June 11, 2015

Negotiation Team
Chairperson: Dee Apperson, RN, Emergency Room (ER)
Vice Chair: Sally Miller, RN, Day Surgery
Secretary/Treasurer: Chad Swanson, RN, Visiting Health Services
Member at Large: Laura Kork, RN, Clinical Float Pool

Oregon Nurses Association Labor Relations Representative
Ateusa Salemi, RN
Salemi@OregonRN.Org
541-626-6802

Oregon Nurses Association
18765 SW Boones Ferry Road Suite 200, Tualatin OR 97062
1-800-634-3552 within Oregon
www.OregonRN.org

Mid-Columbia Medical Center (MC)
Bargaining Update No. 1

In this issue
ONA Proposals Pages 1-3
Your Negotiation Team Needs Your Input! Page 1
MCMC Proposals Pages 3-4
Next Negotiation Dates Page 4
Control: Saving Lives and Health Care Costs – Page 4

General Unit Meeting - Tuesday, June 16, 6 - 9 p.m.
Come to the board room to meet the team, ask questions, and take a survey. WE WANT TO SEE YOU THERE! Light refreshments will be provided.

Negotiations Update
Your Oregon Nurses Association (ONA)/Mid-Columbia (MCMC) Bargaining Team met with the MCMC team over two sessions. Both sides have issued proposals.

ONA Proposals

ONA presented proposals on the following issues:

**ARTICLE 1 MEMBERSHIP** - proposal to increase membership security and reduce opt outs - MCMC declined, still open. We also proposed a bulletin board space in each break room for ONA postings. **MCMC agreed.**

**ARTICLE 5 HOLIDAYS** - proposal to add Christmas Eve as a paid holiday. **MCMC declined stating that this would be too costly for them. Remains open.**

**ARTICLE 7 HOURS OF WORK** - ONA made several proposals in this section:

- **7.B.** ONA proposed that a nurse working more than 16 hours in a 24-hour period be paid double time. The current language only provides this pay if these hours are consecutive.
- **7.C.** ONA proposed pay at time and one half for nurses who are not relieved for their breaks.
- **7.E.** Weekends: ONA proposed amending this section so that nurses would not be scheduled consecutive weekends without their agreement. The current language states “each nurse may be expected to work up to two weekend shifts per pay period.” With a shift being identified as one day, Saturday or Sunday. Some of our nurses found themselves being

Survey is still open, but not for long! Please go to www.OregonRN.org and select Mid-Columbia under Find Your Bargaining Unit to take the survey and let your negotiation team hear your opinion!

Survey will close Wednesday, June 17 at 4 p.m.
ONA Proposals continued from page 1

scheduled for four weekend shifts per month, one day of each weekend. This was occurring because each pay period only had two weekend days on it. Our proposal expands the language to four weekend shifts on the posted schedule and we continue to discuss the language so that the intent is for nurses to have every other weekend off. MCMC is in agreement on the intent, we are just working out the language.

7.G. ONA proposed that nurses who have less than 10 hours of rest between shifts (including nurses who are taking call) be allowed to ask for relief instead of coming to work, if that is not granted, to be paid time and one half until 10 hours of rest has been achieved. *On sections B, C and E, MCMC stated a belief that extra pay in these situations does not make it safer and that MCMC is committed to not having nurses work if they were tired. They stated that they are fully committed to getting nurses the breaks and rest that is needed to do their jobs safely and that any nurse who was tired could safely report that to MCMC and MCMC would find relief for them. This was stated by both Regina Rose and Duane Frances. These sections remain open.*

**ARTICLE 10 HEALTH AND WELFARE**

ONA proposed that within 180 days of ratification a plan would be implemented that increased the safety of staff and MCMC. MCMC reported that they have just been accepted into a Workplace Safety Initiative project which is pilot program in coordination with the Oregon Hospital Association, the Service Employees International Union (SEIU), and ONA to reduce injuries from patient handling and violence against health care workers. ONA was satisfied with this action and withdrew our proposal.

**ARTICLE 12 SENIORITY**

12.D. ONA has proposed that a nurse who transfers from one department to another be allowed to complete that transfer within 30 days. If this is not possible a transition plan must be developed with the nurse and the managers of the old and new units. MCMC agreed with the intent, they are concerned that allowing a nurse leave a unit before a qualified replacement is found and trained could jeopardize patient safety. Asking for more discussion. Still open.

12. F. Low Census: ONA has heard from many of you that the current process for low census can often result in some nurses taking a disproportionate share of time without pay. We have proposed that travelers and agency nurses be placed on low census prior to any regular or casual MCMC nurse. We have also proposed a cap on the maximum amount of low census for our nurses. MCMC declined to consider a low census cap, they did agree to move traveler and agency nurses ahead of MCMC employees on the low census rotation, but countered that nurses who are receiving premium pay should be first before volunteers. There was also a lot of discussion on how a new tracking and rotation system would be implemented.

**ARTICLE 13 PROFESSIONAL DEVELOPMENT**: ONA proposed that the 1600 hours set aside for education exclude mandatory and inservice hours so that nurses could use these hours for voluntary education. Also that a specified budget to pay for tuition and travel expenses for these voluntary educational offerings be set. MCMC responded that they have developed a voluntary savings program for nurses, and that they will match up to 150 percent (or $10) per pay period any monies that a nurse sets aside for education. This system “generates buy-in” of the nurses for their own professional development.

**ARTICLE 15 STANDBY/ON-CALL**: ONA has proposed increasing the rates of these premiums, and to include Visiting Health Service nurses in the rates for operating room (OR) and post anesthesia care unit (PACU), as these nurses are also subject to mandatory call. We have further proposed capping the total number of mandatory call hours in a year. MCMC is in agreement that call hours should be shared, but not to a cap. They did not agree to increase the rates as
ONA Proposals continued from page 2

they believe that we are comparable to other hospitals in the area. Still open.

ARTICLE 16 FLOATING/ORIENTATION: ONA has proposed to reduce the length of time a nurse has to have not worked in a department before asking for a refresher orientation from 12 to six months. MCMC has countered with a proposal to allow all nurses to be floated to departments and “work within her scope of practice and competency on that unit.” Essentially arguing that a nurse is a nurse is a nurse and that any nurse can be sent to any unit. It would be up to the nurse to identify tasks they are capable of doing. Still open.

APPENDIX A: WAGES AND DIFFERENTIALS

<table>
<thead>
<tr>
<th>Wages</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2%</td>
<td>2015</td>
</tr>
<tr>
<td>2%</td>
<td>2016</td>
</tr>
<tr>
<td>3%</td>
<td>2017— if third year</td>
</tr>
</tbody>
</table>

MCMC responded that nurses received a 2 percent increase in January of this year, so 0.5 percent in 2015, 1.75 percent in 2016, 1.75 percent in 2017.

Weekend Differential: ONA proposed increasing to $2 per hour and to increase the weekend from 7 p.m., Friday to 7 a.m., Monday to capture nurses working Sunday night shift. MCMC declined both proposals.

Advanced Certification: ONA proposed using the list of specialties recognized by the American Board of Nursing Specialties to simplify the process of verifying relevant certifications. We also proposed a bachelor’s of science in nursing/master’s of science in nursing differential of $2 per hour. MCMC countered by creating a list of recognized certifications per department, adding some that were not previously included. They agreed to a bachelor of science in nursing/master of science in nursing differential of $1 per hour. Still open, as we are not in agreement on the list, as no certifications were listed for nurses working in Visiting Health.

MCMC countered with some proposals of their own:

ARTICLE 1 RECOGNITION AND MEMBERSHIP: MCMC has proposed separating out part-time nurses into “Core” and “Non-Core” groups, and also to remove the 5 percent differential from part-time nurses who are receiving benefits. While we can agree to a definition change for clarity purposes, we are not in agreement to remove the differential without first knowing who would be affected by such a change. A request for information from MCMC has been made and we are waiting for the results.

ARTICLE 3: PAID TIME OFF (PTO):

3.A. MCMC has proposed not paying shift differential on PTO taken by nurses who work variable shifts. When asked for clarification, MCMC responded that it appears that the majority of time requested off by these nurses only falls on the days they would be scheduled to work a differential shift.

3.E. PTO must be used for approved vacations. This is clarification to ensure that nurses meet their FTE’s while on vacation, prior language states “a nurse shall be free to utilize PTO as best fit the nurse’s personal needs.” ONA is not opposed, we added a new subsection that addresses a nurses right to utilize PTO when on low census or standby.

3.F. PTO must be used while on holiday. Also a clarification. We are not opposed, we have agreed to add language “If the nurse is scheduled for an additional day in lieu of the holiday, the nurse will not be required to use PTO.”

ARTICLE 7: HOURS OF WORK: MCMC made its own proposal exempting time spent in education and

Continued on page 4
MCMC Proposals continued from page 2

meetings from overtime unless it exceeds 40 hours in a workweek. ONA is opposed.

ARTICLE 8: EMPLOYMENT STATUS: MCMC has proposed changing section E to be a shift preference and not a work preference. This impact of this change is that nurses with seniority would be allowed to express preference for shifts worked (days vs nights) and not day of the week. ONA would like to hear from our members.

ARTICLE 9 LEAVES OF ABSENCE: MCMC would like to eliminate this section and default to hospital policy for all leaves except jury duty. Still in discussion.

ARTICLE 10 HEALTH AND WELFARE: MCMC would like to add a clause to allow for alternative plans in addition to the standard plan that is currently offered. Still in discussion.

10.C. MCMC is proposing to only allow hospital discounts for regular full-time nurses. ONA is opposed.

ARTICLE 13 PROFESSIONAL DEVELOPMENT: MCMC is proposing to strike from the contract language that allows night shift nurses to read staff meeting minutes in lieu of attending meetings when these meetings fall at the beginning or end of their shift. ONA is opposed. Requiring nurses to work up to 14 hours at once for the purposes of a staff meeting is unsafe and counter-productive. We have instead proposed altering the scheduling of meetings so that more nurses may attend.

APPENDIX A: MCMC has proposed a change to section H that states “nurses must receive a rating of “Valuable Contributor” or above on their annual performance evaluation…and must complete all mandatory education requirements” in order to qualify for their step increase. ONA is opposed. This language is pay for performance and contrary to the principals of a wage scale. MCMC has ample opportunity to address issues of performance throughout the year, rather than wait until an annual performance evaluation and withhold your raise.

Appendix B: MCMC has proposed incorporating this appendix into the body of the contract. ONA is not opposed.

Next Negotiation Dates

Friday, June 19 and Friday, June 26

9 a.m. to 5 p.m. board room. Interested nurses are welcome to quietly observe the proceedings.

CAUTI Control: Saving Lives and Health Care Costs

Free Navigate Nursing Webinar; Wednesday, June 17, 2015 10 a.m. PDT

Rates of catheter-associated urinary tract infection (CAUTI) are on the rise. Each year, more than 560,000 patients develop CAUTI leading to extended hospital stays, rising health care costs and increasing patient morbidity and mortality. As a front-line nurse you play a major role in reducing these rates by knowing the benefits and implementing evidence-based CAUTI prevention strategies into your daily practice. Following infection-control best practices prevents harm to your patients and overall saves over 50,000 lives and nearly $12 billion in health care costs.

Join Chenel Trevellini, MSN, RN, CWOCN, as she explores practical tips for reducing CAUTI at your facility. During this webinar you will learn about ANA’s innovative, streamlined, evidenced-based CAUTI prevention clinical tool developed by leading experts and how you can incorporate the prevention tool into your practice.

Arm yourself with the necessary tools and resources to help you lower your facilities’ CAUTI rates and associated hospital costs but most importantly, prevent avoidable harm, morbidity and mortality among your patients. Register today for this free webinar!