As Contract Expires, with 11.8% Operating Margin, Management Implies that New Hospital Construction Should be Funded by Nurses

On Friday, May 31, the day of expiration of our collective bargaining agreement, the Columbia Memorial Hospital (CMH) administration bargaining team met with ONA’s team to finally make an economic presentation of the finances of the hospital. After two cancelled bargaining sessions and little movement by management to reach a deal, Friday’s bargaining session did not seem to be a genuine attempt by management to reach an agreement before contract expiration, as no real movement was made on nearly all of our proposals. Management did increase their wage proposal 0.5% for each year for 2019, 2020, and 2021, increased their charge nurse differential proposal by $0.25, and added a Stroke Certification to our list. These three items only marginally addressed one of our priorities for negotiations, while giving no proposals on any other items after agreeing to an extended bargaining session in hopes of reaching agreement. To read both sides proposals from Friday in full visit the bargaining unit webpage here and watch for a full side by side comparison of where things stand on all proposals coming out next week.

The bargaining room was packed with members throughout the day, with over 65 different nurses attending negotiations so far. A large 15-foot banner stretched across the wall in the bargaining room, where over 82 percent of all nurses signed on to our message: “Standing Together for a Fair Contract”. Additionally, the room was lined with individualized posters that each nurse had signed that listed their personal amount of lost wages due to dock hours.

Additionally, the Chief Financial Officer, Zachary Schmitt reported a 10.82 percent operating margin for 2018 in his PowerPoint presentation. However, upon ONA asking about the publicly available audit information showing an 11.8 percent operating margin, he said that was probably true. In his PowerPoint presentation to ONA, he was failing to report nearly 1.4 million in funds, which could easily fund many of the things nurses are asking for in these negotiations.

Despite our two prior bargaining sessions being cancelled, the ONA bargaining team did not waste time in trying to reach a fair agreement. Over the last two weeks, not only did we mobilize more nurses to be involved, but we also created and conducted a mid-bargaining survey to assess the top priorities of our members. We learned that the following priorities are most important to our members:

- **WAGES**: Recruitment and retention of nurses by increasing wages equally across all steps.
- **ECONOMIC STABILITY**: Provide economic stability to nurses by guaranteeing a dock cap, switching to an FTE system, and increasing earned leave and paid holidays to address instability of work hours.
- **STAFFING**: Ensure the staffing process is followed and protect the safety for our patients, by ending the unsafe buddy breaking system that doubles patient loads and guarantee the staffing law is followed in our contract.
- **HEALTHCARE**: Provide affordable healthcare for our members with families by reducing their premiums.
- **TRAINING**: Invest in training for nurses. Improve access & paid time for education and training with establishing a robust tuition reimbursement program that addresses the skyrocketing costs of tuition.
- **PARITY FOR CLINIC RNs**: Provide equality and respect for our clinic nurses with an equal pay scale with all CMH nurses. No nurse is a second-rate nurse.
- **DECISION MAKING**: We seek respect and ask to value and include nurses in decision making in our workplace.
- **SHIFT LENGTH CHANGES**: There must be a fair process for nurses to decide changes in shift length.
Our ONA bargaining team asked management to explain how they can operate with a near 12 percent profit margin at a non-profit hospital, while compensating our nurses below market levels, increasing workload, and cutting scheduled hours in some departments. We know that our nurses are the core source of our hospital operating at a near 12 percent margin.

The efforts put in by nurses while being rushed, understaffed, overworked, missing breaks, scrambling to make sure errors are not made, and still providing the high-quality care that our patients receive is the reason our hospital is so financially successful. They state their goal is to be the #1 most profitable non-profit in the state. We pointed out that there are only 5 hospitals, only 1 being another critical access hospital, that have higher operating margins, and the Chief Financial Officer, Zachary Schmitt, responded that they hope to beat those other hospitals as well. At a non-profit hospital, we find it unethical to essentially seek to be #1 in profit. The money our patients pay for the care they receive is supposed to go into that care, not just for large construction projects.

Additionally, with approximately 25 million extra dollars every year, they have only reduced patients costs twice, mentioning that one time it was reduced by 2 million. The Affordable Care Act, and most specifically the expansion in Medicaid enrollments in Oregon, was meant to bring costs down for everyone because hospitals wouldn’t have to subsidize care for patients that couldn’t pay. When those patients started paying, the hope was that hospitals could then bring costs down, but CMH has chosen to keep nearly all of those funds. Other hospital system’s create new buildings through grants, gifts, bonds, and subsidies. The Cancer Center, The Pavilion, and the Emergency Department remodel have all been funded through gifts, bonds, and other funds. To exclusively fund a new hospital through the operations budget that should go to staff and operate the hospital to provide patient care is unacceptable.

**How do we move forward?**

While our contract end date was May 31, 2019, technically the contract is still in effect. The problem is that no new wage increases are listed going forward and management has not offered retroactive wage increases. Additionally, we do not have any bargaining sessions scheduled until July. We needed one day of paid time for our team to attend in June as the schedule is already out, and management refused, so we can’t meet until July. We are deeply disappointed in management’s actions. Members across all units have been expressing sadness, disappointment, and outrage at the actions of management. Now is the time for all nurses, and the community to stand together to go to our CEO and the Board of Trustees to make sure they to do the right thing and prioritize nurses and the care we provide to patients.

**Take Action! Sign the Petition**

*We are launching a petition to the CEO and Board you can find here.*

We ask every single nurse to sign the petition in the next two weeks. We are also reaching out to our community, local business, churches, neighbors, and community leaders for support. Watch for our letter to the community coming out this week.

**ONA Q & A Drop in Sessions**

After our petition, we'll be gearing up for further workplace actions, and ask that all nurses try to attend one of our upcoming Q & A sessions to learn what is at stake, and what these actions entail. Amber Cooper, our ONA staff labor representative, along with members of the bargaining team will be in attendance to talk one on one with members. If you cannot attend one of these times, please talk with your Contract Action Team member to set up another time.

Mark your calendars for the Q & A and stop by for 30 minutes this week if possible:
• Thursday June 6, held 5-8 p.m.
  Friday June 7, held 8-10 a.m. and 12-1 p.m.

Mark your calendar and pack the room! Upcoming Bargaining Sessions: July 10, 17, 31