We’ve Reached a Recommended Tentative Agreement!

After a 14-hour negotiation session, our Oregon Nurses Association (ONA)/Mercy Medical Center (MMC) and MMC administrative team, were able to reach a recommended tentative agreement (TA) after midnight on August 4. The agreement addresses nearly all of the issues we had identified as priorities, based on survey results and feedback from the bargaining unit.

The hard work by your negotiating team, and the support from the bargaining unit nurses, made all the difference in our negotiations.

Click here to review the full TA.

So What’s Next?

Our team is finalizing several documents with MMC administration. You can review the draft redline by going to our bargaining unit webpage—go to www.OregonRN.org and select Mercy Medical under Find Your Bargaining Unit.

Stay Tuned for:

- Informational meetings dates, times and locations
- Dates, times and location of our ratification vote

Questions?

Carolyn Starnes, OR  
Trish Hayes, staff development  
Su Mellor, ED  
Kathy Hargate, clinical resource  
Lori Shott, ONA

Highlights of the 2016 – 2020 Agreement

The results of our bargaining unit survey and continued feedback to the negotiating team drove our priorities which included language to support the Oregon Hospital Nurse Staffing law (safe staffing law), market wages to recruit and retain nurses, improvements to communication during the investigatory/disciplinary process and increased transparency when involving the Oregon State Board of Nursing (OSBN). The team was also able to hold off MMC’s desire to change core schedules annually. In effort to support the mission of following the safe nurse staffing law, the team had to make some difficult decisions. With feedback from casual part-time (CPT) nurses, CPT requirements were increased. The team believes this is a necessary change when asking MMC to follow the
Highlights of the 2016 – 2020 Agreement

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safe staffing law.

As with any negotiation process, we knew we would not be successful in fully achieving all of our priorities, however we do believe that we were able to address and improve those issues that would benefit the majority of our nurses.

- A 4-year agreement with an automatic wage renegotiation after 2 years
- Restructured wage scale to decrease the number of long wage pauses, and add additional steps to the wage scale
- Across the board 2.5% wage increase in October 2016 and 2.5% in October 2017
- Introduction of Retirement Transition Program for nurses age 55 and better, who have a minimum number of years’ experience/tenure with the hospital. Allows those considering retirement to transition to a status similar to CPT, but without the minimum shift requirements CPT nurses have.
- Ensures staffing request and documentation forms (SRDF) will go to the staffing council for review
- Ensures the meeting minutes will be published within 10 days of approval of such minutes
- Requires MMC to anticipate coverage and schedule nurses time off /place meeting time on the schedule for: unit based council (UBC), professional nurse practice council (PNPC), and staffing council meetings
- Requires MMC to apply the safe staffing law in the same fashion to home health and hospice as it does to regular hospital units who take scheduled mandatory call
- Agrees ONA and MMC will develop letters of agreement to address call and compliance with the safe staffing law for all units that take mandatory call
- Requires MMC to notify nurses verbally no less than one hour in advance of the nature of investigatory and discipline meetings, unless there is an immediate threat of safety, or a time sensitive matter (such as drug diversion).
- Increases amount of time ONA representatives may be paid to sit in on investigatory meetings with nurses and other ONA business at MMC
- Formalizes when a nurse is considered oriented and can take a full patient load, and when they should only take a supplemental assist assignment when floating
- UBCs will review core competency and supplemental assist checklists at least annually to ensure nurses are receiving proper orientations to units before floating
- Ensures any changes to core schedules for major holidays are temporary and limited to the week before and after major holidays. Requires MMC to consult with nurses before these changes and ensures any changes occur on a fair and equitable rotation. MMC must limit the number of consecutive days and not exceed a nurse’s FTE during these major holiday schedules.
- Increases major shift differentials, as well as adds a new differential to nurses who spend a significant amount of time staying current on very technical skills such as chemo and PICC line insertions, but do not hold national certifications to qualify for certification  pay see Page 3 for differentials
- All units will use low census percentage calculation for low-census call off. This provides continuity for nurses floating across units, and ensures consistency throughout the bargaining unit
- Increases ability to roll over education funds as well as the amount nurses may roll over
- CPT nurses will be eligible for the amount of education funds equivalent to the number of hours worked the year prior (up to the full amount), instead of a straight $250

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Highlights of the 2016 – 2020 Agreement

Casual Part Time Requirements

MMC proposed significant increases to CPT requirements. ONA and our negotiation team believe we need to support MMC’s ability to comply with the safe nurse staffing law and safe patient care. MMC was able to show that low CPT requirements add to the challenges of having enough nurses available to cover shifts and provide safe staffing levels. Many hospitals across the state have much higher CPT requirements than is required at MMC. ONA also requested and received data showing the amount of time and money that goes into initial as well as ongoing training for CPT nurses. MMC made a viable argument that for these reasons, requirements for CPT need to increase. However we also believe any increases should be done incrementally, instead of all at once to meet those needs. CPT nurse requirements will increase from one to two shifts every 30 days and a weekend every other month (instead of quarterly). Even with the increase in these requirements, we feel it is still at a very manageable level to support a work/life balance.

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<tr>
<th>Differential</th>
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<th>New</th>
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<tr>
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<tr>
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<td>Advanced scope (PICC line)</td>
<td>(new)</td>
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By law, the estimated $6 billion in revenue Measure 97 would generate would be allocated to public education, senior services and health care. Part of this funding will help fill the anticipated gap in Medicaid funding to keep thousands of Oregonians on the Oregon Health Plan, extend care to uninsured children across the state, and help provide Oregonians with health services like school nurses and basic public health programs.

In advocating for our patients, nurses understand that Oregon schools should be fully funded, all seniors should have services to stay safe and independent, and everyone should have access to quality, affordable health care. But none of that can happen when Oregon has the lowest corporate tax rate in the country.

To learn more and get involved in the Yes on 97 campaign, contact ONA’s political organizer Chris at Hewitt@oregonrn.org or by calling 503-293-0011.

Oregon Nurses Association (ONA) is proud to endorse Measure 97 this November – the ballot measure that would hold some of the largest corporations accountable to working Oregonians. Measure 97 asks some of Oregon’s largest companies – including the likes of Comcast, Wal-mart and Monsanto -- to invest in Oregon’s communities by changing the tax code to ensure that C-corporations with over $25 million in in-state sales pay their fair share in corporate taxes.
As part of ONA’s ongoing efforts to best serve our members and every nurse in Oregon, we are excited to present OCEAN (Oregon Continuing Education Activities for Nurses) online continuing education.

This new learning environment provides continuing education (CE) opportunities to ONA members and nurses across the region, in a convenient and user-friendly format.

OCEAN courses will be self-paced, independent learning modules, that cover a broad range of topics and encompass all levels of nursing practice. In addition to offering educational nursing content that is conveniently accessible 24 hours a day, OCEAN will house each learner’s CE history for easy access and retrieval. Additionally, future OCEAN courses may include live webinars and other learning activities.

Most OCEAN CE courses will be provided free to ONA members while non-member pricing is based on the number of CNE contact hours associated with each course. Occasionally, some courses will require a fee for members or an increased rate for non-members because the content is specialized or licensed through another organization.

Featured Courses Available

Preparing for the Health Effects of Climate Change
Presented by the Oregon Health Authority’s Emily York, MPH, this program illustrates the threats to our population’s health as a result of climate change. The focus is on the specific risks to Oregon and Pacific Northwest residents and includes evidence about which communities are at most risk.

Medical Marijuana for Pain?
Dr. Kim Dupree Jones, PhD, FNP-BC, FAAN, gives a thorough examination of the evidence to support using marijuana to treat chronic pain syndromes. The program includes information on who makes the best candidate for using marijuana and a discussion of the potential side effects and risks of using this drug for managing chronic pain.

How Laws are Made in Oregon
This program will explore the legislative process in respect to how laws are made. The focus will be on ballot measures and initiatives and will include Oregon legislative history related to health care as well as the role that Oregon Nurses Association has played in shaping laws and health care in our state.

Hospital Wide Staffing Committees and Staffing Plans
This presentation describes the relationship between Oregon’s hospital nurse staffing law and implementation of the law to guide staffing committees and their influence on the law. Development of staffing plans will also be discussed as well as the interaction between staffing committees and professional nursing care committees (PNCCs).