<table>
<thead>
<tr>
<th></th>
<th>AURN/ONA Proposal</th>
<th>Management Proposal</th>
</tr>
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<tbody>
<tr>
<td><strong>Wages</strong></td>
<td>• 3-year contract: 15% wage increase for 2023 8% wage increase for 2024 8% wage increase for 2025</td>
<td>• 3-year contract: 15% wage increase for 2023 4% wage increase for 2024 4% wage increase for 2025</td>
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<tr>
<td><strong>Full 30 year Retention Step System</strong></td>
<td>• Step increases for all 30 years of seniority to reward and retain nurses every single year, starting January 2024. No more waiting 5 years for the next step to occur.</td>
<td>• Agreement with our 30 Step system proposal, but not starting until July 2024.</td>
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<tr>
<td><strong>Bonus/Retro Pay</strong></td>
<td>• Retroactive pay to July 1, 2023</td>
<td>• No retro pay, no bonus for not striking, no bonus for ratification</td>
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<tr>
<td><strong>CNI &amp; CNI+</strong></td>
<td>• $46/hr for CNI • Resource RN eligible for full rate after scheduled 40 hrs in 2 weeks (even if curtailed) • CNI+ $60/hr (Resource RN eligible)</td>
<td>• $30/hr for CNI (Resource RN eligible for full rate after 40 hrs actually worked in 2 weeks) • Full management discretion for clusters to receive increased CNI above others</td>
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<tr>
<td><strong>Prescheduled CNI</strong></td>
<td>• We’ve declined this proposal</td>
<td>• $46/hr prescheduled (Resource RN not eligible)</td>
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<tr>
<td><strong>Evening Diff</strong></td>
<td>• 10% 1500-1900 (all hours worked)</td>
<td>• $2.70/hr 1500-1900 (all hours worked)</td>
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<tr>
<td><strong>Night Diff</strong></td>
<td>• 22% 1900-0700 (all hours worked)</td>
<td>• $7.00/hr 1900-0700 (all hours worked)</td>
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<td><strong>Call Pay</strong></td>
<td>• Minimum wage: $15.45/hr for mandatory call • ½ of minimum wage: $7.73 for voluntary call • Higher tiered rates for excessive call</td>
<td>• $5/hr for On Call • Voluntary Standby Shifts in MSPU for $150 per 8-hour shift • Supplemental Call Incentive for those taking excessive call amounts: $19 &amp; $28 rate</td>
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<tr>
<td><strong>Charge Diff</strong></td>
<td>• 11%</td>
<td>• Increase to $4.25/hr</td>
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<tr>
<td><strong>Service Lead Diff</strong></td>
<td>• 10%</td>
<td>No increase</td>
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<tr>
<td><strong>Preceptor Diff</strong></td>
<td>• 6% for any type of student</td>
<td>• Increase to $3.00/hr for any type of student</td>
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<tr>
<td><strong>Floating Diff</strong></td>
<td>• 5% for every float</td>
<td>• Start allowing CHO to get current $2.00</td>
</tr>
<tr>
<td><strong>Float Pool Differential</strong></td>
<td>• 16% from start of employment • Remove .75 FTE requirement</td>
<td>• $8/hr • Remove .75 FTE requirement</td>
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<tr>
<td><strong>Bilingual Pay</strong></td>
<td>• $3000 bonus for top ten languages</td>
<td>$3000 bonus for top ten languages</td>
</tr>
<tr>
<td><strong>Modified Operations</strong></td>
<td>• Unit Staffing Crisis Differential for units that are in collapse with 40% or more of the FTE filled by travelers: AURN employees receive a 20% differential. Shifts with 50% or more of the FTE filled by travelers receive a 20% differential to help the unit/shift retain, recruit, stabilize, and recover. • During modified ops, travelers should be canceled/redeployed before us.</td>
<td>• No Unit Staffing Crisis Differential, just keep paying travelers. • During modified ops AURN nurses may be canceled or redeployed before travelers.</td>
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<tr>
<td><strong>Staffing</strong></td>
<td>• We have agreement that staffing will follow standards from professional associations (for units that they exist exist)</td>
<td>• They agreed that staffing will follow standards from professional associations (for units that they exist for) and that existing staffing plans shall be followed.</td>
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</table>
| **Staffing (continued)** | for) and that existing staffing plans shall be followed.  
- Acute Care, Oncology, and the ED need specific metrics guaranteed in our contract that staffing levels will not be decreased. These units lack outside professional association requirements. We need safe staffing for the increased acuity and intensity unique to OHSU patients.  
- Nurse staffing plans may need to take into account increased nurse workloads on account of lack of ancillary and non-nursing staff.  
- Management should not violate the law and should provide FTE allotments that cover required meals and breaks with relief assignments.  
- Ambulatory/Remote units must also have support for staffing that ensure safe and professional standards. |  
|  | For Acute Care, Oncology, and the ED, management has not agreed to guarantee specific metrics in the contract connected to current staffing levels that address the vastly increased acuity and intensity unique to OHSU patients.  
- We have not seen a guarantee in their proposal stopping 1:5 in Acute Care in 2024.  
- No guarantee that nurse staffing levels can take into account lack of ancillary and non-nursing staff.  
- Meals and Breaks coverage will only be provided if it fits the designated budget allocation, and can include “alternative break processes” such as no break relief for charge nurses.  
- Status quo on unsafe staffing in ambulatory and remote units. |
| **2 Union Rights** | In-person new employee orientation every other week  
- Primary Labor Reps should not need to give notice to do routine visits to OHSU  
- When the pool of hours for negotiations runs out, requests for additional days will not be unreasonably denied. |  
|  | No guarantee of in person new employee orientations  
- Notice must be given for any and all visits by primary labor reps  
- Set pool of hours for negotiations for the AURN team, once the pool runs out, no more paid time for negotiations for the AURN team (management unlimited). |
| **5 Definitions** | If management wants to explore international travel agency contracts again, they must reach mutual agreement with the union before moving forward. Or they can bargain over the conditions of this now. |  
|  | If management wants to explore international travel agency contracts again, they want to be allowed to give notice to the union, bargain, but then after 90 days have the right to implement what they want if we don’t reach agreement. |
| **6 Employment Practices** | We need investigations of discrimination, harassment, etc to be conducted in a fair and timely manner and allow nurses to file grievances over these issues.  
- Employees during trial service should have the right to file grievances over discrimination & harassment.  
- Investigations that could result in discipline shall be concluded within 30 days (not discrimination/harassment).  
- Stronger protection on current and future subcontracting of our work and removal of our functions from the bargaining unit. |  
|  | Management wants 90 days for the investigations of discrimination, harassment, etc. before a member is allowed to file a grievance.  
- Employees experiencing discrimination and harassment who are terminated may not file union grievances if it occurs during their trial service period.  
- No time limit on all other investigations  
- Full discretion to subcontract our work out and remove from our bargaining unit, as long as they give notice and follow the law regarding impact bargaining. |
| 7 Hours of Work | • The right to make temporary schedule changes for up to 12 weeks  
• Temporary schedule changes cannot be used to replace open FTE positions.  
• Working outside of your regular shifts is up to a nurse as to which unit they might be willing to assist.  
• Guarantee in the contract that full break relief will be provided for lactation needs  
• Nurses can only be required to rotate to a different shift for up to four weeks  
• Mandatory On Call nurses cannot be used for baseline staffing  
• Mandatory On-Call Units: do not add Adult Trauma ICU, L&D, and all MSPU  
• Private sleep room with bed for volunteers for OR standby shifts  
• Requests for Split positions shall not be unreasonably denied  
• In procedure units (and everywhere else), two hours advance notice is required for shift curtailment, or two hours pay.  
• 216 hours/year cap on curtailment  
• Travelers working beyond 40 hours per week should not get scheduled and should get curtailed before other AURN nurses working incentive shifts  
• Temporary closure of a unit in Acute Care should not result in the reallocation of work across the cluster |
| 9 Overtime | • To avoid mandatory overtime, management must collaborate with UBNPCs to assess trends in data to increase baseline staffing  
• CNI and CNI Plus must be offered before mandating overtime  
• Management may consistently use mandatory overtime to fill baseline staffing and refuse to hire more nurses  
• MOV might or might not get offered, no rules around MOV |
| 11 Holidays | • Double time pay for on-call hours worked on a holiday  
• Double call pay when on-call on a holiday  
• Nurses on-call required to respond to clinically work-related telephone calls eligible for double back  
• Add one wellness day per year  
• 8 hours floating for Juneteenth and/or culturally significant holidays  
• Double time pay for on-call hours worked on a holiday  
• Double call pay when on-call on a holiday  
• Nurses on call required to respond to clinically work-related telephone calls eligible for double back  
• Add one wellness day per year  
• 8 hours floating for Juneteenth |
| 12 Utilization of Benefits Time | • Prescheduled time off will count towards fulfilling FTE and MRS  
• Nurses must make up their prescheduled time off before they have completed their FTE/MRS to qualify for CNI or for other purposes |
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<tr>
<th>14 Sick Leave</th>
<th>• OFMLI: We have offered to leave the cost share split as it is now with 0.6% paid by nurses and 0.4% paid by OHSU in exchange for increases in the rest of the economic package, along with safe staffing, workplace safety, etc.</th>
<th>• OFMLI: Employer will comply with the minimum in the law and pay 0.4% and require nurses to pay 0.6% of their paycheck to cover the remaining portion of the new program. This is effectively a 0.6% wage cut that started in Jan 2023.</th>
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<td>16 Health Insurance</td>
<td>• OHSU will provide equivalent third-party health plan to cover non-OHSU providers, in addition to MODA &amp; EPO</td>
<td>• No change, OHSU will only provide OHSU-owned Moda insurance and EPO lower-level insurance</td>
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<tr>
<td>21 Staff Development</td>
<td>• Certification Bonus replaced by Differential of 5% for all hours</td>
<td>• Increase certification bonus to $3000</td>
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| 24 Resource Nurse | • MRS cannot be increased.  
• CNI and CNI+ eligible for full rate after being scheduled 40 hours in 2 weeks (even if curtailed)  
• Schedule resource before travelers  
• Increase pool of education hours specific to resource nurses  
• Increase differential for working more than 48 hours in a pay period to 7% (from 5%), working 60 hours or more to 10% (from 7%) | • Agreed to no increase in MRS  
• Resource Nurse CNI eligible for full rate after they actually work 40 hours in two week period. |
| 26 Health and Safety | • Key safety changes need to happen immediately using the knowledge of nurses, consultants can continue to improve after that.  
• $3 Million in safety improvements for OHSU is a cost of keeping all patients and staff safe, not specific to the cost of AURN’s contract.  
• Expand & properly staff the Code Green Team  
• Keep Lift Teams  
• Optional In-Person Self-Defense Training offered now  
• Workplace Violence Prevention Committees get copies of PSIs and other workplace incident reports  
• All patients and visitors should go through secure entries with screenings  
• Only trained security staff should pat down and wand patients at secure entrances (which could involve removing firearms from individuals)  
• DPS should be at the ED 24/7 and should have break coverage that doesn’t violate BOLI | • Major safety changes will happen after safety assessment by consultants occurs, assessment won’t start for 30 days after ratification  
• $3 Million on institution wide safety improvements for all staff, patients, and executives should be calculated into the total cost of AURN’s contract.  
• Management will endeavor to properly staff the Code Green team  
• No more Lift Teams  
• Consultants will explore Self-Defense Trainings at some point in the future  
• Workplace Violence Prevention Committees and other relevant committees will not get copies of PSIs and other workplace incident reports  
• Only OHSU security staff and trained OHSU employed staff (excluding nurses) will screen, pat down, and wand patients and visitors for weapons.  
• DPS will provide 24/7 ED coverage by having them on call during meals and breaks in violation of BOLI. |
| 27 Committees | Unit wide votes shall guide UBNPC members’ decision making | Unit wide votes do not have to guide UBNPC members’ decision making |