Not Much to be Thankful for

The Hospital asked us to give up our sick leave benefits, reduce our paid time off (PTO) accruals, and their starting offer for a raise was less than 1 percent each year. We’re also concerned about the changes that were proposed for the permanent schedule language in our contract.

We are Not Off to a Good Start

We had our second bargaining session Tuesday, Nov. 24. We received all of the Hospital’s counter proposals and opening offers.

In our first session Nov. 5, we made a point of saying we are not proposing any big changes, with two exceptions:

1. a wage scale like what Providence nurses in Portland have

2. a clinical ladder program also similar to what Providence nurses in Portland have.

Unfortunately, we got several proposals that are significant takeaways and there was no acknowledgement about how our work and model of care is just like Providence’s medical centers in the Portland area and that we live in a part of the state with a high cost of living as well.

What follows is a quick summary of the Hospital proposals with counter proposals and the areas of agreement and disagreement.

Article 1 Definitions

Casual Call Nurse Shift Availability. We think it needs to be explicit in our contract that casual call nurses must offer to work
four days a month including one shift that must be a weekend or in the case of surgical services, a weekend call shift.

The Hospital agreed with this proposal but wanted more explicit language that the call shift has to be one that the casual call nurse is qualified to work. We think we can reach an agreement on this proposal.

Charge and/or lead nurse definition. At various times the Hospital has had nurses working in roles that feel like a charge nurse role – a role that exists at other hospitals. We think it is time to call the question and define this role in the contract.

The Hospital proposed language of their own that would allow for a “temporary lead” nurse. We think we can reach an agreement on this proposal.

Article 4 Work Schedules and Overtime

We did not propose any changes to this section of the contract. All the changes that were suggested were made by the Hospital. They proposed that we eliminate time and a half pay for the nurse on a variable schedule who is forced to work a weekend for which he or she would normally not be scheduled. (For nurses without permanent schedules the contract is pretty clear that they should only be scheduled for every other weekend.) We are not sure about the fairness of this proposal and not inclined to agree to it.

The Hospital also wants to reduce the notice it gives for cancellation before a penalty on them of at least four hours of paid work is required from two hours to one hour. In short, if you get less than a 1-hour notice of cancellation you would have options to get at least four hours of pay. If you get more than a 1-hour notice you could be cancelled outright or put on call with no pay obligation unless you were put on standby and called into work.

We are not inclined to this proposal.

Given how far some people have to drive and time needed to get ready for work we are inclined to say that two hours of notice is reasonable.

Article 6 Annual Leave (Paid Time Off) and Article 7

By the way, if you are cancelled with more than two hours of notice and asked to take standby and be on-call and available to come in, you are put on standby. There is not a 2-hour grace period (something we keep hearing about) where the Hospital gets to change their mind and have you come in at your regular straight time rate. You were cancelled and put on call and then you were called back in. When that happens, you earn time and a half. Appendix F in the back of our contract is pretty clear about this.

Sick Leave

We did not propose any changes to these important benefits. Unfortunately the Hospital proposed an overall reduction in our PTO accruals. While less senior nurses would earn larger accruals in a shorter time frame than our current agreement, your long term accrual would be less generous. Even more concerning is, yet again, a proposal to eliminate sick leave from our contract entirely and have us transition to a short term disability benefit.

<table>
<thead>
<tr>
<th>Current Annual Leave/PTO System</th>
<th>Sick Leave</th>
<th>Combined Sick and PTO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time worked</td>
<td>Rate</td>
<td>Hours</td>
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<tr>
<td>After 1 year</td>
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<tr>
<td>After 4 years</td>
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<td>192</td>
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<tr>
<td>After 10 years</td>
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<tr>
<td>After 15 years</td>
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<td>248</td>
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<tr>
<td>After 19 years</td>
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<td>272</td>
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<table>
<thead>
<tr>
<th>Proposed PTO System</th>
<th>Sick Leave</th>
<th>Combined Hours and Hours Lost</th>
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<tbody>
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<td>Rate</td>
<td>Hours</td>
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<tr>
<td>After 5 years</td>
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<tr>
<td>After 10 years</td>
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<td>264</td>
</tr>
<tr>
<td>After 15 years</td>
<td>0.126924</td>
<td>264</td>
</tr>
<tr>
<td>After 19 Years</td>
<td>0.126924</td>
<td>264</td>
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</tbody>
</table>
Article 12 Seniority
We proposed language that clarifies the current practice of honoring all your time working for the Hospital in the Columbia Gorge Service Area regardless of whether you started working for the Hospital as a registered nurse or in another role, such as a certified nursing assistant or phlebotomist, before promoting into a registered nursing role. The Hospital made a minor clarification and we were able to reach an agreement on this proposal.

Article 19 Health and Welfare and Retirement and Appendix G Health Insurance
We did not propose any changes to these sections of the contract. Thankfully, Providence did not propose any changes to our health insurance for 2016 and it would appear that no changes were proposed for 2017 either.

Article 21 Duration of Agreement
We proposed a 2-year agreement to keep us lined up with the expected expiration of the Providence St. Vincent contract. The Hospital also proposed a 2-year agreement.

Appendix A Wages and Differentials
We proposed a new salary scale – the salary scale used at Providence St. Vincent, which has 22 steps, a step 25 and a step 30. We opened with wage increases to that scale of 5 percent each year in a 2-year agreement. This is the proposal that was made by the Providence St. Vincent nurses. We also proposed that nurses would move to the step on the new scale that most closely mirrors their current length of service. By example, nurses earning a rate at after two years would be placed on the new scale at step 3. Nurses with 15 years of service will be placed on the new step 15, nurses at step 27 unless that nurse has 30 years of service would be placed at step 25.

The Hospital proposed a raise of less than 1 percent for each year of the contract using our current Hospital wage scale. No new steps and not much of an increase. We believe they will come up, but their opening proposal was disappointing, especially when coupled with the take aways in vacation accrual and sick leave accrual.

We proposed increasing the evening shift differential to $3 an hour and the night shift differential to $6 an hour. The Hospital proposed an increase in the night shift differential for $5.15 an hour and for all hours worked on night shift. This is an increase of the evening shift differential for night shift nurses, but in exchange the day shift nurses who work four hours into evening shift would have to give up their $2 evening shift differential. This is a cut in pay for day shift nurses.

We proposed increasing the weekend differential to $1.25 an hour. The Hospital proposed no changes or improvements.

We proposed increasing the round trip bridge contribution to $2 to reflect current pricing. The Hospital proposed no changes or improvements.

We proposed increasing the open shift differential to $18 an hour just like what is paid at Providence Portland and at Providence St. Vincent. The Hospital proposed raising this differential to $16.50 -- one of the few albeit modest improvements that they proposed.

We proposed increasing the float differential to $5 an hour and proposed a charge or lead nurse differential of $5 an hour as well. The Hospital proposed no change to the float pay differential and opened with paying the temporary lead nurse at $2 an hour for all hours worked.

Appendix D Permanent Schedules
We did not propose any change to this important article, but the Hospital proposed several changes. They were clear that they want to maintain predictable pattern schedules but they feel that our current contract language creates job bidding and job posting challenges that prolong the job bidding process. They were also concerned about a unit manager’s inability to make changes in the schedule based upon on-going changes in census or new providers coming online. We are leery of the Hospital’s suggestions. We are going to attempt to work through them so what we come out of this with contract language and a scheduling process that they can support but still maintains our permanent schedules. Stay tuned.

Appendix E Certifications
We proposed adding the correct certification for home health and hospice nurses and we proposed an
Bargaining Update Continued  (Continued from Page 3)

increase in the certification differential of $2.25 an hour, just like what is paid at Providence Portland. The Hospital agreed to the certification correction but not the pay increase.

Appendix F Call In and On-Call Pay

Many of our nurses take a lot of call or standby obligation, either because they are waiting to be called into work or they get cancelled due to low census. We proposed increasing call pay to the state’s minimum wage above the current $5 an hour, and we proposed increasing on-call low census pay by $9.25 an hour, plus an additional $5 an hour, for a total of $14.25 above the current $11 an hour. Yes this was ambitious. Unfortunately, the Hospital did not propose any increases in this area of compensation. Stay tuned.

New Appendix for a Clinical Ladder

We made a proposal to create a clinical ladder program for Providence Hood River nurses. We believe such a program would increase nurse professionalism, enhance patient care and offer a way to gain additional compensation. Along with our wage increase, this was our only other major proposal. The Hospital did not agree to this proposal. Their concern was less about cost and more about whether we would get nurses to work on the design of the program and be on the governing board and if would we draw enough participants.

WATCH FOR OUR SURVEY ON CLINICAL LADDER

To that end, watch for a quick online survey to come out sometime after our Dec. 2 session to help us show support for this idea. We will keep the survey short, but really need a lot of you to take it and tell us honestly if you support this idea; if any of you are willing to work with Association leaders at the Hospital to get the program started; and participate once we get started. Stay tuned.

We Bargain again Dec. 2

We know this is a give and take process and we want to believe that a lot of the differences can be worked out. That said we have given a lot over the last few years since the recession. We are not inclined at all to give up our sick leave or our vacation accrual. We also want a meaningful raise. Stay tuned.

Save the Date: ONA 2016 Convention, April 11-13 in Seaside!

Please mark your calendars and plan to join us for the ONA 2016 Convention and House of Delegates, April 11-13, 2016 at the Seaside Civic & Convention Center in Seaside, OR.

The first day, Monday, April 11, will be a half-day staffing workshop. This workshop will feature presentations and information to help nurses better understand the updated Oregon hospital nurse staffing law and improve staffing in their workplace.

The second day, Tuesday, April 12, is a full day of continuing education sessions with topics ranging from the use of social media, nurse advocacy, collective bargaining tools and skills, effective communication, ethics in nursing, nurse leadership and more.

The third day, Wednesday, April 13, will be the ONA House of Delegates.

More details will be posted as they are confirmed and registration will open in late 2015. We look forward to seeing you in Seaside!

Visit the ONA website for more information as it becomes available.