Tentative Agreement Reached on Contract!

After an extensive bargaining process, including four mediation sessions, we’ve reached a tentative agreement for ratification!

Access to the red-line changes and details for ratification vote will be out soon. Highlights of the new agreement include:

- 4% Increase at Ratification, 2% each year in Oct. (2021, 2022, 2023)
- New language that Performance Improvement Plans (PIP) & Discipline will be removed if the PIP is not implemented within appropriate timeframe (Art. 6.1.1)
- Increased trial transfer period from 30 to 90 days (Art. 3.4)
- Increased minimum requirement for CPT nurses with less than one year experience from 2 to 3 shifts per schedule (Art. 3.7)
- CPT nurses will no longer be able to count “trades” (shifts worked at request of another nurse) towards meeting their minimum shift requirements (Art. 3.7)
- CPT nurses working part-time hours on a regular basis will be able to request reclassification of the position to a benefited position (Art. 3.7.3)
- New language that nurses should inform their Charge Nurse if unable to take a meal or rest break and that the Charge, supervisor or manager will make “every effort” to provide the nurse with their meal or rest break (Art. 8.7)
- On-call shifts must now be included on the posted core work schedule two weeks prior to start of the schedule (Art. 8.8)
- Clarifying language that the hospital can require a nurse to work if they are being paid report pay (Art. 8.14)
- Nurses working an extra shift on a holiday at the hospital’s request will be paid an additional $100 (Art. 9.4.4)
- Charge RN differential increased to $3.40/hour (Art. 9.5)
- Night Shift differential increased to $5.50/hour (Art. 9.6.2)
- Transport pay increased to $200/transport (Art. 9.11)
- Preceptor pay increased to $2/hour (Art. 9.13)
• Core Schedules will be included in vacant posted positions so internal applicants may apply for a better core schedule even if remaining on their unit and shift (Art. 12.2)
• Altered low census order to: 1) Agency Per Diem Nurses, 2) Nurses at Premium Pay, 3) Volunteers, 4) Agency Contract Nurses, 5) Retirement Transition Nurses, 6) CPT, 7) Nurses on Extra Shift, 8) Percentage Calculation (Art. 12.4)
• New language allowing Late Starts for a maximum of 3 hours at which time the nurse will be called off or placed on call; volunteers will be sought first then the low census order is followed; no more than two nurses per unit & shift may be required to late start (New Art. 12.4.3)
• Reduced amount that hospital can increase health insurance premium contributions from 2.5% per year to 2% per year (Art. 13.1)
• New language requiring an annual Staffing Committee training for all committee members (New Art. 16.6.1)
• New language that UBC’s may appoint ad hoc committees or adopt special projects which will provide additional paid time to nurses on the ad hoc committee(s) with manager or director approval (Art. 16.7.4)
• New language describing UBC involvement in developing unit’s nurse staffing plan and requiring any modifications be voted on by the unit’s staff nurses, the results of which will be presented to the Hospital Nurse Staffing Committee for them to consider (New Art. 16.7.5)
• New PTO Donation program to provide a pool of hours for volunteer nurses on the bargaining team; a negotiations PTO donation form must be submitted within 14 days of ratification vote (New Letter of Agreement)
• New combined Letter of Agreement (LOA) describing call parameters for procedure units (OR, Day Surge, Heart Center, PACU) with common parameters as well as specifics for each department’s nuances (New LOA)
• Updated Family Birthplace LOA clarifying their call process and UBC involvement in setting staffing guidelines for core schedules and requiring core schedules developed by UBC to be approved by majority vote (FBP LOA)
• New language describing productivity expectations for Home Health & Hospice nurses; increases synchronization time from 15 to 30 minutes (HHH LOA)

If you have any questions, please contact your ONA labor representative, Misha Hernandez at Hernandez@OregonRN.org.