

## MCMC ONA Summary of 2019-2021 Tentative Agreements:

<b>Article 1: Recognition and Membership</b>	<ul style="list-style-type: none"> <li>-Protection from charge nurses getting moved out of the union by being given management duties.</li> <li>-Precepting Pay for precepting student nurses will only be during their sixth quarter</li> <li>-15 minutes paid time for new nurses at ONA orientation</li> <li>-Improved lists provided by the employer including hours worked to assist in notifying people under 64 hours per month if they may be eligible for reduced ONA dues who weren't aware.</li> <li>-Bargaining representatives must be allowed to use PTO to attend bargaining sessions.</li> </ul>
<b>Article 2: Equality of Employment Opp</b>	No Change
<b>Article 3: Paid Time Off</b>	<ul style="list-style-type: none"> <li>-Doubling PTO &amp; EIH for part time core nurses. We will no longer have unequal accrual rates for part time vs full time, one set of accrual rates bringing part time core up to the full time rates, effective the first pay period in April 2019</li> <li>-Adjusting the Length of Service PTO step for part time core to reflect their actual length of service rather than the length of time they have been accumulating PTO, effective first pay period after ratification.</li> <li>-Contract language stipulating the hospital is fulfilling the requirements of the Oregon Paid Sick Leave law.</li> </ul>
<b>Article 4: Extended Illness Hours</b>	<ul style="list-style-type: none"> <li>-EIH must be used for bereavement, illness or disability after 3 days or 24 hours of being out rather than taking additional PTO.</li> <li>-EIH is increased for part time nurses to set equal rates with full time effective April 2019.</li> </ul>
<b>Article 5: Holidays</b>	<ul style="list-style-type: none"> <li>-Holiday work shall be equally rotated among part time core, just like it is equally rotated for full time nurses.</li> <li>-When a holiday falls on a Monday, home health work can be scheduled Tues-Fri if there is appropriate notice</li> <li>-If required to work more than 8 hours on a holiday, a nurse will still accrue an additional 4 hours of PTO for those hours worked beyond 8 hours on that holiday. Extra accrual will no longer apply to extra PTO in general for working a holiday.</li> </ul>
<b>Article 6: Scheduling</b>	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.
<b>Article 7: Hours of Work</b>	<ul style="list-style-type: none"> <li>-In this article both sides agreed to make changes to weekend shift work. Previously if there were insufficient volunteers to cover a weekend, each nurse in a unit would need to work up to 2 weekends per four-week schedule period. Now it will be listed as two weekends (four shifts) per four-week schedule period, which provides clarity where this may not have been followed consistently.</li> <li>-Additionally, for staff meeting attendance, nurses can join by phone if there isn't a hands on training component. We had management clarify what hand's on means, and they stated that it would involve "equipment or demonstration, or a show me piece, not a PowerPoint or video demonstration". We hope this is a very large help to nurses who live an hour or more away to drive in for a one hour meeting every month that might only involve PowerPoint they could view online and join by phone.</li> </ul>

<b>Article 8: Employment Status</b>	No Change
<b>Article 9: Leaves of Absence</b>	-PTO must be used up before taking non-FMLA leaves of absence. -Nurses can choose to reserve up to 36 hours of PTO for use after a parental leave under FMLA.
<b>Article 10: Health and Welfare</b>	-On the high deductible health insurance plan, we have eliminated the higher premium rates for married vs single people who put their children on the plan, both are equal now at the lower amount for employees.
<b>Article 11: Grievance Procedure</b>	-The title "Director of Nursing Services" has been replaced by "Chief Nursing Officer" throughout this article. -We will take grievances involving terminations straight to Step 2 of the grievance procedure skipping Step 1. For someone who has been terminated and removed from their job, we want to seek a resolution as quickly as possible and this will allow us to remove up to 42 days from the process which can be take many months to complete in total. This is a significant improvement that will impact any nurse in the future that is unfairly fired who we now will have the opportunity to get them back to work more quickly. -We agreed to not to picket, join sympathy pickets, or sympathy strikes on hospital property during the life of the agreement. This means that before the new agreement expires nurses organized as a part of ONA could not organize a picket that is held on hospital property, or join with another union that is holding a picket or strike on hospital property. 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.
<b>Article 12: Seniority</b>	-Use of Variable Shift positions must be reduced to 35% of total positions in each unit though posting and hiring using seniority into day, evening, and night shift positions, and in future postings of jobs. -The title "Director of Nursing Services" has been replaced by "Chief Nursing Officer" throughout this article. -Part time nurses can accrue seniority that applies to low -census rotations just like full time nurses can, if they work 40 hours per pay period for the prior six months, rather than previously in our contract they would need to work on average 24 hours per week for the prior six months. -For units that use self scheduling, we specified that seniority should be used for the selection of shifts into day, evening, night, or variable shifts positions, not for example to the selection of Monday, Tuesday, Wednesday scheduling slot. But qualifications, patient safety, skill mix, and other things may be used as well if needed.
<b>Article 13: Professional Development</b>	-Change of title from Department Director to Unit Director -Change of title from Planetree Education Committee to Best Practices Committee -Change of title to Chief Nursing Officer
<b>Article 14: Professional Nursing Care Committee</b>	-No significant changes to this article, except the title "Director of Nursing Services" has been replaced by "Chief Nursing Officer" throughout this article to reflect the current title of the individual holding that position. The old title included in this article was not up to date.

<b>Article 15: Standby/On Call</b>	-Home Health Nurses who take on-call duties on the weekend, while also working a regular shift, will receive an additional \$2 per hour.
<b>Article 16: Floating And New Nurse Orientation</b>	-Nurses who float or are transferred from another unit shall receive one week of orientation. New hire nurses shall receive 2 weeks of orientation. -A commitment by management that they will provide appropriate precepting for nurses transferring to take a position in a new unit. Our PNCC (a committee of nurses) can make recommendations for precepting.
<b>Article 17: Separability</b>	No Change
<b>Article 18: Successors</b>	No Change
<b>Article 19: Duration</b>	-We agreed to a 3 year contract that runs through June 30 <sup>th</sup> 2021
<b>Article 20: Appendix</b>	No Change
<b>Article 21: Management Rights</b>	No Change
<b>Appendix A:</b>	<p><b>Effective upon ratification 1% wage increase across the board</b></p> <p><b>1/1/19 1% wage increase</b></p> <p><b>7/1/19 2% wage increase</b></p> <p><b>7/1/20 2.5% wage increase</b></p> <p><b>6.5% Total wage increases over 3 years</b></p> <p>-Charge Nurse Differential will be doubled from \$1.00 to \$2.00</p> <p>-Brand new differential to be added to contract: Medical Interpreter Differential \$3.00 for those certified through Oregon Health Authority regulations and MCMC policy for hours spent doing interpretation.</p> <p>-We increased the minimum required contribution the hospital can make to benefits from \$7000 per year to \$8000 annually per nurse.</p>
<b>Letter of Agreement on Health and Welfare:</b>	-They wanted to eliminate the Health Plan Advisory Committee, but we convinced them to keep the committee around. Letter of Agreement was updated to delete section from 2006.
<b>Letter of Agreement: Reduction in Hours</b>	No Change
<b>Letter of Agreement: Child Care Program</b>	No Change
<b>Letter of Agreement: Dental Plan</b>	No Change

