediately preceding day shift on the holiday. Employees beginning a shift during this twenty-four (24) hour period will be considered working the holiday. For the purposes of this Agreement, the Independence Day holiday will cover the following shifts: 7:00 a.m. July 4th to 7:00 a.m. July
5th. the Christmas Day holiday **premium** will cover hours worked between 3:00 p.m. 7:00 a.m. on December 24th and 11:00 p.m. December 25th.

d. It is agreed that holiday work shall be rotated by the Hospital and that a regular nurse who is required to work on a holiday shall be paid one and one-half (1-1/2) times her regular hourly rate of pay for time worked on said holiday. A Per Diem nurse who is required to work on a holiday shall be paid at two (2) times her regular hourly rate of pay for all time worked on said holiday. Nurses shall not be required to work both Thanksgiving Day and Christmas Day in the same year unless necessary. Nurses shall not be required to work both Christmas Eve December 24th and December 25th Christmas Day in the same year unless necessary. For purposes of receiving holiday premium pay, a nurse shall be paid the premium for any hours worked during the designated holiday period.

Each nursing position will have a set holiday rotation schedule. ("A" or "B"). The schedule shall be position specific and not person specific. (i.e. if a nurse transfers to a new position she will leave her previous rotation and assume the rotation schedule for the new position to which she is being moved.)

A nurse shall be scheduled to work every other holiday and shall work the holidays indicated on the chart below by designated holiday group.

This Holiday policy does not preclude nurses from trading holidays with mutual consent of both nurses and nurse manager. A nurse manager shall approve the trade if both nurses are competent to perform the work assignment. Requests for trades made in writing will be responded to in writing within two weeks of submission. The fact that a nurse trades a holiday with another nurse does not alter their designated holiday grouping or rotation. Nurses shall be allowed to split a holiday shift if mutually agreed by both nurses working the shift. A nurse may request special consideration for a variance from the holiday schedule after exhausting all other options which will be approved or denied prior to posting of the monthly schedule.

We we able to make significant progress on this issue. Holiday premium pay will now begin at 7:00am on Christmas Eve instead of 3:00pm. From now on, no nurse will be required to work both December 24th and December 25th as had happened in the past.

Nurses may request a trade for holidays and those trades will be approved if both nurses are competent to perform the work assignment. If a nurse is unsuccessful in scheduling a trade they may request a variance from their holiday schedule. This will be approved or denied prior to the posting of the monthly schedule.
When new positions are created the job posting shall clearly identify the “A” or “B” holiday designation.

ARTICLE 6 – HOURS OF WORK

Section 6.1. The basic work week shall be forty (40) hours in a work week of seven (7) consecutive days, or eighty (80) hours in a work period of fourteen (14) consecutive days, as agreed in advance between the nurse and the Hospital. Upon implementation of this agreement current nurses will have two weeks to choose the basic work week going forward and may re-address such agreement in the event that there is a schedule change regarding the total number of hours of work in a day.

This new language is intended to allow Nurses on eight (8) hour shifts and forty (40) hour weeks to move to an eight (8) and eighty (80) schedule.

Article 9: Healthcare

Section 9.2.

a. For eligible full-time nurses who have completed thirty (30) days of employment, or insurance waiting period, the Hospital will pay ninety percent (90%) towards the cost of medical and major medical coverage for the nurse and seventy percent (70%) of the cost for her dependents, effective on the first enrollment date available after completion of the waiting period; and the hospital shall pay ninety five percent (95%) towards the cost of the dental coverage for the nurse and fifty percent (50%) of the cost for her dependents, effective on the first enrollment date available after completion of the waiting period. However, the Hospital’s premium contribution for such medical, major medical, and dental coverages shall not exceed the caps listed below.

Effective November 1, 2012, the above caps shall increase to the following: $910 per month for a full-time employee electing employee only coverage, $1686 per month for a full-time employee electing employee-spouse coverage, $1481 per month for a full-time employee
electing employee-child coverage, and $2230 per month for a full-time employee electing full family coverage.

Effective November 1, 2014 the above caps shall increase to the following: $1002 per month for a full-time employee electing employee-only coverage $1,824 per month for a full-time employee electing employee-spouse coverage, $1,597 per month for a full-time employee electing employee-child coverage, and $2,438 per month for a full-time employee electing full family coverage.

Effective November 1, 2015, the above caps shall increase to the following: $1,051 per month for a full-time employee electing employee-only coverage, $1,915 per month for a full-time employee electing employee-spouse coverage, $1,676 per month for a full-time employee electing employee-child coverage, and $2,560 per month for a full-time employee electing full family coverage.

f. Effective November 1, 2015 in compliance with the Affordable Care Act, eligible part-time employees who elect coverage by written notice to the Employer will receive coverage paid for by the Employer based upon a percentage of the amount, which the Employer would pay for insurance coverage if the employee were a full-time employee eligible for coverage. The percentage to be paid shall be calculated in accord with the following formula:

1. Eligible part-time employees working fifty percent (50%) or more of the average amount of time worked by full-time employees and less than seventy five percent (75%) of the average amount of time worked by full-time employees will receive seventy five percent (75%) of the insurance coverage payments provided for full-time employees;

2. Eligible part-time employees working seventy percent (70%) or more of the average amount of time worked by full-time employees and less than seventy five percent (75%) of the average amount of time worked by full-time employees will receive eighty five percent (85%) of the insurance coverage payments provided for full-time employees;
3. Eligible part-time employees working seventy five percent (75%) or more of the average amount of time worked by full-time employees will receive one hundred percent (100%) of the insurance coverage payments made for full-time employees.

g.4. Should a nurse have medical insurance coverage through an alternative source (for example a spouse or parent), the nurse may opt out of coverage with the Hospital. In lieu of hospital coverage, a fulltime nurse working thirty-six (36) hours or more per week shall receive a lump sum payment each month of $135, a part-time nurse working twenty-eight (28) hours or more per week shall receive a lump sum payment each month of $115, a part-time nurse working twenty (20) hours or more per week shall receive a lump sum payment each month of $100. To qualify for this payment, the nurse must demonstrate coverage by another health insurance plan. This monthly payment shall be paid only for the months that the nurse opts out of the hospital plan. Should the nurse’s alternative coverage end, the nurse must notify the Hospital to end the monthly payments and apply for coverage under the hospital plan.

2. To receive a discount, the nurse must complete a discount application form, (forms available in the business office), and make arrangements to pay the payment in full of any remaining balance due. If the remaining balance is under five hundred ($500) and is paid within ninety (90) days there shall be no interest charged. If the balance exceeds $500 and s/he has set up a payment plan through payroll deduction to pay the balance off within one year then there shall be no interest charged. Should the nurse default on the payment plan then interest will begin upon default. The remaining balance must be paid within sixty (60) days of the date billed if not covered by insurance, or within sixty (60) days from the date the insurance payment is received to qualify for a discount.

Section 9.7. The Hospital and Association shall work together over the course of the contract towards reviewing options and strategies that will lower the cost of health care for both the hospital and nurses.

Although nurses will continue to pay the same health insurance premium splits of 90% for single coverage and 70% for dependents, no nurse shall be charged interest on their medical bills from the hospital if they set up a payment plan. Bills of less than five hundred ($500) must be paid within 90 days from the date of service and bills of more than five hundred ($500) must be paid within one year for a nurse to not be charged interest. This was a difficult issue at the bargaining table and we are happy to have made progress. Healthcare caps accommodate the increase in premiums this year, and a five (5%) percent increase next year. We hope to utilize Section 9.7 in our efforts to reduce healthcare costs.
If you are a full time employee with a verified alternative source of Health Insurance, the lump sum payment will increase from one hundred thirty-five dollars ($135) to one hundred and fifty dollars ($150).

ARTICLE 11 – PROFESSIONAL DEVELOPMENT

Section 11.1. The Hospital seeks and supports educational opportunities for nurses. In order to meet and exceed the standards of patient care, the Hospital may require specific national certifications or required courses. The Hospital will pay registration fees for courses required as a condition of employment. Mileage, lodging and/or meals will also be paid by the Hospital subject to administrative approval. Administrative approval shall be equitably distributed and not unreasonably denied.

Section 11.12. Certification – The Hospital recognizes the professional dedication and quality focus required to achieve and maintain specialty certification. Employees who have and maintain a current American Nurses Association board certification on file with the Hospital shall be compensated for said certification. Each Nurse who has completed their probationary period will be compensated for initial examination fees and renewal fee upon successful completion and will be given $350.00 annually on their anniversary date thereafter if certification is maintained. The Hospital encourages all Nurses to obtain certification in their area of specialty. Certification must be in the Nurse’s area of specialty in order to qualify for the compensation mentioned above. Only one certification will be compensated by the Hospital. Requests for professional development will now be equitably distributed and not unreasonably denied.

The hospital will now pay three hundred and fifty ($350) and renewal fees for American Nurses Association board certification annually.

Article 12: Seniority

Nurses on LCSB shall be readily available to be called in when needed. The Hospital shall make a cell phone long-distance beeper available to nursing staff for use during LCSB. The
distance from the Hospital for which said cell phone beeper is intended to be used is not to exceed the distance from the Hospital to the nurse’s home.

Appendix A:

Wages

On November 1, 2014, all nurses covered by this agreement shall receive an across the board increase of 3%

On November 1, 2015, all nurses covered by this agreement shall receive an across the board increase of 2.5%

An Additional Step shall be added to the pay scale at twenty-seven (27) years that is 4% above the twenty (20) year step 13.

To be eligible for pay at Step 14, a full-time nurse shall be at Step 13 for seven (7) calendar years; a part-time nurse shall be at Step 13 for seven (7) calendar years and have worked at least eight thousand and four hundred (8400) hours at Step 13.

These wage increases are higher than inflation so as to offset the increase in healthcare costs. Our additional step at 27 years is a significant victory that we had proposed many times in the past.

B. Standby: The standby and callback compensation policies for nurses are as follows:

Surgery, recovery, and TLC GS Home Health and VJM Hospice nurses will receive effective on ratification, $5.25-$5.50 an hour ($5.75-$6.00 on holidays) for each hour of standby time not worked. Surgery, recovery and TLC GS Home Health and VJM Hospice nurses who are on standby and called back to the Hospital after the end of the regularly scheduled shift on weekdays, or called back on weekends will receive time and one-half (1 1/2) for that portion of callback hours which are worked. Surgery, recovery and TLC GS Home Health and VJM Hospice nurses will be guaranteed a minimum of two (2) hours’ pay for callbacks.

A sleep room shall be made available to Family Care nurses who live out of the area when on call in order to facilitate a timely call-back response.
Except in the case of a disaster, TLC GS Home Health and VJM Hospice nurses shall be considered to only be on-call for that department. However, a TLC GS Home Health and VJM Hospice nurse may exercise the option to float to other departments after the appropriate orientation if mutually agreeable to the nurse and the Hospital.

C. Full-time or part-time nurses who are requested to be on LCSB shall be paid effective on ratification, $5.25-$5.50 an hour ($5.75-$6.00 on holidays) for each hour of LCSB.

_Standby and Low Census Standby Pay will be increased to $5.50 per hour and $6.00 per hour on Holidays. This is the highest of ONA facilities in Eastern Oregon. While we were unable to change the call back time for OB, we were able to ensure that a room will be made available. We will continue to propose this change in the future._

13. **PICC LINE Certification** Nurses who have successfully obtained and maintained certification for the insertion and care of PICC lines and who respond to a request outside of their normal work hours shall be paid at the rate of one and one-half (1-1/2) times their regular rate of pay with a minimum of one (1) hour for time spent in insertion/care and otherwise trouble shooting PICC lines. The total number of minutes spent in trouble-shooting problems with nurses on the telephone when called by a supervisor or their designee shall be paid at one and one-half (1-1/2) times pay per pay period without a one-half (1/2) hour minimum.

14. **Wound Care Certification:** Nurses who have successfully obtained and maintained national certification in wound care, and who respond to a request for wound care services outside of their normal work hours, shall be paid at the rate of one and one-half (1-1/2) times their regular rate of pay. Nurses shall be paid a minimum of one (1) hour for time spent responding to calls for wound care assessment procedures. The total number of minutes spent in trouble-shooting problems with nurses on the telephone when called by a supervisor or their designee shall be paid at one and one-half (1-1/2) times pay per pay period without a one-half (1/2) hour minimum.

_Wound Care and PICC Line certified nurses will receive one and a half times their regular rate of pay when called in outside of their normal work schedule or troubleshooting over the phone._

15. **Float Pool Nurse Premium.**
Float Pool nurses shall be paid a premium of $1.75 per hour for each hour worked. Nurses, not part of the float pool who are trained to work in more than one (1) department and who agree to float to another department to fulfill a patient assignment to care for a different type of patient than their usual assignment will receive a float pay premium of five percent (5%) above the nurse’s regular rate of pay for each hour so assigned. (example: a Med/Surg nurse that floats to ICU and cares for ICU patients).

Nurses who agree to float to another department to care for a different type of patient than their usual assignment will receive a five percent (5%) premium.

17. All Registered Nurses with a Bachelors of Science (BSN) or Masters of Science in Nursing (MSN) shall receive a premium of 2% added to their regular hourly rate.

For the first time at Good Shepherd, all nurses with a Bachelor’s of Science in Nursing (BSN) will receive a 2% differential. If you have not already notified the Hospital that you have a BSN, please do so immediately and include salemi@oregonrn.org in the message. We hope this, in combination with the Hospital’s Financial Aid Program, encourages Nurses to earn their BSN.