We returned to negotiations on Thursday, July 19, prepared to receive an economic counterproposal from Mid-Columbia Medical Center (MCMC) management, and walked away with no proposal yet again. Nurses did notice a clear change in the MCMC management team’s tone and approach and we saw some actual progress on a few smaller non-economic issues. It’s clear when nurses stand together we are taken more seriously. However, that has not yet translated into any major agreements on our top priorities. So, we must keep the pressure on!

Please watch next week for information about a potential membership vote to picket. After our bargaining session next Friday, the ONA bargaining team may need to call for a membership-wide vote to picket depending on what we receive from MCMC management. We await real counterproposals that address our top bargaining priorities and value and respect the hard work we all do as nurses.

Management actually seemed motivated to work on non-economic proposals with some real progress made finally at Thursday’s session. We reached one more tentative agreement on Article 6 Scheduling that guarantees tentative schedules will come out on the 6th of the month in all units. And we came very close to a few more tentative agreements.

MCMC management agreed with our proposal to allow people on Family and Medical Leave Act (FMLA) parental leave the option to save up to 36 hours of their paid time off (PTO) for when they return to work. This is a huge accomplishment for parents who currently are forced to use up all of their PTO during the FMLA leave after having a baby. Returning to work can be very challenging for a new parent with no PTO, so we’re excited to report this will be improved!

We will be bringing counterproposals to MCMC management on Article 7, 8, and 9 next week. If you have experience and opinions on other FMLA leaves, use of variable shifts/seniority for shifts and options to combine lunches and breaks, please contact your bargaining team representative or email Amber at Cooper@OregonRN.org with your ideas.

We were deeply disappointed that yet again, MCMC management was not prepared to discuss any financial proposals. Unfortunately, they continue to delay, while nurses go without the raise we were due on July 1, after our contract expired. This is incredibly disrespectful to all our nurses’ hard work and disrespects the genuine effort and lengthy volunteer

“We needed a fair contract a month ago. I sent in my photo to stand together with my fellow nurses to make our hospital better” - Sarah Gunderson, RN Critical Care

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Nurses Considering Holding a Vote to Picket  
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hours our team of nurses have put into this bargaining process already. At this point we’re looking at going a full month without the raises that were due. This is unacceptable and we cannot wait any longer, so we’re considering calling for a vote to picket.

Here is the status of our top priorities:

<table>
<thead>
<tr>
<th>ONA Bargaining Priority</th>
<th>Management Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Repairing the damage done to benefits for part time nurses: equality w/ full time PTO rates, correct placement in PTO years of service, 401K match, etc,</td>
<td>They have refused and emphasized that they would rather increase wages/benefits that go to all nurses, not specifically part time.</td>
</tr>
<tr>
<td>2) Recruitment and retention of nurses by increasing wages to match peer hospitals</td>
<td>They offered 1%, 0.5%, 0.5% as their opening wage proposal. With inflation, this proposal is effectively a wage cut. We have demanded that they bring us real wage proposals to all our previous sessions. They claim they will bring us something next week.</td>
</tr>
<tr>
<td>3) Improve Health Benefits</td>
<td>Their opening proposal included no improvements to health benefits. They’ve given us no further proposals on this.</td>
</tr>
<tr>
<td>4) Eliminating the mass use of variable shifts in hiring, and improving the process to earn desired day or night shifts through seniority and skill within departments</td>
<td>Initially they refused to address this issue and claimed it didn’t exist. After our petition, they finally gave us a counter proposal to limit variable positions to 50% of the positions in a unit.</td>
</tr>
<tr>
<td>5) Investing in training for nurses. Improve orientations, precepting, access &amp; paid time for education and training</td>
<td>They do not want to give funds for training without nurses having to pay as well in their matching program. We had a positive conversation about precepting and orientations, but don’t have an agreement on this yet.</td>
</tr>
<tr>
<td>6) Improving a variety of general work issues like hours, differentials, work safety, staffing, and other benefits to meet the unique needs for specific shifts, nurses, and units</td>
<td>They have not agreed to basic contract language that nurses should have proper equipment to safely do their jobs. There has helpful discussion about staff meeting attendance. Management agreed to let people on parental leave save up to 36 hours of PTO for after they return to work. There was also good discussion around Home Health nurses taking call responsibilities while working weekend shifts.</td>
</tr>
</tbody>
</table>
A Tentative Agreement (TA) is where management and the ONA bargaining team have exchanged proposals and counter proposals on a single article of the collective bargaining agreement and have now signed a copy that is tentatively agreed to pending a ratification vote of all ONA members over the entire collective bargaining agreement.

**Article 6: Scheduling TA on 7/19/18**

Management agreed with us to have tentative schedules posted by the 6th of each month. Currently there is large inconsistency across units which makes it challenging for nurses who might be able to help out another department by picking up shifts. Final schedules will still be posted by the 15th of the month.

**Article 11: Grievance Procedure TA on 7/12/18**

The tentative agreement would allow us to take grievances involving terminations straight to Step 2 of the grievance procedure skipping Step 1. We agreed to not to picket, join sympathy pickets, or sympathy strikes on hospital property during the life of the agreement. If a picket is held a few blocks away we would be free to take part, or if a picket or strike action occurred after our collective bargaining agreement expires we could take part.

**Article 14: Professional Nursing Care Committee TA on 6/18/18**

No significant changes to this article, except the title “Director of Nursing Services” has been replaced by “Chief Nursing Officer.”

Neither the employer or the ONA bargaining team requested to open the following articles for negotiation by the agreed upon deadline, so they will be remaining the same as the previous collective bargaining agreement.

**No Changes Being Made to These Articles:**

- Article 2: Equality of Employment Opportunity
- Article 17: Separability
- Article 18: Successors
- Article 20: Appendix
- Article 21: Management Rights
- Letter of Agreement: Reduction in Hours
- Letter of Agreement: Child Care Program
- Letter of Agreement: Dental Plan

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Be Part of the ONA Nurse Leadership Institute!

ONA is now accepting applications for members interested in participating in the second annual Nurse Leadership Institute (NLI).

The NLI is designed to create a cohesive and dynamic community of peers that is organized to affect change and respond to challenges in politics, practice, and labor.

An intensive, unique program, built on an evidence-based leadership model, the NLI will help you develop and strengthen vital skills needed to advance the nursing profession.

Applications are due by Aug. 3, so visit the ONA website for more information and to start your application today!

Upcoming Bargaining Sessions: July 27, Aug. 8 and Aug. 15

Bring your kids, come and go as needed on your lunches and breaks. Sessions run from 9 a.m. to 5 p.m., but can end earlier in the day. Come in on your day off and spend time supporting your bargaining team!

TAKING ACTION THIS WEEK

We are asking every nurse (or groups of nurses) to take a photo of yourself holding a sign to show support and email it to Cooper@OregonRN.org. These photos will be used for newsletters and a poster to show our strength and prepare for a possible picket. We need every nurse to publicly stand behind what we are fighting for. Here are some example photos:

Join the Contract Action Team (CAT)!

Home Health and Acute Care are still in urgent need of representatives! Additionally, we can use more representatives from all shifts and all units to make us as strong as possible! Contact Nicole and Heather Chambers, the co-chairs of our CAT, to let them know you’ve got the bargaining team’s back! You can also email cooper@oregonrn.org or talk to an ONA bargaining team member from your department about joining the CAT. We aren’t going to win a strong contract just talking at the table. What matters most is what happens outside that table, to show management how critical a fair contract is. The CAT is a small time commitment with huge results. Help pass out buttons, organize a phone tree, and be the main point of contact for your unit during any ONA BBQ, gathering, rally, event or even a picket. The more people on our CAT, the stronger the contract we will win, and the better our workplace will be!