



Caring for Oregon



AURN Bargaining Update

“We are not interested in accepting proposals that are actual wage cuts for our nurses.”

- Your AURN bargaining team

✓ **RSVP** for our march on OHSU’s Board of Directors on October 30th: [Click HERE](#)

**March on the
OHSU Board!**

**Rood Pavilion
Friday, October 30
@ 1030**

RSVP here:



**Join your bargaining team to
demand a contract we deserve!**

rev 10/7/26



TL;DR:

OHSU proposals None

AURN proposals Wages ([Article 8](#) and [Appendix A](#)) -We are standing strong on cost-of-living increases at Year One: 11% and Year Two 11%. We said no to the status quo (and a pay cut in real wages). **Overtime and Premium Pay** ([Article 9](#)) Increase comp bank Doubleback counts at 10 or less between shifts, consistent with AFSCME 328 and St. Charles Bend Juneteenth a recognized holiday Reassert double time for holiday pay

Differential Pay ([Article 10](#)) -Pay nurses for their expertise, experience, the added responsibility of the needs of the patients, the floating, the precepting.

-Protect night shift experience staying on nights. -Charge: 12% (no change) -Evening: 6% → 5.75% -Night: 18% (no change) -On-Call: 50% (no change) -Preceptor: 12% (no change) -Float: 6% → 5.75% -Specialty Float Pool: 20% (no change) -Surgical Services Coordinator: 12% → 10% -Ambulatory Generalist: 7% → 6.5% -Bilingual: 6% (no change) **Holiday and Vacation Benefits** ([Article 11](#)) -No pay cuts for taking vacation (currently, we don't get differentials e.g. night shift diff for vcn hours)

Sick Leave ([Article 14](#))

-If you require nurses to stay home to protect vulnerable populations, don't punish them with antiquated sick accrual rates.

Utilization of Benefit Time

-(Article 12)REQ when ambulatory clinics and procedural areas are closed for holidays

Increase accrual rates

Staff Development([Article 21](#))

-Bring back staff educators

-Bring bedside nurse voices to tables where decisions impacting our work and patients are made. Student loan repayment starting at 3 years of service

-Certification Pay: 6.5%

AURN seeks clarification -Update on MICU partial closure -Time Limited Escalation Care (TLEC) and Critical Care Action Team (CCAT)-



Wages (Article 8 and Appendix A)

We continue to stand strong on our 11% cost-of-living increases. If we were to accept management's current proposal, these two things would happen:

1. An actual wage cut in the very real context of inflation. The latest inflation numbers announced the morning of October 14 is **3.9%** for West Coast, anticipated to be above 5% for the Pacific Northwest (Seattle/Portland area). Management is currently proposing **3%** cost-of-living increases per year. If AURN accepted Management's proposal, this would result in a ~2% loss in real wages for nurses.

2. We would fall behind the Portland area market. Some of our Portland area colleagues will already surpass us in pay when they get their increases in December. We don't begrudge our fellow nurses a penny of that, but do maintain that we provide some of the most specialized care in the region. We should be compensated as such.

OHSU always wants to tout the US News and World Report ranking of #1 Hospital in Oregon for the last several years. We agree that OHSU has some of the best nurses around, and firmly believe we should be compensated as such.

Overtime and Premium Pay (Article 9)

We are reasserting doubleback to 10 hours, Juneteenth as a recognized holiday, and seeking to increase compensatory (comp) bank max to 100 hours. We want to keep our nurses at the top of the pay scale if we want to lead the hospital industry in our region.

Differential Pay (Article 10)

We continue to advocate for differentials to be percentages, instead of flat dollar amounts. Percentages are another means of encouraging retention since the longer a nurse stays at OHSU, the more that percentage would reward that nurse staying put.

This helps protect experience in our hospital, and night shift is a great example of where experience becomes exceedingly rare. As Duncan stated at the table, *"It's important to keep night nurses compensated, because the patient needs don't change, I just have fewer resources with fewer experienced nurses."*

We reasserted the ambulatory generalist differential. These nurses are in a relatively new position, but require a wide scope of competencies and experience. They cover a vast number of specialties and should be compensated for their expertise across those. These nurses are critical in ensuring our ambulatory nurses are able to take their vacations and sick leaves without coming back to full inboxes and patients who have not been cared for.

Ambulatory nurses should qualify for CNI by picking up 2 hours. Intent: honor the nurse who stays over or comes early to ensure patients are cared for.

Holiday and Vacation Benefits (Article 11)

We came down a small amount on our proposed vacation accrual rates, but that's still an increase. We want nurses to have wellbeing and access to the rest we need to sustain us in the longevity of our careers. Neither holiday nor sick leave accruals have increased in almost 20 years.

Sick Leave (Article 14)

Work with sick people, get sick. We propose to improve the sick accruals so nurses can care well for the sickest and most vulnerable patients without being penalized for the threat to our health. Protect the vulnerable patients, but current policy penalizes that utilization with occurrences.

OHSU has current policies that require a nurse to call in sick at higher frequencies if symptomatic. However, the accrual of sick leave has not increased since 2007.

We continue to reassert that we should not be required to have a provider's note when we are out sick. We know when we need to stay home and do not need to take up precious healthcare resources when it is clinically unnecessary.

Utilization of Benefit Time (Article 12)

Accruals haven't been increased since 2007. *(Fun facts: In 2007, the first iPhone came out. Netflix started streaming content. MySpace was more popular than Facebook. And the first hashtag was used on Twitter.)*

We said nurses such as those in ambulatory and procedural areas should be able to use REQ when they are not scheduled for their full FTE due to reduced clinic capacity.

Staff Development (Article 21)

We need to bring back staff educators. This is the last thing an academic hospital should sacrifice, and yet it was the first to be cut in the CNEI restructure. We need nurses who are involved in direct care maintaining that link between the bedside and educational needs that are always present in our profession.

UBNPCs are not a replacement for staff educators, but do have a role in giving crucial input into unit orientation, processes for selecting candidates for special assignments and priorities for unit educational needs.

General Updates:

Update on partial closure of the MICU

6-8 weeks of construction is what they are currently anticipating, starting sometime in January or March. Code teams will not be impacted and MICU patients will be absorbed into the critical care cluster or OHSU partner hospitals.

Time Limited Escalation Care (TLEC) and Critical Care Action Team (CCAT)

Last week, our bargaining team questioned the lack of education support for nurses and asked for experts to attend this week to answer our questions. We were thanked for bringing that to management's attention as they found some "gaps" that led to a swiss cheese event had not been addressed in the roll out. (Roll out being one flyer that was posted.) Our bargaining team reminded management that our nurses have been trying to address the education discrepancies since they first began rolling out these protocols, that the hole in the swiss cheese is a mile wide and management keeps falling through it. While we are optimistic that management now realizes the problem, we aren't going to hold our breaths waiting for them to ask us for input. We'll keep advocating at the table and on the units to ensure our nurses get the education we deserve at the Northwest's premier academic medical center.

ED MOU Consent to Serve

We want a seat at the table as we begin to move through respiratory virus season and we face a potentially prolonged MICU closure! While we haven't repropose the ED MOU yet, we want to ensure we have our members ready to take on the Task Force as soon as it's agreed to. Consents to Serve will be on the AURN website next week! Please fill one out if you want to support this week!

We TA'd Appendix D!

Keep on showing up, because that's what achieves another industry-leading contract!

In Solidarity,

Bargaining Team

Duncan Zevetski - 6/7 VPV Adult Oncology, Bill Erickson - 6A PACU, Corinn Joseph South OR, Kartika Vasavada - CHH2 Oncology Infusion, Lisa Incognito - CHH2 Oncology Infusion, Dani Chiero - Acute Care Float Pool, Adam Maag - Scappoose Family Medicine, Grace Schoenlank - Perinatal Newborn Float Pool, Ellen Miller - Acute Care Float Pool, Evey McKellar - Adult ED, Patrick Hennessy - 8C TSICU, Erin Boni - 7A MICU, Katie Dahlberg - 9K Ortho

Bargaining Timeline



SAME LINK for all sessions! Webex link for open bargaining sessions:

<https://ohsu.webex.com/ohsu/j.php?MTID=m2ec52310be46a81a86216839e28ff39d>

October 21: Open bargaining in Knight Cancer Research Building (KCRB) room 6111L
Management will be returning us articles on Health and Safety

October 28: Open bargaining KCRB room 1011



October 30: March on the OHSU Board at 0830 at Rood Pavilion [RSVP HERE](#)

November 4: Open bargaining

November 11: Open bargaining

Stay Informed!

[Follow our AURN Google Calendar here](#)

[Instagram](#)

[Facebook group \(private group\)](#)

[Install Signal \(join or start a unit group!\)](#)

If you have any questions, please contact your executive team leaders, unit representative or ONA labor representative AURNLaborReps@OregonRN.org.



[OHSU AURN Contract](#)

[Bargaining Unit Info](#)

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