WE WON!

Following months of negotiations and public actions our ONA Bargaining Team reached a tentative agreement with MCMC that raises standards in many areas.

The biggest reason for our victory was the visible unity of all the nurses at MCMC. We wore ONA t-shirts at work, signed petitions, held two large public rallies, distributed signs throughout the community, got community members to sign a letter to the Board of Trustees, and a large group of MCMC nurses delivered a letter to our CEO. It’s because of our actions that our bargaining team had power at the table. Now it’s up to us, again. There will be an online vote to ratify this tentative agreement from next Thursday, October 28 through Monday, November 1. Keep an eye out for voting links and instructions.

Our bargaining team unanimously recommends a YES vote on a three-year contract.

Here is a summary of all the changes in the agreement, starting with highlights of the biggest wins:

- 10% across the board wage increase over 3 years (4%, 3%, 3%) (Appendix A. A. 1.)
- Night differential: $6.25 (up $1 from $5.25) (Appendix A. A. 2.)
- $7 differential for OR and PACU (currently $5.75) (Effective July 1, 2022) (Article 15. A.)
- Minimum two-hour pay for mandatory education, training, and staff meetings (Article 15. C.)
- $15 premium for all extra shifts (currently any extra shifts picked up after schedule is posted is only $8)

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- BSN/MSN differential increase to $2 in 2022 (currently $1) (Appendix A. A. 5b.)
- Added holiday: Christmas Eve (Article 5. A.)
- Nurses who work 7 hours or more work on a holiday can accrue extra 4 hours of PTO (was 8 hours, this benefits night shift in particular) (Article 5. E.)
- Any nurse who accrues PTO can cash out when they leave (was restricted to non-probationary, full-time nurses) (Article 3. K.)
- EIH can be used for quarantine (Article 4. I.)
- New tier of EIH cash-out: Nurses who retire after 30 years can cash out 60% of their EIH (Article 4. M.)
- Self-Scheduling: Departments may, by a majority vote of the nurses in those departments, elect to use self-scheduling. Management and the nurses will collaborate to develop consistent self-scheduling guidelines, with some flexibly to take into consideration the particular needs of each department. These guidelines must be transparent, nurses will record shift preferences on a draft schedule that is visible to all nurses in the department. Management will review shift preferences and create the final schedule in accordance with the agreed upon guidelines. If available, they may use an electronic time card system for some or all parts of this process. (Article 6. F.)
- The number of variable nurses per unit: 25% (down 10% from 35%) (Article 12. E.)
- MCMC will make good faith effort to include meetings, trainings, orientations in final schedule (Article 6. A.)
- MCMC will provide adequate space for breaks and lunches (Article 7. C)
- MCMC and ONA will make breaks and lunches a priority by collaborating to develop workflows and/or plans to better ensure nurses take their meal and rest periods. They will report their plan to the Staffing Committee. (Article 7. C)
- Vacancies and new positions will be posted in weekly newsletter and will be up for 12 days (currently 10) (Article 12. E)
- New Members of our union! Patient Nurse Navigators will be covered under the contract. (Article 1. B. 7.)
- Benefited, part-time core nurses will accrue PTO (was just regular full-time) (Article 3. B.)
- Good faith effort to grant vacation requests (We can grieve if there is a pattern of denials.) (Article 3. E.)
- A nurse who is placed on HCD on a holiday will still receive up to one day of accrued PTO (Article 3. F.)
- Education leave requests go to the Unit Director (was “Hospital Administrator”) (Article 13. C.)
- $300 pre-payment for certification testing (Appendix A. A. 5a.)

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• Clearer statement that casual nurses receive a 13 percent premium (Article 1. B. 2.)
• For scheduling equity: To remain eligible for premium pay, casual nurses must be scheduled or work one weekend, night, or holiday shift each scheduling period (Article 1. B. 2.)
• Added gender identity, veteran status, disability subject to reasonable accommodation to the Equality of Employment Opportunity section (Article 2.)
• Vacation requests cannot exceed 14 months (Article 3. E.)
• PTO can only be cashed out 4 times a year and max of 120 hours for the year (used to be anytime and 160 hours). This is one of the few sacrifices our bargaining team had to make for the good of the other improvements. (Article 3. J.)
• Casual RNs will make themselves available for at least two shifts per 28-day period. One of these shifts must be a weekend, night, or holiday shift. If the casual RN is meeting these requirements of weekend/night/holiday in another department, they do not need to do so in their casual position. (Article 6. E.)
• Weekends: Regular full-time and part-time core nurses will work up to 4 weekend shifts in a 28 day period. Part-time, non-core nurses will work up to 3 weekend shifts in a 28 day period.
• The Hospital will allow a nurse to take two full weekends off a month, if desired. (Article 6. F.)
• Nurses who prefer may take two full weekends off in a 28 day period. (Article 7. E)
• Nurses can purchase pharmaceuticals at any time, but MCMC will not do payroll deductions for pharmacy charges anymore. This is one of the few sacrifices our bargaining team had to make for the good of the other improvements. (Article 10. F.)
• Variable shifts will be scheduled based on a balance of nurse preference and equitable distribution. (Article 12. C.)
• Part-time, non-core nurses will be a part of low census rotation with regular part-time core, and full-time nurses. (Article 12. H. 1d.)
• If an RN goes from full-time or part-time to casual, and then returns to full-time or part-time, they will retain their seniority. (Article 12. H.)
• To ensure that nurses are not floated until they are fully prepared to do so, the hospital may implement a period following completion of orientation, not to exceed 60 days, during which a nurse may not be floated to another nursing unit. (Article 16. C. 1.)
• To maintain the preceptor differential, the nurse must attend a refresher every two years, and must not be under active

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discipline or a work plan. (Appendix A. A. 4.)
• If a nurse transfers to a department in which the nurse’s certification is not recognized, the nurse will maintain the certification differential for up to two years. (Appendix A. A. 5a.)
• Amended child care center’s hours—closing at 7:45 p.m. (Letter of Agreement Child Care Program)

Our bargaining also successfully fought off changes to call language. MCMC proposed, “…nurses may be placed on late start and directed to report four (4) hours after the start of their shift, in which case they will be paid straight-time for the remainder of their regularly scheduled shift. If the nurse is placed on standby then they are eligible for call-back pay if called in prior to the time designated for the late start,” which our bargaining team continually rejected and in the final hour of negotiations MCMC agreed to remove it.

The full “red-line” document will be available to view before the ratification vote begins. Stay tuned!

Let's congratulate our ONA bargaining team for a job well done! And if you have any questions about our new agreement, please speak with one of our amazing bargaining team members:

- Judy von Borstel (Oncology)
- Debbie Conklin (Oncology)
- Kathy Stevens (First Impressions)
- Becky Routson (Endoscopy)
- LaRena Braseth (Emergency)
- Shelby Stroud (Critical Care)
- Cori Christensen (Critical Care)

Congratulations also go out to our Contract Action Team, who helped keep their units appraised of developments in bargaining, and helped work with the bargaining team to coordinate actions:

- Jessica Short (Emergency)
- Danielle Cooper (Emergency)
- Jeri Jablonski (Endo)
- Julianne Wines (First Impressions)
- Matthew Cooper (Acute Care)
- Aliesha Pfeifer (ICU/Tele)
- Jill Kienlen (Surgery)
- Ben Vawter (Clinical Administration)