Negotiations Continue

Our Oregon Nurses Association (ONA)/Mercy Medical Center (MMC) bargaining team met with MMC management to continue negotiations this week on Wednesday, June 24. We exchanged several proposals and reached one tentative agreement as described below. We will not be meeting next week due to scheduling conflicts in relation to the holiday. We will resume negotiations on Wednesday, July 8, in Conference Room A at 10 a.m. — visitors are welcome to observe!

**Proposals Exchanged on June 24**

- ONA proposed a new section under Article 3.7: Casual Part Time (CPT). The proposed language would allow a CPT nurse who have averaged twenty-four (24) hours or more per week over a four-month period to petition for a part-time (P/T) or full-time (F/T) position to be posted.

- ONA proposed a new Article 4.4: Bullying and Incivility which would require any reported allegation of bullying and incivility (as defined by the Nurse Practice Act) be jointly investigated by ONA and MMC management. Any substantiated claims would be reported to the Oregon State Board of Nursing (OSBN).

- ONA proposed a change to Article 11.5.2: Jury Duty which would remove the requirement for night shift nurses to be scheduled for day shift during jury duty. Night shift nurses would still be paid for their scheduled shifts while attending jury duty. MMC then counter-proposed several changes:
  1) that nurses be required to make arrangements with their supervisor in advance in order to be paid while on jury duty;
  2) require nurses to provide proof of hours for every day on jury service;
  3) have nurses who are released from jury duty prior to the end of a regularly scheduled shift, call the staffing office to determine whether work is available rather than report to work only if there is at least four hours left in the shift;
  4) requires night shift nurses to work their scheduled shift until 2300 the night prior to jury service and report to a scheduled shift at 2200 or later if they are released from jury duty prior to 12 p.m. the day of a scheduled shift which would allow for a ten-hour rest period.

- ONA proposed new language under Article 16.5: Evaluation of Staffing Method that would require the Staffing Council create and implement an online staffing request and documentation form that would automatically be submitted to all appropriate parties (management, UBC chair, Staffing Council, ONA).

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Proposals Exchanged on June 24  (continued from page 1)

- ONA proposed new language under Article 16.6: Staffing Council that would require annual training on the Oregon Nurse Staffing Law for staffing council members.

- ONA proposed two new sections under Article 16.7:
  - Article 16.7.5: Unit Based Councils (UBC). Unit Staffing Plan Development would require UBC’s develop their unit’s staffing plan, submit it to the staffing council for approval and monitor the unit staffing plan’s effectiveness quarterly.
  - Article 16.7.6: Unit Meal & Break Plan Development would require UBC’s to develop and implement a plan for providing nurses with rest and meal periods with input from unit nurses and establish guidelines for reporting when a break isn’t provided.

- MMC proposed a new Letter of Agreement (LOA) for wall call in Family Birth Place (FBP) which alters the current LOA in the following ways:
  1) call shifts be picked up prior to the start of the schedule
  2) call shifts be awarded to the first bidder and multiple simultaneous bids be awarded by seniority
  3) allows a bid shift to be picked up in lieu of a call shift
  4) provides seven days after the schedule is posted to pick up their call shifts
  5) CPT nurses can bid the following Tuesday and requires them to pick up one shift after this date
  6) remaining shifts would open 11 days after initial shifts are posted for all staff to bid on
  7) allows nurses to pick up only one call shift if they are approved for a two-week vacation

FBP management stated that these changes were to bring the LOA into alignment with current practice.

- MMC proposed deletion of language under 8.15: Scheduled Mandatory On-Call that currently requires that ONA and MMC bargain over any additional mandatory call units. They proposed adding language that would allow UBC’s to develop mandatory call guidelines during peak season (example given; flu season) for the Emergency Department (ED), Intensive Care Unit (ICU), and Progressive Care Unit (PCU).

- MMC proposed altering Article 12.2.1; Staff Nurse Vacancies so that a nurse cannot transfer until they have been in their current position for at least one year (currently six months).

- MMC proposed a new Article 8.14.1: Late Start which would allow the hospital to delay a nurse’s start time due to low census for no more than four hours, once delayed, the hospital may not alter the delayed start time except to place the nurse on call

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The Contract Action Team (CAT) Wants You!

We are seeking nurses from every unit and every shift to join the MNU-ONA Contract Action Team (CAT).

The CAT will be responsible for ensuring a flow of communication to and from the bargaining team throughout negotiations.

It is a minimal time commitment and the position is only active during negotiations. Support your bargaining team and coworkers by joining the CAT today!

To volunteer, please contact Courtney Niebel at Niebel@OregonRN.org.
Proposals Exchanged on June 24  
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or call them off entirely.

**Tentative Agreement Reached on Article 14: Professional Development**

- Last week, we agreed to alter Article 14.1 to reflect the current practice of performance appraisals being done during the open evaluation period and altered the language to ensure nurses may still request a copy of their performance appraisal.

- We agreed to alter Article 14.2.1: Mandatory Education for Night Shift Nurse Staff to require the hospital schedule mandatory education for night shift nurses so it is least disruptive to their sleep and work schedule.

- We agreed to delete a line in 14.3.1: RN Professional Development Fund to remove the hospitals ability to determine the budgeted amount in cases of financial exigency, requiring the hospital to provide the appropriate amount of funding for professional development at all times.

- We agreed to delete a line in 14.3.2: Education Expenses which required the hospital to notify nurses of their educational fund balance at the beginning of each year; the hospital will provide a balance upon request as is the current practice.

We want to hear from you! Please share your thoughts on proposals with us by posting on our MNU-ONA Facebook Group Page, talk to a bargaining team member or email Courtney at Niebel@OregonRN.org.

Join the MNU-ONA Facebook Page to Stay Informed!

Throughout negotiations we will use the Mercy Nurses United (MNU)-ONA Facebook page to post real-time information about what is happening at the bargaining table, ask for input on your experiences to better inform our negotiating team and seek your advice on how to respond to specific proposals.

To make sure that you stay involved throughout bargaining click here for the “MNU-ONA” Group on Facebook and request to join today! We will verify that you are an ONA member at Mercy and approve the request.

We currently have 131 nurses in the group but we would like to see everyone join during negotiations!

Black Lives Matter; Racism is a Public Health Crisis

Racism in America is a public health crisis. There is a systemic racism problem in the healthcare system that excludes People of Color from receiving comprehensive, quality care. The results are evident: higher rates of chronic illness that are perpetuated and exacerbated by a health care system with an extensive history of racist practices. Current events have again revealed this public health crisis as People of Color experience a disproportionate mortality rate from COVID-19, police brutality, and are met with state sanctioned violence when protesting.

When Black and Brown people protest systemic racism, the police employ draconian, violent tactics

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Completing the Staffing Request & Documentation Form (SRDF)

WHY FILL OUT THE SRDF?

The Oregon Hospital Nurse Staffing Law defines “safe patient care” as “…nursing care that is provided appropriately, in a timely manner, and meets the patient’s health care needs.” Inappropriate nurse staffing can lead to patient care needs not being met.

The information gathered in SRDFs allows ONA to track staffing data and provide information to hospital wide staffing committees. It also provides valuable information to labor representatives about how specific units are staffed, and can be used to assist with OHA complaints.

HOW TO FILL OUT THE SRDF

If you work a shift with insufficient nurse staffing, you should complete the following steps:

1. Notify someone in the chain of command;
2. Ask for additional staff;
3. Ask for a response in a reasonable period of time, (e.g., minutes, hours) and;
4. Complete the SRDF as detailed below.

The nurse should complete the SRDF at the end of the shift or within 48 hours. The SRDF can be found online at OregonRN.org/SRDF. A PDF copy is automatically emailed to the nurse and to ONA, and it is the nurse’s responsibility to forward a copy of the completed form to the nurse manager, PNCC chair, and staffing co-chair. The SRDF should be completed even if the problem is corrected quickly.

Questions about the SRDF process? Email SRDF@OregonRN.org

Black Lives Matter (continued from page 3)

that are meant to intimidate and harm those standing up for social justice. Their lives are put in danger by the police using tear gas, rubber bullets, and batons and perpetuating the foundations of racist oppression in America. When white people armed with assault rifles and dressed in military style clothing storm and occupy government buildings the police refrain from these tactics and protect the health of the white occupiers. White people protesting in support of perpetuating white supremacist culture are protected by the police while People of Color are met with systematic, oppressive violence.

The effects of racism in public health are realized in the COVID-19 mortality rates (Kirby, 2020. Yancy, 2020). As of June 8, 2020, Black people make up 13% of the population yet account for 24% of COVID-19 deaths where race is known (The Covid Tracking Project, 2020). Hispanic communities face significantly higher rates of infection than their white counterparts in the same regions (Hooper, Nápoles, & Perez-Stable 2020). It is evident by recently released unemployment numbers that the economy is recovering for white people and communities of color are, once again, suffering economic hardships that exacerbate the public health crisis (Gonzalez, Karpman, Kenney, & Zuckerman, 2020). These disparities are not random occurrences but are the result of a society designed on white supremacist principles that are endemic in health care, law enforcement, and American financial institutions. Systemic racism is an insidious disease that perpetuates a public health crisis in America.