Q: What is the retention bonus that I am hearing about?

A: St. Alphonsus Health System (SAHS) offered nurses in Ontario a retention bonus of either $3,000 or $1,500, based on FTE, if nurses agreed to stay employed in Ontario in their current FTE for the next two years. If a nurse reduced their FTE or left employment, they would have to repay the bonus in its entirety. Also, in order to receive the bonus, nurses would have to agree to accept numerous policy changes by the hospital.

Q: Why does the retention bonus have anything to do with a flu shot or dress code?

A: ONA attempted numerous times to remove the policies on masking and dress code from the agreement. We asked why these issues were tied together. Certainly, retaining nurses is a high priority, why would the hospital attach so many unrelated conditions? The hospital’s response was that they are giving much more than they would be getting and system standardization is very important to them.

Q: Who decided to reject the retention bonus?

A: Your ONA team reviewed the bonus as well as the policies that were being proposed and had serious concerns about them. It was decided however, to survey the membership and find out what the nurses at the hospital wanted. Ateusa Salemi, RN, labor relations representative, visited every department at the hospital. Between the nurses she spoke with and the nurses the negotiation team spoke with, it was clear that nurses were not...
interested in waiving their rights to negotiate on their leave policy, dress code and flu/masking. Many nurses were disappointed that the hospital would not solely focus on retention and many other nurses determined that the small retention bonus was not enough to guarantee that they would stay for an additional two years.

Q: What can we do now?

A: Stay in contact with your ONA leadership team, become a unit steward and maintain your full membership (or become a full member) in ONA. ONA is made up of the nurses here in this hospital in addition to nurses throughout the state. In order to maintain a strong unit and to negotiate better outcomes in the future it is important that the nurses here stand together and demonstrate a strong and unified organization.

President’s Message on a Multistate Compact

by ONA President Katy Cooper, BSN, RN, CCRN

Since 1998, states have discussed the advantages and disadvantages of joining a multistate Nurse Licensure Compact (NLC). The NLC would allow nurses in states who joined the compact to practice in any other compact state using their current license. For example, if Oregon and Washington both signed the compact, a nurse could practice in either or both states using a license from their state of residence.

Over the last 18 years, only about 50 percent of states have enacted legislation in favor of the compact. Oregon has not.

A multistate license does sound appealing. For nurses who practice in more than one state, only a license in their state of residence would be needed. The nurse or employer would pay only one license fee as well. However, these incremental benefits for a small number of nurses are overshadowed by the risks to states, the public and the nurses within those states.

Why? Simply put, the NLC forces states to give up their ability to set nursing standards.

If Oregon entered the compact, nurses in our state would no longer be required to meet the practice standards we’ve worked to establish. For example, the NLC would allow a nurse to be licensed in Oregon without having practiced in the last five years. Any other practice requirement specific to Oregon would also be invalid.

Despite troubling complications, a private Chicago-based trade group called the National Council of State Boards of Nursing (NCSBN) has continued pushing states to adopt NLCs for both RNs and NPs. It is devoting significant resources to “sell” the compact.

In the NCSBN’s plan, the compact is overseen by an interstate commission which can make binding decisions on member states, without being held accountable to any state or government.

Handing over our state’s practice authority is not in the best interest of nurses or the public.

That’s why ONA and the American Nurses Association (ANA) have been working towards new solutions that simplify multistate practice for nurses, protect the public and retain individual states’ authority to establish and enforce practice standards.

As we consider important health care decisions like multistate licenses, it is critical that all nurses have access to the information we need to weigh both the risks and benefits of policy decisions and take an active role in the decision-making process.