October 26, 2015
ONA / HRM

Executive Committee
Chair:
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Emergency Room (ED)

Negotiation Committee
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Bargaining Update

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Bargaining Starts November 5

If you were not able to make the recent ONA meeting call or e-mail ONA labor representative Rob Nosse and ask for details about our proposals and how we expect bargaining to go.

A subsequent update will follow our Nov. 5 session highlighting all of our proposals.

Our Survey Shows Strong Support for Keeping Insurance the Same

We got good news in the mail this year from Providence about open enrollment. For the third straight year in a row there were no benefit changes or premium increases. This is in keeping with our survey results where you all expressed a strong desire for no changes in our benefits.

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How Important Is It To Keep Our Health Insurance the Same

- Extremely Important: 61%
- Important: 23%
- Somewhat Important: 11%
- Not That Important: 0%
- Don’t Use the Insurance: 6%
Should We Have A Clinical Ladder Program/Opportunity?

Several nurses asked our bargaining team to propose that Providence Hood River Memorial Hospital create a Clinical Ladder program similar to what exists at other Providence hospitals represented by the Oregon Nurses Association (ONA). Clinical Ladders have been implemented at many hospitals in the United States giving nurses a chance to increase their professionalism and knowledge or improve patient care, often with the added ability to gain additional compensation for participating in the ladder program.

If agreed to by the Hospital, the program would be voluntary, developed by staff nurses along with the employer and ideally be run by staff nurses with advice and guidance provided by the hospital (nursing education and/or nursing director or a nurse manager).

The bargaining team is enclosing the entire proposal in this update in advance of our first negotiation session as the proposal was developed after our survey went online. It is based on other Clinical Ladder programs at other Association represented facilities. We would like to get feedback about this idea before we make this proposal in terms of what nurses think about the idea and would they participate in the program once it was set up and established.

Here is the proposal. Please share your thoughts with a member of the bargaining team.

In order to enhance nurse professionalism, the patient care experience, and offer an opportunity for additional compensation and skill development for nurses, the Hospital and the Association will agree within two months of the conclusion of the negotiations for the 2015-2017 contract to convene a clinical ladder program development committee.

The Clinical Ladder Committee will consist of three staff nurses chosen by the Association and three nurse managers chosen by the Hospital. Nurses for the Association will be paid their regular rate including differentials for attendance at meetings. Human resources (HR) and Association staff may attend but will serve as non-voting advisory members.

The committee will develop a Clinical Ladder program and a Clinical Ladder board, for purposes of governance and operations of the ladder program at the Hospital. The board will consist of up to five staff nurses and a non-voting nurse management advisor selected by the Hospital. Board member selection and terms of office will be determined by the Clinical Ladder program committee. Upon commencing their term of office board members will be paid for the work on the committee.

The Clinical Ladder program, developed by a clinical ladder program committee, will become effective on January 1, 2016. The program will be subject to termination or other modification only in accordance with Article 21, Duration and Termination, of this Agreement except that if the Clinical Ladder board determines revisions to the Clinical Ladder program are appropriate, the board may request that the Hospital and the Association meet to review the proposed changes, and such changes may be made upon mutual agreement of the Hospital and Association.

The Clinical Ladder program will not be implemented until it has been approved by both the Hospital and the union. Neither party may unreasonably withhold its approval of the Clinical Ladder program. If either party believes that the other is unreasonably withholding its approval of the program, that party may file a grievance following the procedure set forth in Article 18 of this agreement, including final and binding arbitration.

The Hospital’s Clinical Ladder will:

Maintain a level of rigor in each step that is similar or equal to that of other clinical ladder programs at Association represented Providence facilities.

Include and follow a purpose statement, reflecting the strategic and quality goals of the Hospital, similar to those included in the clinical ladder programs at other Association Providence facilities.

Create policies and procedures to govern the operations of the Clinical Ladder Board and the administration of the Clinical Ladder program including a launch date for training about applying, accepting, and approving applications.

A nurse approved for, and participating in, the Clinical Ladder program will receive an increase in his/her base hourly rate of pay under this Agreement at the applicable amount below for the nurse’s Clinical Ladder level in the next pay check following approval. Clinical Ladder level compensation to be added to the nurse’s base rate of pay: Level One – $2.50, Level Two – $3.50, Level Three — $5.00

Decisions of the board with regard to a nurse’s application and acceptance at any level will be final and binding and not subject to the grievance process in Article 18 of this agreement.