Bargaining Begins

Problem-solving approach on home health & hospice issues! Far apart on health insurance benefits, low census bank and PTO maximums

We began bargaining with our employer on Nov. 30 and Dec. 1 in Conference Room C. Our bargaining team presented 72 proposals in 13 articles to our employer. The employer presented 15 proposals in five articles. Please see our bargaining tracker on the PHH bargaining unit webpage, which lists the current status of all proposals.

Problem-Solving Approach

As a trust-building exercise, we suggested to our employer that we use interest-based

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Floor Nurses Visit Bargaining Table

We are pleased to report that about a dozen PHH nurses visited our bargaining table to observe the negotiation process. Some stopped by while bargaining was taking place, others arrived during one of our many caucuses.

Thank you to: Toby Knight-Meigs, Kris Anderson, LaVona Beck, Ruthanne Olson, Kelly Smart-Fujii, Corey Rice, Cece Bennett, Kim Stinger, Heidi Jarman, Jess Arial James and Sonja Bliss. Our bargaining team appreciates the support these and other nurses have provided.

We encourage you to observe bargaining, even if you can only stop by for a few minutes! By showing up, nurses demonstrate their solidarity with our bargaining team.
bargaining (IBB) to problem-solve issues affecting home health and hospice (HH&H). While traditional bargaining embodies an adversarial process, IBB utilizes a collaborative approach, broadly similar to a root cause analysis. In IBB, the parties identify issues and problems, brainstorm and evaluate solutions, and work together to hammer out a plan. Our employer agreed to our suggestion that a small workgroup use IBB around possible on-call positions at HH&H and safety and security concerns regarding their building’s remote location. ONA bargaining team members Lorie Roeser and Kathy Callis will meet with administrative representatives on Dec. 15 to undertake this process.

If successful, this workgroup’s final product would be included in our collective bargaining agreement. We hope to use this approach more in future rounds of negotiations. For more information about IBB, see our April 18 newsletter, which describes how this process was used by the Portland State University faculty union in bargaining with its administration.

Our Priorities

At the table, we clearly signaled to the employer that our major priority is a return to our previous health insurance benefits plan. The employer’s lead negotiator reported they were “not authorized to deviate from the standard plan offered by PeaceHealth.” As such, we are far apart on this issue and have heard from many nurses to remain strong on it.

We also told the employer that alleviating the ills associated with low census is a high-priority for nurses. We proposed a Low Census Bank, similar to the collective bargaining agreement the Alaska Nurses Association has with PeaceHealth at Ketchikan Medical Center. For every hour of overtime a nurse agrees to work, one-quarter hour would be placed in their Low Census Bank. Hours from the Low Census Bank can only be used when a nurse’s shift is cancelled. The employer responded that this would be an expensive proposition as they would not have revenue to cover those low census periods. Separately, we also proposed a limit of mandatory low census to three regularly scheduled shifts per month. We remain firm that nurses want to address this issue!

Employer’s PTO Proposal

Currently, our contract provides a maximum 600-hour bank on accrued PTO for each nurse. We proposed increasing the cap back to 720 hours, which it was a few years ago.

Since our patient volume is highly volatile on a daily basis, nurses cannot anticipate when they might need to use PTO to cover their low census shifts. Nurses employ a rational strategy; they attempt to bank as many hours as possible to cover both unanticipated sick leave and mandatory low census. As a result, some PHH nurses are rarely able to enjoy an actual vacation—which all agree is essential for full rest and recuperation—but instead expend PTO to cover sick leave and mandatory low census.

On the other hand, the employer proposed a reduction in the maximum PTO bank. They propose a range of caps based on years of service. See the accompanying table 1 for details.

With a lower maximum on PTO accrual, nurses will receive smaller and less predictable paychecks. We can expect that junior nurses will leave for other facilities, which will lead to constant churn in some positions. This churn will affect safe patient care as the same positions will be persistently vacant (or new hires will be orienting to them).

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In response to our questions, their lead negotiator explained that these reduced PTO banks are “the standard PTO maximums at PeaceHealth.” We anticipated this proposal since earlier this year PeaceHealth proposed these same reduced PTO caps to the ONA Bargaining Units (BUs) at Sacred Heart Medical Center and Sacred Heart Home Care Services. However, ONA nurses at both Sacred Heart BUs successfully resisted this proposal. Their recently ratified contract retains a 600-hour maximum for all nurses, which is the same as our current cap.

Further, we asked the employer’s bargaining team whether many PeaceHealth nurses are approaching their PTO maximums. At the time they didn’t know, but later offered us data on current PTO banks for all nurses in our bargaining unit.

Our analysis of that data show that only two RNs are above the maximums the employer proposes. For example, one PeaceHealth nurse with 13 years of experience currently has 460 accrued PTO hours. The employer’s proposed limit for this nurse would be 444 hours. In the only other case at Peace Harbor, an 8-year nurse has currently banked 450 hours of PTO and the proposed maximum for this nurse would be 396. In both cases, our nurses are only marginally above the proposed new maximums.

As we continued to ask questions, the employer informed us that the additional PTO is reported as a financial liability on their balance sheet. Although PeaceHealth is a non-profit organization, their balance sheet is evaluated by bond rating services, they explained. Carrying higher liabilities on their financial statements, they continued, could mean PeaceHealth would pay a higher interest rate on future bonds. We suggest that the tiny PTO accruals carried by the 75 nurses at Peace Harbor is unlikely to affect the bond ratings of a large organization like PeaceHealth, with 15,000 employees.

**Other Proposals**

Among other items, our wage proposal would move nurses up the pay scale more quickly by reducing the number of years necessary to move to a higher step. We propose that Steps 7-9 are earned after one year of service at the previous step instead of the current two years, and that all higher steps be earned after two years of service at the previous step instead of the current three years. We also propose two additional steps at the top end. Moreover, we seek a cost of living allowance of four
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percent in each of the three years of our new contract.

We also asked that all differentials be paid as a percent of a nurse’s current base wage. Under our current flat-dollar amount, differentials remain stagnant relative to inflation. Further, percent differentials reward nurses at higher steps.

We proposed a true short notice premium, i.e., nurses will be paid time and one-half for any work outside their regularly scheduled shifts. In place of our current fuzzy language in 9.15.3 “Unscheduled Shifts,” we propose simple and clear language. Separately, we propose that the monthly schedule be posted thirty days in advance, instead of the current 14 days. This increase in advanced posting would allow nurses to manage their personal lives.

The employer offered proposals to ensure compliance with the new Oregon Paid Sick Leave Law. ONA was a strong and active champion of this new law, which ensures that every Oregon worker—unionized or not—earns paid sick leave. We are in agreement with some of the employer’s proposals here, but will review their language closely before agreeing to them.

We made some progress on other issues as well. We proposed to clarify the order of cancellation in low census so that both agency and travelers are cancelled first. The employer agreed with our concept and offered a counter-proposal.

When we asked questions about the inclusion of temporary positions, it became clear that they were not aware of Appendix C on temporary hires and temporary assignment. They pulled back and asked for time to review the appendix and will return with an improved counter-proposal. We are confident we will reach a satisfactory agreement on this issue.

The employer also proposes that they can deny a transfer if a nurse had a formal corrective action within the previous year. We agreed to the concept in general, but offered a counter-proposal that narrows the applicability to nurses with final written warnings in the past three months.

Finally, the employer wants to increase the number of shifts that relief nurses must be available per month to five from the current three. We are consulting with relief nurses. If you are affected by this, or any other proposal, please contact a bargaining team member immediately.

Nurses Welcome Uniformed Security

In the past, uniformed security guards have not been present at Peace Harbor on an ongoing basis. Last spring, a violent person, who wandered through our faculty at will, galvanized ONA nurse leaders to action. We redoubled our efforts to improve patient and worker safety by advocating for permanent uniformed security.

In response to our call, the employer reallocated portions of their budget for security needs. They subsequently contracted with G4S, a private security service, to provide uniformed guards on nights and weekends. Thanks to our efforts, security professionals are now a permanent presence at Peace Harbor. We embrace this much-needed service! In our current bargaining, we propose expanding the presence of these uniformed security professionals from nights and weekends to 24/7 coverage.

Brian Crapser, a G4S security professional (second from left), is welcomed by ONA nurse leaders, including, from left to right, Ron Ferrand, Kathy Callis, and Lorie Rooser. Nurses appreciate his calm presence and professional demeanor. Crapser regularly provides nurse leaders with literature on effective ways to avoid wild animals, including black bears and wolves, which have been recently seen in our area.