Oregon Nurses Make A Difference

ONA at STA

Oregon Nurses Association (ONA) Nurses at St Anthony Hospital (STA)

June 14, 2012

ONA Negotiation Committee

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What is this?
ONA's QR code. A QR code (abbreviated from Quick Response code) is a type of matrix barcode (or two-dimensional code) that you use with your smartphone.

How to Use:
With a QR code reader app on your smart phone, take a picture or scan the QR code to open the ONA website in your phone's web browser. Many smartphones come with the app pre-installed, but others you will have to download a QR code reader app.

TENTATIVE AGREEMENT REACHED!

Your Team Unanimously Recommends a "Yes" Vote

Your ONA/STA negotiation team reached a tentative agreement (TA) on Wednesday with management, and we unanimously recommend a "Yes" vote. In what can be described by some of the team members as one of the most relaxed and collaborative bargaining sessions we've experienced, we gladly report that although we did not receive everything on our wish list, management heard our concerns and responded thoughtfully and completely to each issue we raised. Even when we agreed to disagree on any particular subject, Gloria Larson and Janeen Reding always provided rationale for their perspectives and responded by "respectfully declining" our proposal. Their approach, different from prior years in that they chose not to have an outside attorney speak for them, led us to collaborative talks that have resulted in a TA.

In a tough economy, where we are seeing our fellow nurses in Oregon hospitals under attack by management's proposed cutbacks and take-aways to benefits, wage scales, and nursing staff, our team believes that by working with management without outside agitation, we've been able to meet the needs of the nurses within the hospital's budget. It is our team's hope that others will model after our example of collaborative bargaining and refocus our nursing concerns on our patients.

To review the redline copy of the tentative agreements, go to OregonRN.org, select St. Anthony Hospital under Find Your Bargaining Unit.

RATIFICATION VOTE SCHEDULED

DATE: June 20, 2012

TIME: 1600 - 2000

LOCATION: Meeting Room 1

YES VOTE

YOUR TEAM UNANIMOUSLY RECOMMEND A YES VOTE

SUMMARY OF TENTATIVE AGREEMENTS

Article/Section	Change
Article 1.8	Nursing managers and supervisors will be given contracts so they are familiar with the terms of our collective bargaining agreement
Article 4.3.4	The hospital agrees to comply with the Oregon Nurse Staffing Law and by listing it in our contract, we may enter into the grievance process in order to remedy any concerns.
Article 4.5	Language tightened to get nurses off when they've worked more than 16 hours in any 24-hour period.
Article 6.8	Low Census Order Changed. Now agency/travelers will be low censused first, then RNs on "Difficult to Fill" or extra shifts, volunteers, non-volunteer occasional RNs, and finally non-volunteer full-time and part-time RNs.
Article 6.8.9	RNs will be placed on-call at the beginning of their shift if needed later in the day, and paid callback to come in. The hospital will no longer place a nurse on low-census for a short period of time and then make them report at a later time for straight pay.
Article 7 Health & Welfare	Our maximum rates for insurance will remain unchanged. Currently the hospital is charging RNs less than the percentage listed due to our rates dropping slightly this last year.
Article 8 Paid Time Off	PTO accrual will increase for all years of service and a new top tier of accrual for nurses with 21+ years of experience was added.
Article 8 Paid Time Off	Maximum accrued PTO per year, and Maximum banked PTO amounts increased for all years of service.
Article 8 Paid Time Off	January 1, 2013-The hospital will implement a new short-term disability (STD) plan in place of EIT. All EIT accrued prior to the implementation date will be banked for use by the RN to supplement STD. (Plan details available.)
Article 11-PNCC and Article 12	Our PNCC may also serve as the Paid Education Committee in order to minimize additional meeting times if needed.
Article 12	RNs may submit up to $500 in Certification fees for reimbursement from the Education Fund.
Article 20	Our contract will expire January 1, 2015, making this a 2.5 year agreement in order for us to move into our new hospital and re-evaluate the contract before bargaining.
Appendix A Wages	6% total increase for 2.5 years. (July 2012=2%, Jan. 2013=1.5%, Jan. 2014=1.5%, July 2014=1%) Top step no longer requires a nurse to hold a Certification. The wage scale has been modified to reflect the lengthy wordage that described the way RNs currently move through the scale for simplicity. No change to the current process.
Appendix A Evening and Night Differentials	Evening differential goes from $1.75/hour to $2.25/hour on July 1, 2012, and from $2.25/hour to $2.35/hour on January 1, 2014. Night differential increases from $3.75/hour to $4.25/hour on July 1, 2012, and from $4.25/hour to $4.50/hour on January 1, 2014.
Charge Nurse Differential	Will now be paid to the nurse who performs the duties, not to the assigned nurse.
Preceptor Differential	RNs will receive preceptor pay when individually mentoring student nurses as well.
Cross Trained Nurse Differential	RNs will now be eligible to receive a $1.50/hour differential for taking a fully cross-trained assignment in a secondary department and maintaining their competencies. (An assigned charge nurse will not lose any pay by agreeing to take an assignment in another unit by making this differential equal to charge nurse pay.)
Certification Differential	A process will be developed for RNs to submit to the PNCC and VPN, their current certification, to be reviewed and paid when working in a comparable unit.
Letter of Agreement Extra Shift Premiums	"Difficult to Fill" shifts will now be paid $15.00/hour premium, instead of $10.00. There will be consistency in that all RNs will be paid this premium instead of some getting callback instead. RNs will automatically get the premium if asked less than 72/hours before the scheduled shift. Managers may post "Difficult to Fill" shifts earlier if needed to avoid using agency/traveler nurses.