Our Oregon Nurses Association (ONA) bargaining team met with the Providence Hood River Memorial Hospital administration team on Friday, Jan. 12, 2018, for our seventh negotiation session. The contract expired on Dec. 31, 2017, so this was our first negotiation session without a contract.

We started the day by giving administration three counterproposals, on “Article 4 Work Schedule and Overtime,” “Article 6 Annual Leave,” and “Appendix C - Home Health and Hospice Nurses.” We were able to come to tentative agreement (TA) on two of these articles, as described below.

**TENTATIVE AGREEMENTS**

We reached a TA on the “Article 4 Work Schedule and Overtime” on our fifth proposal; administration had five proposals on this article as well. That is a lot of back and forth movement on this very important article, which covers when the schedule is posted, overtime rules, how breaks work, how mandatory critical shifts are filled, low census, and more. Some of the main changes are:

- **Schedule:** The schedule will be prepared for two-month periods and it will be posted by the tenth (10th) of the month preceding the scheduling period. This supports our pre-negotiation survey responses regarding variable nurses having more notice of their schedules.

- **Mandatory critical shifts:** These are defined as shifts that need to be filled after the schedule is posted and are necessary for hospital operations. They will be compensated at the open shift premium rate ($17 per hour), plus a 10 percent differential, plus overtime, if applicable. These shifts will be rotated among staff in reverse seniority order and the rotation will include per diem nurses (formerly called casual call nurses). These shifts should not become a pattern or common practice for a unit. This addresses some last-minute staffing issues ONA assisted with late last summer.

- **Low census:** HealthStream may now be requested when a nurse is put on low census. It will be paid at straight time. The new order for nurses being put on low census is (1) nurses receiving open shift incentive pay, (2) volunteers, (3) agency nurses or ShareCare nurses, (4) per diem nurses (formerly called casual call nurses),

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(5) short-hour nurses and (6) both full-time and part-time nurses. This addresses concerns about agency nurses not being part of the call-off order.

The second article on which we reached a TA is “Appendix C - Home Health and Hospice Nurses.” The main changes are:

- **Standby/ Call Out:** Home health and hospice nurses (HH&HNs) will be paid time and a half (1½) for each unscheduled patient visit while on call. There is a two-hour minimum. This time cannot be pyramided (also called “stacked”). The prior contract language only permitted the time-and-a-half (1½) pay to apply to the first two-hour call out.

- **Education:** HH&HNs who are required to maintain a Washington state nursing license will be provided an additional $100 annually for continuing education. This would be above and beyond “Article 11 Educational/ Professional Leave” (which is an open article we have not yet finished negotiating). This additional money is to recognize the additional continuing education that is required for nurses licensed in Washington.

**STILL ON THE TABLE**

On “Article 6 Annual Leave,” we made some movement but have not yet reached a TA. Our ONA team proposed:

- **Annual leave may be requested up to 365 days in advance on a first-come, first-served basis. Seniority would be the tie-breaker if two requests are made at the same time.**

- **Annual leave requests would receive a response within 30 days.**

- **Each unit-based staffing committee will define the minimum number of annual leave requests that will be approved per shift per day so that minimum staffing levels are met.**

Administration agreed to most of these principles; however, they added “whenever possible” to our 30-day response period. We are working on a counterproposal for this article due to administration’s language being too nebulous.

An ongoing item of discussion has been the issue with dental benefits. The contract allows for two plans, Delta Dental PPO 1500 and Delta Dental PPO 2000 (see “Appendix G - Health Insurance” in the contract). These plans allow for routine procedures (x-rays, prophylaxis [cleaning], periodontal maintenance, etc.) to be covered at no cost and have no deductible.

Several of our members have recently been charged by their dentists for routine care because the dentists no longer accept the 1500 and 2000 plans. Most Hood River-area dentists now accept only the Premier plan, which is made available to Hood River teachers and state employees. We have asked administration to make this plan available to our nurses as well.

**Administration brought a wage proposal for a 1.75 percent raise for 2018 and 2019—this doesn’t even cover the increased cost of living. They also removed language that would allow for back pay to cover time since the contract expired, which happened on Dec. 31, 2017. They added language that only accepts acute care facility experience when placing a new hire on the salary schedule, in addition to removing one year of that experience. For a wage scale that already does not compete with what other Providence nurses make, we find this unacceptable.**

We countered with a 4-percent raise for the start step through step 10, and a 3-percent raise for step 11 through step 30; this would be for 2018. We also countered with a 2.5-percent raise for 2019. We added three additional steps, 17, 23, and 28, to fill in where there are (Continued on page 3)
three-year waiting periods for step raises. We also removed the language where administration proposed deleting the back pay to Jan. 1, 2018. We also countered the night shift differential by asking for $5.75 per hour. Administration had made it clear that night shift positions are difficult to fill. We also proposed cleaner, simpler language on how the new hires would be placed on the scale. This proposal is reasonable, as it still puts the wage scale under what the Portland-area Providence nurses make. This accommodates the fact that Hood River has an annual sick leave bank, while the other Providence nurses have an extended illness bank.

We made it clear that we wanted our proposal accepted as is, since we made movement on other items. Administration caucused (met independently) and informed us that we would need to go to federal mediation as they are not in a position to accept our proposal. Providence’s attorney is in touch with the federal mediator to find common dates that work for both parties.

Please take a moment to show your appreciation for your bargaining team. They have spent many hours on these negotiation sessions.

If you have any questions or concerns, please don’t hesitate to contact your labor relations representative, Jocelyn Pitman, at Pitman@OregonRN.org.

### 2018 Convention and House of Delegates

**Wednesday, April 18 - Friday, April 20**

The Riverhouse on the Deschutes, Bend, OR

ONA invites you to bring your voice and perspective to the ONA Convention and House of Delegates (HOD), held April 18-20, 2018 in Bend.

The HOD is ONA’s primary governing body. As a delegate, you will hear from ONA’s Board of Directors, Cabinets, Constitution Associations and other leadership groups and discuss and vote on resolutions, amendments and other initiatives.

Delegates pledge to register for and attend ONA’s House of Delegates on Friday, April 20 and delegates and other nurses are invited to register to attend the continuing education days, April 18-19.

Travel, lodging and education reimbursements may be available. Please see your bargaining unit or constituent association rules on how to apply for reimbursement.

#### Becoming a Delegate is Simple!

**Step 1:** Go to the ONA website: [www.OregonRN.org/Delegate](http://www.OregonRN.org/Delegate)

**Step 2:** Complete your Delegate Nomination Form

**Step 3:** Register for ONA’s HOD and Convention (*registration open*)

Questions? Contact Whitney Wong, at Wong@OregonRN.org or 503-293-0011 ext. 1325.

Vote YES on Measure 101 to Protect Health Care Access

Oregon voters will face a decision on whether or not to protect health care for more than 350,000 children, adults with disabilities, seniors, and low-income families in a special election Jan. 23, 2018.

Measure 101 asks voters to uphold the bipartisan Oregon Healthcare Protections Bill which the legislature passed in the 2017 legislative session. Nurses, hospitals, insurers, Democrats and Republicans all supported the bill in order to fund health care and lower premiums for more than half a million Oregonians.

Voting YES on Measure 101 means protecting health care for Oregonians who otherwise couldn’t afford care and are too often forced to go to the emergency room when they are sick. If the measure fails, thousands of our most vulnerable patients will be in jeopardy of losing their health care.

It is critical we stand together to protect Oregon families by supporting Measure 101 in the Jan. 23 special election.

Learn more, get involved, and add your name to pledge to vote YES on Measure 101 at:

www.OregonRN.org/YesOnMeasure101