The Oregon Nurses Association Peace Harbor Medical Center (ONA-PHMC) bargaining team held a long negotiation session with the PeaceHealth Peace Harbor administration team on Thursday, March 12. The parties exchanged package proposals that included the few outstanding articles on which they still needed to reach agreement.

At around 8:45 p.m. the PeaceHealth team presented their response to the ONA-PHMC package. While the parties moved closer to an agreement, they ended the session on a sour note due to the PeaceHealth’s team unwillingness to modify a provision in a new per diem (relief nurse) article the parties have been wrangling over (see details of the per diem article on page 2).

ONA-PHMC team member Lorie Roeser expressed the team’s frustration after the session ended “We have tried to move towards them (administration) and understand their needs regarding relief nurses and yet our needs and experience as nurses continues to be discounted.” ONA-PHMC lead negotiator, Claire Syrett, questioned the PeaceHealth’s team lack of movement noting that they had expressed a desire to get an agreement that day and yet were digging in on this single item which they knew was important to the ONA team.

At around 10:15 p.m. the teams met in a sidebar and decided to end their session for the night with a commitment to meet again as soon as a date could be scheduled.

While this end to the night was disappointing, the parties are close on many items including wages. Here is a brief overview of where things stand:

**Wages & Steps** – The Medical Center is offering 3 percent for three years and 3.5 percent in the fourth year of a 4-year contract. In addition, they have agreed to add a new top step. Their current proposal is that this step be added in 2022 and nurses stay at Step 14 for 4 years before advancing to step 14. This proposal would be a real benefit to many Peace Harbor nurses who are at or near the top step of the wage scale.

**Compensation** – In addition to the wage scale increase the parties have come to an agreement in principle though not yet a formal tentative agreement on increases to a number of differentials including charge nurse ($3.60 increasing to $3.75), relief charge nurse ($2.65 increasing to $2.80) evening ($2.80 increasing to $3.00), and night shift ($7.15 increasing to $7.50) with an agreement that evening and night shift differentials would be earned starting after three hours working that shift. The only area of disagreement on these items is which year they would increase during the 4-year contract. In addition, the parties have reached agreement on increasing weekend differential to $2.00, certification pay to $1.75, BSN differential to 4 percent of base wages and MSN to 5 percent. These proposals will bring many differentials closer to

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The bargaining update continues on page 2.
Sacred Heart Medical Center’s contract over time.

The PeaceHealth team stepped back from their prior proposal to eliminate the tier 2 call pay for Surgical Services which was a positive development. But this is an area where the teams are still not in agreement. The ONA-PHMC modified their proposal on tiered call pay for both Surgical Services and Home Health and Hospice. They dropped their tier 3 call pay proposal for Surgical Services, accepting the Medical Center’s modification of the hours at which tier 2 would apply from 84 to 64 but asked for $12.00 which was $2.00 more than the Medical Center’s offer. For Home Health and Hospice, the ONA team agreed to change from a five-week to a four-week period for calculating the tiered call pay, agreed to the rates of $8.00 per hour ($8.50 for holidays) for tier 2 and $12 per hour for tier 3 but reduced the hours for tier 2 from the Medical Center proposal of 64 down to 48. The Medical Center’s last package did not accept these proposals from the ONA team.

The new per diem language in Article 3 Definitions being discussed would change the term “relief nurse” to “per diem” and create a new category of per diem called per diem no differential. This position would have fewer requirements for availability than the per diem that receives a 15 percent differential in lieu of benefits. The requirements would be set by the nurse manager and nurses on the unit. The ONA-PHMC team has agreed to delete current contract language that allows a nurse in a benefited position for more than five years to move to per diem with no set requirements for availability. They did so in acknowledgment of the administration’s concerns that nurses were not working often enough to keep up skills and stay current on hospital polices. In exchange they are seeking a new provision that would allow a nurse with 10 years of service at Peace Harbor to move into a per diem no differential position upon request. This is where the two parties have become stuck. The hospital is insisting that a nurse have at least 20 years of service as a PeaceHealth employee with 10 years as a Peace Harbor nurse before being allowed to exercise this option.

On a more positive note, the Medical Center did agree to language proposed by the ONA-PHMC team that would require the Medical Center to work with ONA to implement a clinical ladder program at the hospital within three years of ratification of the contract should PeaceHealth fail to do so by that time. A clinical ladder would be a benefit to PHMC nurses as it provides for differentials on base wages for professional development and other activities that enhance nurse practice and engagement. The ONA team was pleased to see this level of commitment from the Medical Center to creating a program here in Florence.

The teams are planning to meet again next week with the exact date and location to be announced. Stay tuned for an update with that information.

As more cases of the Coronavirus (COVID-19) are reported and confirmed, ONA will continue working relentlessly to do the work needed to keep nurses and our communities safe. We have received reports from frontline ONA members of suspected Coronavirus cases in at least three additional facilities, which have not yet been confirmed. We have also heard disturbing instances of appropriate practice protocol not being followed by hospital administers in multiple facilities across the state, and in Washington.

Incidents ONA members have observed firsthand include failure to mask patients with Coronavirus-like symptoms during triage, failure to supply adequate fitted N95 masks to nurses caring for patients with potential cases, and failure to maintain proper quarantine of the family and healthcare provider team of suspected Coronavirus patients.

These breaches of practice standard put us as nurses directly at risk.

For more information on covid-19 and ONA’s efforts go to www.oregonrn.org and follow the links.