We Bargain Again on Monday, Jan. 18

With the issues around Appendix D — Permanent Schedules resolved this leaves:

- Sick leave
- Vacation accrual
- Medical benefits
- Call pay
- Certification pay
- Whether or not we have a Clinical Ladder program and
- Wages

left to negotiate and settle. Obviously, these are all important issues.

The Hospital has two major “take aways” on the table eliminating sick leave and our current vacation benefit accrual. Both of which we know are unacceptable.

We also think the cost of living in Hood River and the work that we do merits a wage scale that resembles what nurses are paid like at Providence Portland and Providence St Vincent. The Hospital does not. We are hopeful we can reach an agreement, but we are very far apart on these critical issues. Stay tuned and watch for an update next week.

Tentative Agreement on Permanent Schedules

We had our fourth bargaining session Tuesday, Dec. 22. We spent almost all of our time talking about Appendix C – the article relating to scheduling and hours of work for Home Health and Hospice nurses and Appendix D – Permanent Schedules.

The proposals that were agreed to for Appendix C for Home Health and Hospice changed the contract very little. We clarified the length of the workday and when overtime starts or after hours call out time starts.

The proposals that were made and agreed to for Appendix D – Permanent Schedules were more significant, but hopefully gave the Hospital what they needed – an ability to work with nurses on the unit to change schedules when operational or patient circumstances change while preserving our input and our ability to have schedules that are predictable and regular.

The changes that we made to Appendix D provide for the following:

- A way for the Hospital to come to the nurses in a unit and say census or provider surgery schedules have changed and we need to make some tweaks to the schedule.
- A way for the Hospital or the nurses on a unit to examine whether or not a particular schedule should continue when someone quits or retires that does not necessitate a whole scale rewrite or revision of everyone’s schedule.

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There is Still Time to Take the Clinical Ladder Survey

Over half the nurses in the Hospital have taken the survey.

We would like ten more nurses to take our survey before our next bargaining session.

The survey asks you to help us gage the interest and support for a clinical ladder program. Please click on the link below and spend five minutes taking the survey so we can be better prepared to talk about this proposal at our next session. CLICK ON THE LINK HERE.

Several Providence Hospitals have a nursing Clinical Ladder program. The purpose of these ladder programs is to encourage greater professionalism and commitment to excellence in patient care and nursing in general.

Nurses who involve themselves in the ladder program at these facilities take on extra work. They do projects for their units, pursue further education, make presentations about nursing or patient care, and conduct research on aspects of patient care and nursing practice.

These nurses also keep journals or write essays about their practice and their experiences and document their growth in their practice and profession from novice to expect. And they earn additional compensation for doing so.

Ideally the program is staff nurse-driven and governed. Staff nurses at the other Providence facilities, where Ladder programs exist, both design and govern the program and accept and approve applicants.

A group of nurses at Providence Hood River Memorial Hospital would like to start such a program here. We made a proposal for our contract to do so. At our second bargaining session the Hospital administration team shared their concerns about our proposal.

The reminded us that a ladder program was considered in 2006, almost a decade ago. It was never launched because there was not enough interest in both participating in the governance and in being actual applicants.

We think maybe that sentiment has changed in ten years since we first tried, but we need more than antidotal evidence if we are going to make progress on this kind of proposal in our negotiations. Please take the survey. CLICK ON THE LINK HERE.

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