Our ONA nurse negotiations team successfully completed three consecutive days of meetings with the hospital and have reached a tentative agreement (TA)!

After several proposals back and forth on language and financial proposals, we were able to reach a final agreement. We are happy that our time over the past few days was well spent and would like to share the highlights of what we were able to achieve.

Some of our top priorities going into this negotiation included wages, pay differentials, education funding, language clarification around low census caps, short-notice pay, and floating. We are happy to report that we made improvements in all of these areas.

We also sought changes to earned leave caps, health insurance rates, and float nurse scheduling. In those areas, we had numerous discussions but were unable to reach agreement on language changes in this contract. We were obviously disappointed, but feel that the overall changes we did make, as well as the commitments to more scheduled and robust communication moving forward, will set the stage for future contracts.

The most significant changes to the contract are listed here:

- Length of contract. The contract will be for four years with a re-negotiation of wages only in two years.

**Article 4**
- Increases education funding to $2,600 over the term of the agreement.
- Allows for nurses completing online courses (ACLS, PALS, etc.) to be compensated for that time.
- Charge nurses and nurse preceptors will be required to complete additional training to help support and prepare them for these important roles.

**Article 8**
- Schedule is to be posted electronically, and all nurses in a department are notified simultaneously of open shifts.
- Language changes that allow meal breaks to be taken later in a shift (also see changes to Appendix B, which clarify that breaks may be combined).
- Clarification that if nurses are scheduled for an on-call shift of any length and called in for less than 75 percent of that shift, the nurse will be paid at time-and-one-half. If a nurse is called in for more than 75 percent of the shift, they will be compensated for the full length of the shift, regardless of shift length. Previous language made it appear that this only applied to 8, 10 or 12-hour long shifts.
- Time-and-one-half will apply for any nurse called in from on-call status, even if the nurse requested the on-call day.

**Article 9**
- Holiday pay will start with day shift on the holiday and end 24 hours later.
- Moved language from Article 6 regarding holiday shifts and earned leave/HC days.

**Article 10**
- Dedicated charge nurse positions must be posted.
- Clarification on the preceptor program and its oversight by the professional nursing care committees (PNCCs) and unit practice councils (UPCs).
- If a nurse’s introductory period is extended, monthly progress meetings must be scheduled to

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**2019 Negotiation Team**

- Molly Bottjen, RN (ICU)
- Kalean Boltz, RN (M/S)
- Emily Wheeler, RN (FBC)
- Anita DeLint, RN (ED)
- Erin Stanton, RN (HH)
- Corky Gillies, RN (Surgical Services)

**Hours volunteered so far: 350**

Please thank the negotiation team for their time and hard work making sure that we have the best agreement possible!
Grande Ronde Hospital (GRH)

Tentative Agreement Reached!  (Continued from page 1)

include the department manager and their preceptor.
- Increase in float 1 differential to $2.50 per hour
- Increase in float 2 differential to $1.00 per hour

**Article 11**
- Most of the changes here move all federal and state required leaves to follow the law and hospital policy. Personal leave will stay in this section, as will the requirement to offer light duty to nurses who were injured on the job.

**Article 13**
- Clarification of the hospital discount, once deductible is met, remaining GRH clinic and hospital services are covered at 100 percent for those on the hospital insurance plan.
- Safety committee member and insurance committee members will be elected by the bargaining unit according to its bylaws. For the insurance committee, we will attempt to keep the same members year to year to maintain historic knowledge. Stay tuned for an election to these committees in June or July of this year.

**Article 16**
- Trial positions must be posted in the unit where the trial will be conducted. If the trial position becomes a new position, it will be posted house-wide according to the contract.

**Article 20**
- This article will be stricken and a drug and alcohol policy and committee will take its place. There will be a nurse representative on the committee.

**Article 21**
- The contract term will be four years, with wages set for two years and a negotiation in two years on the cost of living increases only.

**Appendix A**
- Across the board 2.5 percent increases effective the first full pay period after May 1, 2019 and May 1, 2020. We will renegotiate these wages in 2021.
- Addition of a 30-year step, at 2 percent higher than the current 26-year step.
- Evening differential increased to $2.50 per hour.
- Night differential increased to $5.00 per hour.
- Weekend differential increased to $1.75 per hour.
- Preceptor differential increased to $1.50 per hour.
- On-call differential increased to $5.00 per hour and $5.50 on holidays.
- Surgical/HH call differential increased to $6.00 per hour and $6.50 on holidays.
- Removal of experience caps for nurses hired after May 1, 2019.
- Preceptor pay will be awarded to assigned preceptors with the completion of the preceptor training.
- Separating short notice pay from short staffing premium. Added a trial of a short staffing premium at $10.00 per hour to be used at the hospital’s discretion when staffing shortages occur. We will also establish a regular labor management committee meeting each quarter. Implementation of this short staffing premium will be a standing agenda item, along with other issues that arise as needed.

**Appendix B**
- Meal and rest breaks may be combined with the agreement of the covering house supervisor or charge nurse.

**Appendix C**
- Changes to reflect office location at GRH Pavilion.

**Side Letter Maximum Low Census**
- Language changes that clarify that float 2 designated nurses may bump another nurse if the nurse doing the bumping has reached their low census maximum.

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**QUESTIONS ABOUT THE NEW TA?**

A full redline version of the agreement will be available soon. Please come to the Mt. Emily conference room **Tuesday, April 30** from 6-8 p.m. to meet with our team and ask any questions.

A vote to ratify our new contract will be held online, opening on Tuesday, April 30 and closing on Friday, May 3 at 4 p.m. A link to the vote will be sent on Tuesday.