ONA Oregon Nurses Association

Caring for Oregon

Good Samaritan Tentative Agreement Reached!

Early this morning, we reached a tentative agreement on our new contract! We are excited to share the details of that tentative agreement with you below. This agreement only becomes our contract (and no longer tentative!) if it is ratified by a vote of ONA members. We will circulate the full redline agreement as soon as it's prepared (that will have every line edit clearly marked for close review), and we plan to open the ratification vote on August 7. Additional details are forthcoming, but we wanted to get a summary to you as quickly as possible. **We strongly encourage your YES vote.**

While no contract is perfect, the strength of this agreement is a testament to the unity, tenacity, and power ONA nurses demonstrated over the past 5 months of bargaining and in the months we spent preparing for these negotiations. We had unprecedented levels of involvement in our contract action team (thank you, CATs!), a successful rally at SHS HQ in May, and a powerful picket just weeks ago right in front of our hospital. Every time our bargaining team made the call for support, nurses answered: countless hours observing on Zoom and in the bargaining room; hundreds of you signing the platform pledge and then picket pledge; dozens of you working to distribute flyers, stickers, shirts, and up-to-date information. This contract is the beginning of building a more powerful union at GSRMC, across SHS, and across Oregon. We look forward to getting together to celebrate this win and plot the next!

Information Sessions

No doubt you have some questions about what all of what's captured below (and many details beyond that) will mean for you. We hope you'll make time to attend one of these drop-in sessions to ask any questions:

Wednesday, July 30

1700-2000

Location TBD (Likely CR A/B)

Thursday, July 31

1600-1800

Virtual via Zoom (Info Here)

Monday, August 4

0730-0930

Location TBD (Likely CR A/B)

Details of Our Tentative Contract Agreement

Once ratified, our new contract will provide the following enhancements:

Compensation

- 14% increase to base wages retroactive to the first full pay period after expiration (July 14, 2025), giving us the highest base wages of any Oregon Trauma II Center with published wages (on average, as it varies a bit by step; see here)
- 4% increase to base wages effective July 13, 2026
- 4% increase to base wages effective July 12, 2027
- Full wage parity for case managers who have worked at a wage scale slightly below other ONA RNs since their incorporation into our bargaining unit
- Full step correction for anyone who was hired under a different credit-for-prior-experience or step-advancement standard or is otherwise misplaced under our current language (by request of the nurse within 30 days of ratification; expect to hear much more on this!), finally eliminating wage inversion issues
- Step increases for every year of service, eliminating all longevity or ghost steps and hours of work requirements for advancement
- Lower hours threshold for part-time nurses to qualify for extra shift incentive (1.5x pay) from 32 hours per week to 24 hours per week (protected against losing shift incentive due being cancelled from an extra shift and contained the no unprotected call outs allowed to the workweek, not expanded to the pay period)

- Lower hours threshold for per diem nurses to qualify for extra shift incentive (1.5x pay) from 40 hours per week to 36 hours per week (if the hours were picked up after the schedule opens house-wide)
- Improved short notice shift incentive now paid for any hours worked to fill a staffing vacancy open within 48 hours of the start of the shift paid at 1.5x plus $20/hour (1.5x plus $40/hour if on the weekend)
- Extra shifts on all holidays 2x (not just the big 4) and 2x + $20 if the holiday is on a weekend
- For pay practices, premiums, and differentials only, the weekend will be extended to include Sunday 1900-Monday 0700 effective October 20, 2025, significantly improving Sunday night staffing (no rebidding on patterns needed!)
- Holiday pay for actual hours worked on the 24-hour holiday (0000-2359) to address the problem of night shift working the night of a holiday with no extra compensation
- House-wide no rest overtime provision that pays nurses who work with less than 10 consecutive hours of rest at 1.5x; if they are cancelled due to being in overtime in the subsequent shift, they receive 0.5x pay for those lost hours
- On-call pay increases from $5.25 per hour ($7.00 on holidays) to $7.50 per hour ($9.00 on holidays)
- Hours worked on weekend call back paid at 1.5x +$20 (and weekend differential)
- 1% pay differential for a second certification
- Expanded list of recognized and compensated certifications
- Night shift differential based upon Step, rather than consecutive years on night shift, to recruit experience to night shift and better fill staffing gaps (Step 1: 12.5%; Steps 2-6: 15%; Steps 7-10: 17.5%; Step 11: 20%)
- Moving to percentage based differentials for charge nurse/clinical coordinator nurses (6%), resource nurse (4.5%), and per diem nurses (9% ratification; 12% July 2026; 15% July 2027) differentials, creating

immediate increases and allowing these differentials to grow as base wages increase due to across-the-board increases and step increases (see here)

Benefits

- Health insurance premium increases limited to no more than 0% for 2026, 3% for 2027, and 5% for 2028
- Retirement match increases from 2% to 3% for nurses hired after September 2013 that have 15 years of SHS service (nurses hired before September 2013 already have 3%)
- PTO quotas defined in the contract based on core staffing per shift (with some exceptions), expanding available PTO slots immediately in some departments, in 2027 in others, and as the department grows for all
- One education day per 24-hour period allowed per department beyond the PTO quota, freeing up more PTO slots
- Protected Absences (like FMLA/OFLA) no longer count against PTO quotas in closed departments, freeing up more PTO slots
- Approved PTO may be changed to available unpaid days prior to being rescinded
- PTO quotas made more transparent by being posted on the unit and Staffing Office page
- PTO accrues for hours lost due to shift cancellation from an extra shift
- One additional day of paid bereavement leave for most family members (4 now, up from 3; 5 for immediate family members)

Safety

- Increased number of security personnel
- Increased level of training for security personnel
- By February 2026 dedicated security personnel in ED screening all individuals and their belongings (to include metal detection by wand) at entry

- By January 2027 dedicated security personnel at the Main and Ponderosa Tower entrances screening all individuals and their belongings (to include metal detection by wand) at entry
- Screening tool added to Epic to track the screening of patient/visitor belongings
- SHS pays the 3-day Worker's Comp waiting period for approved or validated claims related to assault
- Panic buttons in every department
- Increased number of personal safety & security classes offered
- Clear process and in person annual training for emergency lockdowns
- Clear and documented escalation pathway reviewed annually in each unit for escalating instances of violence or threats
- Quarterly drills to test procedures

Staffing

- Robust shift incentives (see Compensation detail above) to fill staffing needs
- Contractual commitment to following Staffing Law, allowing us to additionally use grievance process to address staffing violations
- Orientation solidified for Staffing Committee members to improve fluency around the law and best practices
- Timeline and process around unit review of staffing plans to avoid any surprise or unsupported changes
- Core staffing must meet operational needs of the unit

Protections against Shift Cancellation

- Caps the amount a nurse can be mandatorily cancelled from an FTE shift at 12 hours per pay period for full-time nurses and 8 hours per pay period for part-time nurses

- Report pay paid for extra shifts at the applicable rate (not just straight-time rate) when a nurse is cancelled with less than 2 hours' notice or offered less than 4 hours of work
- Report pay paid if SHS changes or cancelled mandatory education with less than 3 hours' notice

PNCC

- End manager approval requirement for PNCC funds
- Expand PNCC hours from 36 per year to 40 per year
- Managers on PNCC jointly selected by ONA and GSRMC
- PNCC hours and funds for anything relevant to the practice of nursing, not only to the nurse's department
- Ability (upon request) to rollover up to 20 PNCC hours into the next year to provide more paid time off for longer opportunities

Department Closure

- SHS must give 90-day notice of potential closure and a 60-day notice of definitive closure
- Closures must happen within the first week of the month so that benefits extend as long as possible
- Nurses who will be laid off receive hiring preference anywhere in the system (unless it violates a union contract) both before layoff and for 12 months following lay off
- Nurses laid off due to department closure (including those who are bumped) receive 16 weeks severance if they did not apply for an accept another position (this is greatly enhanced above the policy of 2-8 weeks, depending on length of service)

Surgical Services

- Call increases from $5.25 per hour ($7.00 per hour on holidays) to $7.50 per hour ($9.00 per hour on holidays)

- Hours worked on weekend call back paid at 1.5x +$20 (and weekend differential)
- On-call nurses may not be called back or floated to cover needs in a unit other than the one they are on call for
- Increased language describing appropriate late cases in ASC to "rare occurrences of unforeseen circumstances . . . related to medical emergencies" and defined the block time as ending no later than 1730 to prevent further creep
- ASC OR nurses take call in a self-scheduled fashion and may not be floated or used for any purpose other than finishing the late case
- Callback will start at the first minute after the scheduled shift for any on-call nurse (rather than 60 minutes after)
- Interventional care takes call in a self-scheduled fashion
- No rest OT related requests to start late will be granted unless the department is putting nurses on MA
- Tiered call for cath lab and neuro team set at the same level as Main OR, to better compensate for these high-call burdens and improve recruitment into these positions
- Tiered call based on the contractual call rate (not indexed to an outdated amount) for CVOR Team
- Process for addressing excessive call for CVOR Team
- Float differential received if floated as helping hands within perioperative services (previously only if taking patient assignment)

Other

- Bargaining team members receive MA hours for all hours spent bargaining and missed due to bargaining (allows PTO hours to accrue for our team!)
- Reduced time corrective actions may be used to escalated the level of discipline: verbal and written correct actions are retained for 3 years

(previously 5) and final written warnings are retained for 5 years (previously no limit)

- Open positions communicated to all nurses in the unit the position is posted in
- Lunches into the 7th hour to provide more flexibility on timing for those who prefer a later lunch
- Codify ability to combine a 30 minute meal and 15 minute rest break for an uninterrupted 45 minute break (if staffing allows)
- Being floated to your regular unit when you picked up in a different unit counts as floating and receives the float differential
- Removes the onerous “no exceptions” around the labor-level transfer for receiving float pay; reasonable exceptions now granted within the pay period
- Clearer criteria around who is selected to train to specialities
- Schedule of Schedules printed and posted in the contract for ease of reference
- End requirement to deplete PTO if you call out from an extra shift

Again, if you mustache (read: must ask), we encourage you to vote yes!

In Solidarity,

ONA-GSRMC Bargaining Team

Angela Burright

Dexter Crabtree

Stacey Hardin

Tyler McCarty

Maureen McCree

Amanda Newman

Emily Pfeiffer

Betsy Stanley

If you have any questions, please contact your executive team leaders, or ONA labor representative Ashley Bromley at Bromley@OregonRN.org