Our Negotiators Need Your Support!

To win higher wages, nurses must show up at the bargaining table on Zoom. Our employer will be replying to our proposals and presenting theirs. See our ranked priorities tracker and redline proposals on your MCW webpage www.OregonRN.org/70. Click here for the priorities tracker and click here for the full redline of our proposals. We review some of our proposals in the article on page 3.

Working on a Bargaining Day? Perfect!

During your lunch break or 15-minute rest period, log in for a few minutes. Crank up the volume so your coworkers can listen in as well. Same login details as before. Join Zoom on your computer or smart phone. (While not necessary, we recommend you download the app to your device ahead of time.)

https://zoom.us/j/2810307587?pwd=czBLMnBVOMxKzJFWWh0b1ZSY1U3UT09
Meeting ID: 281 030 7587
Passcode: 6BJRSn
Join from any phone: +1 253 215 8782 US
Meeting ID: 281 030 7587
Passcode: 070754
You can scan the QR code with your phone to access the Zoom link.

2020 Annual Report On Major Cases

Stewards advocate for nurses in 31 major cases, 77% success rate

In 2020, McKenzie-Willamette stewards and our labor rep advocated for nurses in 31 major cases. We define major cases as a sustained effort by a steward and/or labor rep to support a nurse on a workplace issue. See chart on page 2. With our expanded stewards’ capacity, the 31 major cases represent our highest annual total. In the previous four years (2016 – 2019), our stewards worked on an average of less than 20 cases annually. Thus, we enhanced our workload last year by 50 percent over the previous four-year average.

Our current annual report on major cases can be found here and here for previous years. Last fall, our work was recognized at ONA’s House of Delegates when our stewards won the Outstanding Grievance Representation...
Disposition of Major Cases – 2020

Possible Investigations 15 cases

- No Investigatory Meeting Held 3 cases
- Formal Discipline 4 cases
  - No Grievance Filed 1 case
  - Termination 2 cases
  - Did Not Pass Probation 1 case
  - Filed Grievance 1 case
    - Written Discipline Reduced to Verbal
  - Coaching & Counseling 8 cases

Possible Contractual Violations by Employer 16 cases

- Investigatory Meetings Held 12 cases
- Filed Grievance 5 cases
  - Resolved to Nurse’s Satisfaction 4 cases
  - Unsatisfactory Outcome 0 cases
  - Currently in Arbitration (unresolved) 1 case
  - Unsatisfactory Outcome 4 cases
  - Resolved to Nurse’s Satisfaction 7 cases
- Informal Resolution 11 cases
  - No Investigatory Meeting Held 3 cases
  - No Grievance Filed 1 case
  - Termination 2 cases
  - Did Not Pass Probation 1 case
  - Unsatisfactory Outcome 4 cases
  - Resolved to Nurse’s Satisfaction 7 cases

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2020 Annual Report On Major Cases (continued from page 2)

Award. Stewards’ stellar work continued by supporting coworkers in 15 potential disciplinary cases and 16 contractual violations.

Of the 15 potential discipline cases, six involved communication concerns (typically loud swearing and arguments), and nine alleged practice issues (e.g., HIPAA, med error, and follow up on patient complaints). Of these 15, twelve cases resulted in satisfactory outcomes for the nurse.

Of the 16 contractual violations, one was elevated to arbitration and remains unresolved as both sides prepare to present our case to an arbitrator. This case is the only arbitration case we have had at McKenzie-Willamette in the last five years.

Nurses in eleven of the 15 contractual violation cases were satisfied with the outcome. Overall, in 2020, 77 percent of the 30 closed cases were resolved in the nurse’s favor.

Last year, we filed six total grievances as compared to an average of ten per year in the four previous years. One of these is the arbitration case mentioned above. Of the remainder, all five were resolved to the nurse’s satisfaction for a 100 percent success rate in grievances.

Our Wins Depend On Our Unity

Our wins in the past mean our unity and power are evident to our employer. Two previous achievements laid the foundation for our current accomplishments.

In 2017, we successfully closed the Women’s Health, Birth, and Child Center (WHBCC) unit so nurses no longer float to other units. When the employer imposed mandatory call in WHBCC, a unity break of 100 supporters accompanied by a petition signed by 75 percent of nurses demonstrated our solidarity with WHBCC. As a result, mandatory call was reduced.

In 2018, Short Stay Unit (SSU) nurses attended negotiations in large numbers. They also submitted many personal statements explaining their difficulty in using their earned leave (PTO). Their unity resulted in a side letter where four SSU nurses can get off at time for PTO.

These past accomplishments show our solidarity and ability to move the employer, which directly lead to our current success rate on major cases. We have fewer grievances than previously, because we resolve them and other issues informally. Cases are resolved to the nurse’s satisfaction, because nurses unite to support each other.

<table>
<thead>
<tr>
<th>2020 Grievance Topics</th>
<th>Number of Grievances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shift cancellation pay</td>
<td>2</td>
</tr>
<tr>
<td>Assigned duties unclear</td>
<td>1</td>
</tr>
<tr>
<td>Low census percentage</td>
<td>1</td>
</tr>
<tr>
<td>Reduction in scheduled hours</td>
<td>1</td>
</tr>
<tr>
<td>Seniority during layoff</td>
<td>1</td>
</tr>
</tbody>
</table>

More Info on Our Bargaining Proposals!

SECOND TIER PRIORITIES

In our last newsletter, we explained our first-tier proposals on wages and differentials [click here]. In bargaining, our team also proposed one dozen second-tier proposals. These ideas are very important to nurses; our team ranked the 12 just behind our economic proposals. In this article, we review six of these second-tier proposals.

SHARED GOVERNANCE

Many nurses understand the importance of the Staffing Committee in determining our workload, including patient/nurse ratios. The committee, comprised of one-half direct care nurse reps and one-half nurse managers, approves staffing plans for each unit, which is the law for staffing that unit.

Committee work requires a bit of time off the floor. We propose paid hours for the direct rep co-chair and...
committee members. We also propose a separate meeting just for direct care reps in advance of the full committee meeting, which has worked at other facilities, especially at Sacred Heart – RiverBend.

We also propose more transparency so that the direct care reps can be better prepared for each meeting.

Unit Practice Committees (UPCs) are an essential feature of shared governance and support the Staffing Committee by developing the staffing plans. We propose stronger UPCs with enhanced democracy, improved charters, and paid time for UPC chairs and members. (See Article 18 for our proposals on shared governance.)

PART-TIME POSITIONS

As always, we advocate for work-life balance among nurses. We think that part-time positions improve job satisfaction, create more schedule flexibility and create more opportunities to cover leaves. Our proposal requires the employer to create part-time positions (i.e., 0.79 or lower FTE, less than 32 hours/week) at the time of the next unit reorganization in medium and larger departments. Our employer would commit to consult with us to create part-time positions in small units. (See our proposal in 8.15.)

We invited Teresa Brown as a guest presenter to justify our part-time proposal. Teresa is a 30-year McKenzie-Willamette nurse and current charge nurse in Short Stay. She described the Short Stay many years ago when virtually all positions were 32-hour positions or less (with three or four 8-hour shifts per week).

She said, “work-life balance was easily achieved because every nurse had at least one weekday off to make personal appointments.” Nurses’ job satisfaction was much higher back then. She continued, “when extra staff were needed to cover ill calls, vacation days, or just extra busy days, staff were available to step up AT STRAIGHT TIME with only a short notice bonus. It was not necessary to offer overtime or double time as incentive to cover shift vacancies.”

LOW CENSUS CAP / GUARANTEED MINIMUM

During the pandemic, the cessation of elective surgeries resulted in a drop of shift in surgical services and other departments. In the past, traditional floors at McKenzie-Willamette experience a large number of shift cancellations associated with lower patient census.

Many of our regional comparators have a low census cap to ensure nurses receive a guaranteed minimum each paycheck. Our research showed the mode for this guaranteed minimum is 75 percent. We discovered that Sacred Heart has an 88 percent minimum! We propose a low census cap of 25 percent of each nurse’s FTE. No nurse would have more than 25 percent of their shifts cancelled in each pay period. (See proposed section 12.3.)

PROPOSED NUMBER OF PART-TIME POSITIONS FOR EACH DEPARTMENT

<table>
<thead>
<tr>
<th>Size of Department</th>
<th>Percent proposed to be part-time</th>
<th>Department Name (# of regular nurses currently, number of part-time positions proposed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large (30 or more regular positions)</td>
<td>20%</td>
<td>Critical Care Unit (42 regular nurses, eight P/T positions) Emergency Services (50, 10) Medical Care Unit (40, 8) Surgical Care Unit (38, 8) Women’s Health, Birth, and Child Center (38, 8)</td>
</tr>
<tr>
<td>Medium (15 – 29 regular positions)</td>
<td>10%</td>
<td>Short Stay Unit (21, 2) Progressive Care Unit (28, 3)</td>
</tr>
<tr>
<td>Small (14 or fewer regular positions)</td>
<td>Consult</td>
<td>Angiography (3) Cardio-Cath Lab (6) Cardiovascular Prep &amp; Recovery (9) Clinical Decision Unit (10) Recovery Room (12) Operating Room (13) Wound Care (7)</td>
</tr>
</tbody>
</table>

PANDEMIC SICK LEAVE BANK

We propose moving our COVID-19 side letter into our main contract and improving it in several ways.

Our current side letter only allows nurses who test positive to access the pandemic sick leave bank. We propose anytime the employer quarantines a nurse (e.g., excludes them from work because of coronavirus-like symptoms, even if they test negative) the nurse may access the pandemic bank.

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More Info on Our Bargaining Proposals! (continued from page 4)

We also propose the bank be replenished for each quarantine instance. Finally, we suggested future declarations of any pandemic by any level of government will also trigger our pandemic contractual provisions. (See proposed Article 21.)

STRENGTHEN SENIORITY

Our existing language on hiring for vacant positions allows individual managers to bypass seniority via subjective measures, “as reflected in certifications, educational or workshop credits, and demonstrated abilities.” This language provides too much leeway for a manager to pass over a senior nurse for a more-favored employee.

We propose a simple clear rule: the most senior nurse who meets the minimum posted qualifications shall be offered the vacant position, unless the manager can demonstrate the nurse is unqualified. The onus is on the manager to demonstrate the senior nurse is not qualified.

Junior nurses can be assured that when they accrue seniority, they won’t be skipped by a manager using a subjective measure. Seniority is a clear rule that rewards loyalty. (See our proposal in Article 13.3.)

CODIFY REORGANIZATION LANGUAGE

Our proposal on reorganizations brings this provision into its own sections and memorializes existing practice in explicit language. It formally recognizes seniority in the bidding process. We also propose longer timelines to notify nurses about the reorg (45 days as compared to current 14 day). To provide nurses time to study their options, shift patterns/master schedules must be announced 30 days before bidding. We also propose that reorganizations can only happen every 24 months as compared to the current 18 months. (See our proposal in Article 8.14.)

DROP-IN & VISIT WITH GARY

Gary Aguiar, our labor rep, is hosting drop-in sessions during the first week of February. These “virtual office hours” are opportunities for nurses to ask questions and share concerns. Any nurse may drop-in via Zoom to ask Gary questions about bargaining or anything else. Stop by for a few minutes or stay longer, if you want.

Nightshift: Monday, Feb. 8 • 10 p.m. to 1 a.m. Feb. 9
Dayshift: Wednesday, Feb. 10 • 10 a.m. – 2:30 p.m.
Weekend: Saturday, Feb. 6 • 11:30 a.m. – 1:30 p.m.

Same Zoom login details as bargaining (see front page).

Our Team Worked 87 Hours On Bargaining (So Far)

Our three negotiators began actively preparing for this bargaining round in the fall. The work technically began pre-pandemic as our main contract expired Sept. 1, 2020. In June and July, we held three bargaining sessions and won a six-month rollover contract with a 3.5 percent wage increase.

Since September 2020, our team of Curt Stupasky, Crow Bolt, and Candy Bigbee have spent a collective 57 hours in eight executive committee meetings, together with our labor rep, preparing for the current bargaining round. Our two bargaining sessions last week (January 13 and 14) consumed another 30 hours together.

In sum, our negotiators have worked a total of 87 hours preparing or bargaining on our behalf. For this effort, they have received a one-time stipend of $1,000 each (less than $11.50/hour). We expect they will spend another 150 plus hours over the coming months to reach a final agreement in 2021.

Our contract allows nurses to donate earned leave (PTO) to our team after our contract is ratified. After ratification, we will be asking each benefited nurse to contribute up to five hours of their PTO to our team.

Meanwhile, please pass on your personal gratitude next time you see one of them.
Full Contract Rollover, Five Side Letters In Four Months

In addition to our successes in major cases, our bargaining unit negotiated five side letters in 2020 and a six-month rollover. Three of those side letters were signed in a 24-hour period in August. It was a busy and productive four months for our executive committee!

<table>
<thead>
<tr>
<th>Contract Rollover Topics</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full contract rollover with 3.5% across the board wage increase</td>
<td>July 20, 2020</td>
</tr>
<tr>
<td>Included Angiography (DI) nurses in our bargaining unit</td>
<td>Aug. 12, 2020</td>
</tr>
<tr>
<td>Froze Mandatory Call house-wide, the employer must now bargain with us to change mandatory call</td>
<td>Aug. 13, 2020</td>
</tr>
<tr>
<td>COVID-19, including first time pandemic sick leave in Quorum</td>
<td>Aug. 13, 2020</td>
</tr>
<tr>
<td>Included Wound Care nurses (both West 11th clinic and those in the main hospital) in our bargaining unit</td>
<td>Nov. 3, 2020</td>
</tr>
<tr>
<td>Women’s Health, Birth, and Child Center Mandatory Call in abeyance for six-month trial</td>
<td>Nov. 5, 2020</td>
</tr>
</tbody>
</table>

ONA stewards are the lifeblood of what makes our union strong. A strong union has at least one steward for every unit and shift. Stewards are there to answer colleague’s questions and discuss concerns and help keep every nurse up to date on important union activities. We will offer three, rotating trainings in 2021. Introductory steward training focuses on representing your coworkers and problem-solving workplace issues. Grievance handling covers identifying, filing and following up on contract grievance. Building worksite power stresses how to build your union and create an environment that results in improvements for nurses. Find the training that works best for you!

**Introductory Steward Training**
- Thursday, January 28, 2021
- Saturday, April 17, 2021
- Saturday, June 19, 2021
- Tuesday, September 21, 2021
- Thursday, December 9, 2021

**Grievance Handling Training**
- Saturday, February 27, 2021
- Wednesday, May 19, 2021
- Thursday, July 22, 2021
- Saturday, October 9, 2021

**Building Worksite Power Training**
- Tuesday, March 16, 2021
- Saturday, August 7, 2021
- Wednesday, November 10, 2021

**Space is limited so register today at:**