



Oregon Nurses Association
Bargaining Unit Newsletter

August 15, 2016

Good Samaritan Regional Medical Center (GSRMC) Bargaining Update #5



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Tentative Agreement Reached on August 11, 2016 at 4 a.m.

Our Bargaining Team Recommends a YES Vote

Our bargaining team met with the federal mediator from 8:30 a.m. on August 10 until 4 a.m. August 11, 2016, when both sides reached a tentative agreement. The redline copy of the contract is posted [here on the GSRMC website](#) or you can go to www.OregonRN.org and under Find Your Bargaining Unit, click on Good

Samaritan. Click on the Redline Tentative Agreement Document. There are many changes. The ones listed on pages 2 through 4 are the highlights. Please see the redline for all changes. Our bargaining team members are recommending a YES! vote. We will be having informational meetings this week.

Informational Meetings

Ask questions! See the signed Tentative Agreement language.

Thursday August 18, 2016, 8 to 11 a.m. in Hewlett-Packard Conference Room

Friday August 19, 2016, 3 to 6 p.m. in the Starker Conference Room

Saturday August 20, 2016 8 to 11 a.m. in Conference Room A

***Voting will be on Monday August 22, 2016 in Conference Room B from 7:30 a.m. to 7 p.m.**

Please come and vote!

***On-Site Voting Only**

Highlights

Article	Changes
Article 2 New Membership Orientation	Association representative will be allowed sixty (60) minutes during Nursing Orientation.
<p>Article 3 Definitions Full-time Nurses</p> <p>Part-time Nurses</p>	<p>A full-time nurse shall be defined as any nurse who holds a .9 FTE to 1.0 FTE and who is regularly scheduled to work thirty-six (36) hours per week to forty (40) hours per week.</p> <p>A part-time nurse shall be defined as any nurse who holds a .1 FTE to .89 FTE and who is regularly scheduled to work eight (8) hours per week to thirty-five (35) hours per week. For the purpose of determining benefit eligibility, nurses working .8 and above shall be granted benefits consistent with full-time employees as offered to the majority of SHS employees. Nurses working .5 to .79 shall be granted benefits consistent with part-time employees as offered to the majority of SHS employees. Nurses working .1-.49 FTE shall be eligible for PTO and any other benefits offered to the majority of SHS employees in this category. part-time nurses would be eligible for extra hours premium as outlined in article</p>
Article 5 Meal Period	Work in excess of six (6) hours without a meal period shall result in a paid meal period. Clean up language that is the BOLI Law.
Article 5 Work Schedule	The Hospital will provide an opportunity for fifty (50%) of nurses employed on twelve (12) hour shifts in an inpatient department to work on a three (3) week rotation by March 31, 2018 Updates will be provided at the LMCC meeting when requested.
Article 5 Job Shares	Job shares must be approved by management and follow the established guidelines. Any changes to these guidelines will be communicated in writing to the Union and approved by BU-Chair.
Article 5 Surgical Services	Surgical Services Provisions have been to New Article 22
Article 6 Self-Schedule PTO	A nurse may self-schedule PTO at least up to four (4) weeks, but not more than twelve months (12), prior to the date when the earliest schedule covering such time off is to be published
Article 6 PTO Banks	Will remain at 960 maximum accrual level.
Article 7 Bereavement Leave	As stated in Oregon Law
Article 8 Paid Education Fund	<p>January 1, 2017- \$75,000 each year of the contract. GSRMC Nurses</p> <p>January 1, 2017, -\$12,000 each year of the contract. Home Health</p>

Highlights (continued from page 2)

Article	Changes
Article 9 Seniority	Interns and new grads will have a one time adjustment in seniority and, moving forward, all interns and new grads will be the date of hire when entering a bargaining unit position. Seniority will go back to hire date.
Article 9 Seniority VA request	When receiving notification of a VA, a nurse may request to be informed if there is an agency nurse with the same skill working.
Article 9 Seniority Lateral Transfer	All current employee applicants who are applying for lateral transfer and meet the posted qualifications shall be afforded an interview with up to two (2) people designated by the manager.
Article 12 Committees	Committees that evaluate evidence based nursing practice will recommend policy changes to management; further, these committees will not engage in practices that are mandatory subjects of bargaining.
Article 18 Health Insurance-This is a slow reduction in the premium cost.	Plan will not increase more than eleven percent (11%) from the previous year's contribution. In 2018, the plan will not increase more than ten percent (10%); in 2019 the plan will not increase more than ten percent (10%).
Article 21 Duration	Three year contract
<p>Article 23 Compensation</p> <p>New Rates for BSN/MSN</p> <p>New On-Call Language</p> <p>New Part-time Language for Extra Hours</p> <p>Home Health Cell Phone</p>	<p>Wages:</p> <p>July 1, 2016, 3% across the board</p> <p>July 1, 2017, 3% across the board, first full pay period.</p> <p>July 1, 2018, 3% across the board, first full pay period.</p> <p>BSN 2.5%</p> <p>MSN 3.5%</p> <p>On-Call</p> <p>\$4.25</p> <p>\$5.00 for Holidays</p> <p>Nurses will receive on call pay and time and one half (1 ½) their regular rate of pay plus weekend differential, if applicable, if they are called back to work from on call.</p> <p>Part-time nurses will be paid at one and one-half (1 ½) times their regular straight-time rate of pay for hours worked nurse's regularly scheduled FTE about thirty-two (32) hours per work week.</p> <p>\$60 for Full-time</p> <p>\$40 for Part-time</p> <p>\$20 for Per Diem</p>

Highlights *(continued from page 3)*

Article	Changes
Part-time Positions LOA	<p>PART TIME POSITIONS LETTER OF AGREEMENT:</p> <p>GSRMC is committed to increasing the number of part-time RN (PT) positions in order to maximize the staffing efficiency and impact RN satisfaction and retention of the patient care departments. Modifications to the staffing mix will be evaluated on a departmental basis and will be conducted by the department management in consultation with representative RNs from that department.</p> <p>The evaluation criteria are:</p> <ul style="list-style-type: none"> Mix of FT and PT positions that maximizes the efficiency of the schedule (i.e. staffing levels by day/shift meet the patient care needs of the department) Final approval by management <p>For those departments with greater than or equal to 32 FTE'd nurses, there will be at least 20% of positions offered at a 0.79 or lower. These positions will be initially posted as intra departmental only and be determined by the process described above.</p> <p>For those departments with 12-31 FTE'd nurses, there will be at least 10% of positions offered at a 0.79 or lower. These positions will be initially posted as intra-departmental only and be determined by the process described above.</p> <p>For those departments with fewer than 12 FTE'd nurses, modifications to the staffing mix will be evaluated on a departmental basis and will be conducted by the department management in consultation with representative RN's from that department. These positions will be initially posted as intra-departmental only and be determined by the process described above.</p> <p>Upon ratification an assessment and adjustment will begin immediately to ensure 5% of positions in the applicable departments are 0.79 or less. Beyond the 5% in order to maintain optimal staffing and quality patient care; employees awarded and moving into a 0.79 or less position will be transitioned as positions are backfilled until the minimum percentage is reached unless the option for 0.79 or less positions is declined by the RN's in that department. The goal will be accomplish this by March 31, 2018. Quarterly progress reports will be presented to the LMCC, and the process will be evaluated. The final iteration will enter the contract on January 31, 2019.</p>
ASC—Moving to Body of the Contract	<p>ASC Proposal</p> <p>ASC will remain exempt until July 10, 2017:</p> <p>Effective the first pay period following ratification the ASC nurses will be moved to the current hospital wage scale. Each nurse would be placed on the scale based on their years of experience. No nurse will be placed on a step that pays lower than the hourly amount they earned on the ASC wage scale. If the ASC does not have available work, nurses will follow current contract language regarding floating to another department for which they have the skill set to perform.</p>
Home Health—Moving to Body of the Contract	<p>Home Health Proposal</p> <p>Effective the first pay period following ratification the Home Health nurses will be moved to the current hospital wage scale. Each nurse would be placed on the corresponding hospital step. No nurse will be placed on a step that pays lower than the hourly amount they earned on the Home Health wage scale.</p>