Negotiations Continue

Our session started with a statement from Coquille Valley Hospital’s (CVH) attorney reporting that they intend to end negotiations within the next two or three sessions, either by mutual agreement or with a last, best and final offer. While we all look forward to the conclusion of this negotiation process, the delays in negotiation have been shared equally by both teams.

We confirmed that the next negotiation dates will be Jan. 12, 15 and 19.

The hospital shared that the patient volumes and revenues are significantly less for the first half of this fiscal year in comparison to the first half of the previous fiscal year. They also shared that the hospital had significant financial losses for the years 2014, 2015, 2016 and 2017.

Despite the rough start to the session, we were able to reach agreement on a couple of outstanding issues. The first was related to the certification pay. Nurses who have specialty certifications in areas that are no longer in service will continue to receive the certification differential until the current certification expires. The second agreement was that the evaluation of nursing practice will be completed by a registered nurse; ability to accrue paid time off (PTO) for all hours worked, PTO hours compensated and low census hours whether compensated or not.

Where Our Proposals Differ

We remain separate on several issues. The hospital has made clear they WILL NOT agree to ensuring that CVH staff are allowed to work before traveler nurses when the travel nurse has a contract. While the comment shared was, “we loathe adding this language, but we will not pay two nurses for the work of one nurse. We simply won’t do it.” According to the hospital’s attorney, this issue is a deal breaker.

We continue to stress that it is important to ensure that the nurses in our community are able to work and earn a living over nurses who come to our facility from other areas.

The hospital has also proposed eliminating the tuition reimbursement program.

We have offered a counterproposal of decreasing the tuition reimbursement to $15K and limiting it to two awards per year. While we recognize this is a take-away, we also recognize that having the opportunity for education reimbursement is a benefit to our nurses, the hospital and our community.

Again, the hospital shared their intent to create a new house supervisor position, stating that when the house supervisor is on duty there will be not
Where Our Proposals Differ *(continued from page 1)*

compensated charge nurses’ assignments. However, when the house supervisor is not present, you will again be responsible as charge nurses for the entire facility. We have shared many times that we believe this process will not lead to the outcomes the hospital expects.

We have made a counter proposal to limit the punishment for cash-out of PTO that exceeds the PTO bank at the time of cash out to be limited to two years, rather than for ever after.

We have proposed increases to the retirement program and matching options. The hospital indicated they would consider the proposal.

We also proposed an insurance opt-out option as allowed by law. The hospital indicated they would consider this option.

We were pleased that the hospital came forward with financial proposals.

Their proposal was for a three-year contract, only if we reach mutual agreement without the hospital making a last, best and final offer. Across the board wage increases would be as follows: 1.5 percent in year one; 1.5 percent in year two; and 2 percent in year three.

No retro pay, although they may consider some sort of ratification bonus.

No increases to any differentials.

Our counter proposals for wages are 2 percent for year one; 2 percent for year two and 2.5 percent in year three.

We also proposed increasing the night shift differential to $6 per hour.

Creating an extra shift incentive program and including the current practices for extra shift pay and standby pay.

It is clear we still have issues to resolve; however, it was nice to make some progress.

SHARE YOUR FEEDBACK!

Our negotiation team needs to hear from you!

- Are you willing to accept an agreement that allows travel nurses to work while you are put on low census?

- What are your thoughts about accepting a charge assignment when they do not have a house supervisor?

- Will you continue to accept charge assignments? How do you think these changes will affect our patients?

- How will these changes affect our ability to recruit and retain qualified staff now and in the future?

Visit our ONA at CVH Facebook page and share your feedback.