Bargaining began on Nov. 20, 2015. We met again on Dec. 9 and 10.

The Association began bargaining with a comprehensive proposal that included the following:

- 4 percent wage increase in 2016 and 2017
- Returning nurses to their appropriate step level, undoing the step freeze that was implemented in 2013
- Instituting an employer matching contribution equal to one-half of the employee contribution for retirement
- Creation of a labor management committee to discuss and resolve issues cooperatively
- Fair share obligations for non members
- Increases to shift differentials for extra/odd shifts and standby and a certification differential
- A 2 percent differential for nurses who have a BSN.

The hospital had responded with the following proposals:

- 1 percent wage increase in 2016 and 2017
- Requirement that the first 40 hours of paid time off (PTO) used in a year counts against the Oregon Sick Leave allowance, even if not used for sick leave reasons
- Imposition of mandatory hospital wide float (and elimination of float levels in contract)
- Increase of $6,000 to professional development funds
- Allowing outside nurses to work on a unit even if regular nurses on that unit are low censused
- Requiring scheduled standby nurses to be at work within 30 minutes.

We have already heard many concerns over these proposals, especially mandatory float.

Please see all proposals, counter proposals and negotiating positions on the following pages.
ONA Membership Proposals:

Article 1 RECOGNITION AND MEMBERSHIP

B.6. Change work requirements for per diem to two shifts a month and two weekend shifts per quarter with one holiday a year and add language if a per diem or outside nurse consistently works full-time or part-time hours for more than 90 days the position will be reassessed to determine if the need has changed and the position will be posted.

C. Add fair share language

Article 4 PAID TIME OFF

B. Change in language to allow up to one year to request vacations.

D. Clarify units that can have two staff off at one time. ED, GI Lab, Birth Center, Critical Care, Med/Surg and OR

Add E. Clarify units that can have one staff off at one time. PACU, Pre-Op Services, Day Surgery, Tuality Outpatient Surgery (TOPS), Wound Care, Cath Lab, and Vascular Access

Article 5 HOURS OF PAID TIME

C.2. Delete language “For Nurses in Surgical Services, “day” is defined as a period commencing at 12:01 a.m. and terminating 24 hours later.”

E. Add language “Nurse shall be provided a reasonably furnished room for relaxation or sleep. By agreement a unit manager and a majority of the nurses assigned to that unit, rest periods may be combined with meal periods or taken prior to the end of the shift.”

K.1. Add language to float level 1 “has completed an orientation program developed specifically for the receiving unit by that unit’s nurse educator and is competent”

Add N. “Hospital may not require a nursing staff member to work during the 10-hour immediately following the twelfth hour worked during a 24-hour period. For purposes of this section, a nursing staff member begins to work when the nursing staff member begins a shift. An employee may choose to use Paid Leave Hours (PLH) or take time off without pay for hours missed of the next scheduled shift.”

Article 6 EMPLOYMENT STATUS

F. Change language “An in-person exit interview with a human resources representative will be provided to each nurse at the termination of employment.”

Article 5 RETIREMENT PROGRAMS

Asking for a guaranteed match to our 403B

B. Add language “Hospital match of one-half of the nurse’s contribution to a maximum employer contribution of 3 percent of the nurse’s gross annual income.”

Article 10 ASSOCIATION BUSINESS

B. Add language to allow ONA to place announcements and business on ONA bulletin boards

Article 13 PROFESSIONAL DEVELOPMENT

C.2. Add language to allow per diem access to education funds

Article 16 REDUCTIONS IN FORCE

A. Clarify order of low census first among volunteers, then outside nurses and then per diem, and add associate nurse manager 1, if acting as regular staff

Article 17 GENERAL

Add D. Labor/Management Cooperative Committee, this committee would be made up of labor and management to resolve issues of concern to both parties to avert grievances.

Continued on Page 3
**ONA Membership Proposals** Continued from Page 2

**Article 20 DURATION AND TERMINATION:**
- Asking for two year contract.

**APPENDIX A:**
- Asking for 2012 step freeze to be reinstated and added to years of service for purposes of salary step progression
- Wage increase of 4 percent for both years
- Evening shift differential increase to $2.50 an hour from $2.25 an hour
- Night shift differential increase to $5.75 an hour from $5 an hour
- Standby (on call pay) increase to $5.00 an hour from $4.00 an hour
- Increase to standby pay for nurses in Cath Lab, OR, GI Lab, and Post Anesthesia Care Unit (PACU) for all days over eight in a four week schedule to $8.00 an hour
- Change language for step placement at time of employment to total number of years’ experience from relevant years
- Extra/odd shift increase to $15.00 an hour from $4.00 to $5.00 an hour
- Add BSN differential of 2 percent
- Add Resource nurse differential of 5 percent
- Add certification differential to $1.00 from yearend bonus
- Add Cath Lab to critical care list of recognized certifications
- Add wound care list of certifications
- Allow use of PLH for low census for first 90 days of employment
- Increase bereavement leave to 36 hours from 24 hours for 12 hour shift nurses and to 40 hours for those who work 40 hour weeks.

**MEMORANDUM OF UNDERSTANDING REGARDING THE SHORT NOTICE SHIFT INCENTIVE:**
- Increase hours of notice to 72
- Each unit must determine annually what shall be considered “increase in patient census”
- Change availability to short notice shift to six months from one year for nurses who change budgeted hours
- Change required hours worked to receive short notice paid from four hours to three hours
- Add Cath Lab, PACU and hemodynamic nurses to list of units for short notice call.

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**Hospital’s Proposals, ONA’s Position on the Hospital’s Proposals and Hospital’s Response to ONA’s Position, if Received**

**Article 1 – Hospital’s Proposals**

**B.6. Change work requirement for per diem to four open shifts (open shift is one not filled by a regular nurse) and one weekend shift with two holidays per year (one summer and one winter)**

**ONA position:** A total of five days per month for per diem nurses is too many days

**ONA’s Counter proposal on 12/11/15** accepted

**New 7. Add temporary nurse – nurse who works no longer than six months**

**ONA position:** No, see no need to add this definition, have asked hospital to identify how temporary nurse would fit into contract

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continued on page 4
New 9. Change outside nurse to day agency which would break out traveler nurse from current definition

**ONA position**: No, see no need to change definition.

New 10. Add traveler nurse definition

**ONA position**: No, see no need to change definition.

**Article 4 - Hospital’s Proposals**

A. Add language “The first 40 hours of PTO per calendar year will be counted as Oregon Sick Leave”

B. Add language “PTO requests covered by Oregon Sick Leave will be granted first”

**ONA position**: Need more answers on how it will change current process for using sick time and how first 40 hours will be coded.

**ONA’s Counter proposal on 12/11/15 to A.** “The first 40 hours of PTO per calendar year will be counted as Oregon Sick Leave at the employee’s discretion.” Waiting for Hospital’s counter at the time.

**Article 5 - Hospital’s Proposals**

K. Eliminate all Float Levels so that all nurses will be required to float

**ONA position**: NO, need further information on training and taking of team expectations.

New N. Hospital may implement scheduled standby call within a unit if it determines such scheduled standby call is necessary to meet patient care needs.

**ONA position**: NO, this is mandatory standby as the Hospital sees fit for all units beyond our regular scheduled work hours.

**Article 6 - Hospital’s Proposals**

F. In-person exit interview with HR representative will be made available

**ONA’s position**: We have accepted this language.

**Article 8 - Hospital’s Proposal**

A & B. Add language “In the event the benefits provided under this section result in potential penalties under the affordable care act, they will be discontinued.”

**ONA position**: No, at this time, we believe this should be subject to bargaining.

**Article 13 - Hospital’s Proposal**

C.2. Increase in pool of money for education to $30,000.00 from 24,000.00

**ONA’s position**: We accept this language.

**Article 16 - Hospital’s Proposals**

A. Add language

- Per diem, temporary and travel nurses to rotation of low census

- New graduates will not be low censused until after their introductory period (generally 24 weeks)

**ONA position**: No to adding per diem, temporary and travel nurses to low-census rotation. We feel 24 weeks is too long for an introductory period.

A.1. Remove language that protects nurses on standby, from being called in to work other than his/her unit

**ONA position**: No, we strongly feel nurses should only be on call for their own unit.

A.3. Remove language that protects nurses from being mandatorily low censused before outside nurses.

**ONA’s position**: No, we strongly feel outside nurses should be low censused before regular staff.

C. 2. Change language “units” for Surgical Services to include Outpatient Surgery

**ONA’s position**: Asked for more information. Hospitals response was to allow staff from Outpatient Surgery to be floated in times of high census within Surgical Services instead of low censusing.

*continued on page 5*
C. add new 5. Require all staff who on standby must report to work within 30 minutes if called in.

**ONA’s position:** Feel that 30 minutes is not enough time to report for work.

**Appendix A - Hospital’s Proposals**

- Wage proposal 1 percent for both years of contract, hospital recognized that steps start one to seven years are way under market, but did not make proposal to adjust, hospital also made indication that step freeze may be reinstated but tied to other proposals being excepted such as elimination of float status

**ONA counter proposal** 3.75 percent for first year and 4 percent for second year and 2012 step freeze reinstated

- Hospital accepted increase to evening shift differential of $2.25 an hour
- Hospital accepted increase to night shift differential of $5.75 and hour

**ONA’s position:** Accepted proposal

- Extra/Odd shift differential increase to $5.00 an hour

**ONA’s position:** Remain with proposed increase of $15.00 an hour.

- Certification list: remove CVN from ICU/PCU list of certifications, remove CEN and CPAN and add CVN to Hemodynamic list of certifications, Add Cath Lab to units with CVN as only certification

**ONA’s position:** Remain with proposed update to list.

**Appendix B - Hospital’s Proposals**

- Add first 40 hours of PLH and EIH may also be used for any purpose covered by Oregon Sick Leave

**ONA’s position:** Have more questions as to why added language.

- E.1. Add language to allow nurses who have not completed 90 days of employment to use PLH for Low Census

**ONA’s position:** Accept language.

- E.2. Add language “Foreseeable leave must be scheduled in a manner that minimally disrupts business operations. If unforeseeable (unexpected emergencies or illness), the first 40 hours of PLH and EIH taken for reasons covered by Oregon Sick Leave will be granted preference over other requests.”

**ONA’s position:** Have questions on how this effect granted vacations/leaves

- H. Remove language “Nurses who retire at age 65 or older may continue employment in an on call status and will not ever be eligible for PLH or EIH accruals.”

**ONA’s position:** Have questions as hiring of retired nurses.

- K. Add language “Except if the first 40 hours of PLH have not been used in the calendar year, a nurse will be paid up to this first 40 hours at his/her straight-time hourly rate of pay plus shift differentials”

**ONA’s position:** Have questions about why change

- M. Add language “Paid bereavement leave runs concurrently with any bereavement leave to which an employee may be entitled under the Oregon Family Leave Act.”

**ONA’s position:** What does Oregon Family Leave Act state for bereavement leave, have more questions.
2016 STATEWIDE ELECTIONS

Considering running for an ONA office?

January 20, 2016 is the deadline to self-announce candidacy for statewide ONA elections. If you are interested in candidacy for any of the above positions, please complete the Talent Bank & Consent to Serve form found by clicking the ONA 2016 Elections button on ONA’s home page and mail it to: ONA, 18765 SW Boones Ferry Road, Suite 200, Tualatin, OR 97062 or submit an online form on our website www.oregonrn.org.

For more information, please contact Kathy Gannett at 503-293-0011, 800-634-3552 ext. 309 or gannett@Oregonrn.org.

As part of ONA’s ongoing efforts to best serve our members and every nurse in Oregon, we are excited to present OCEAN (Oregon Continuing Education Activities for Nurses) online continuing education. www.OregonRN.org

This new learning environment provides continuing education (CE) opportunities to ONA members and nurses across the region, in a convenient and user-friendly format. The OCEAN system features:

- Self-paced, independent learning modules, covering a broad range of topics and encompassing all levels of nursing practice
- CE that is conveniently accessible 24 hours a day
- The ability to house each learner’s CE history for easy access and retrieval

You can find out more about using OCEAN online CE by visiting the ONA website www.OregonRN.org. We encourage you to enjoy the courses currently available and be sure to check back regularly as more courses are added.

Get to Know Oregon’s Nurse Staffing Law

ONA has run a six-part series on nurse staffing to show how recent changes to Oregon’s hospital nurse staffing law will affect your practice and your patients. Find information you may have missed and test your knowledge by reviewing all six parts of the series in one easy-to-read document.

Click here to review staffing law series

You can also view a recorded presentation on YouTube to help better understand the new law.

Click here to view the presentation on YouTube

If you want to learn more, you can also visit the ONA website here.

If you have questions or need clarification, please contact ONA’s professional services department at practice@oregonrn.org.