

## Negotiations Continue

On July 30, your negotiations team met with the Hospital negotiations team at 10:15 a.m. Management responded to proposals given to them in the last session. Your team made a package proposal regarding salary (Article 7), differentials (Article 8), work schedules (Article 6), Certifications (Appendix A) and Clinical Ladder (Appendix C).

### ONA PROPOSALS

**Articles 7 and 8:** Salary increases of 3 percent (2020), 2.75 percent (2021), and 2.75 percent (2022) with a three-year contract, and differential increases to \$2.80 per hour for evening shift, \$5.85 per hour for night shift, \$3.50 per hour for charge nurses, and \$5.00 per hour for per diem nurses.

New compensation proposals include a \$2.25 per hour weekend differential, \$4 per hour for our resource nurses, and \$10 per hour for nurses who are assigned by management to work out of class in the role of house supervisor. Additionally, nurses will receive the shift differential for their scheduled shift in the event of mandatory or voluntary MDO (mandatory day off) hours. For example, if you are scheduled to work 7 p.m. to 7:30 a.m., but are MDO'd at 11:30 p.m., you would get the night shift differential – not evening – since night shift is what you were originally scheduled to work.

In **Article 6 (Work Schedules)**, the proposal from your team states: “The hospital will not require nurses to switch between shifts with a greater than eight-hour difference in start time more than once every scheduling period unless need requires an additional switch between shifts in which case it must allow a minimum of a 48-hour break between those shifts.”

This is to keep nurses from being forced to switch back and forth from day to night to evening shifts multiple times in a scheduling period. Management insists this should not happen, but it still does! We need to protect our nurses' well-being and sleep patterns, as more and more variable nurse positions are being posted to fill in

the gaps. And to clarify, we are asking for language that would not require nurses to switch back and forth. If changing shifts works for a particular nurse, then of course they could agree.

**Clinical Ladder (Appendix C):** Management would like to meet to discuss changes to improve clinical ladder within 120 days of ratification of the new contract. While we would like to meet and come up with a mutual agreement, we would also like to hold management accountable to actually make the meetings happen. We are asking that if the hospital fails to meet a minimum of three times during the 120 days, or if there is a mutual agreement to the changes, then differentials will increase to the following:

- Level 1 - \$1.60
- Level 2 - \$2.90
- Level 3 - \$4.50

### WHAT YOU NEED TO KNOW

Your bargaining team feels that Management failed to consider our proposals on the variable shift scheduling; they shared a ‘bunch’ of words that accomplished nothing, which still allows them to schedule variable shift nurses whenever they want.

We are also waiting for their graph regarding determination of previous experience for step placement. The Hospital is holding firm that the only relevant experience is working in an acute care hospital!

The team is resolute that step increases should not be dependent on a member having been given a corrective action in the previous year. The loss of a step would impact someone for the rest of their career at Providence. The lost step would never be caught up.

Testimony was presented to both teams about the weekend differential being thought of incorrectly. Nurses shared that “weekend shifts steal 26 weekends

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from a nurse's life, 26 weekends of time without family, 26 weekends of missing important occasions, 26 weekends of missing time with kids, and takes a toll on families. The increase in weekend differential needs to be looked at as a thank you for making a sacrifice instead of as an incentive for giving up unrecoverable time."

The team has FINALLY received the information on the hospital's proposal to take away your extended illness time (EIT) and replace it with a short-term disability plan. We will be taking a close look at this information, as well as current Oregon laws, and other hospitals' policies in order to make a strong counter proposal.

### WE NEED YOUR SUPPORT

Please thank a bargaining team member for all of their work. If you are interested in helping take concerted and coordinated actions to support the negotiations team, please contact ONA labor representative Paul Kylo at [Kylo@oregonRN.org](mailto:Kylo@oregonRN.org)

### WE WANT TO HEAR FROM PER DIEM NURSES

The negotiations team wants to hear from the per diem nurses in response to the Hospital's proposal

regarding per diem nurse scheduling. Members of the team will be coming around and asking questions about what you want and how you feel about the hospital proposal.

### NEXT MEETING

We have been trying hard to get management to agree on allowing negotiations to take place at the hospital. Because management failed to reserve a room in time for the next couple of bargaining sessions, our next session will be held at the law firm of PMH's legal counsel (200 SW Market St., Portland, floor 19) on Tuesday, August 27, 2019 at 9:30 a.m. Please come and support your bargaining team! We hope to see you there.

Your Team members are: Tracey Parris, Alexis Keller, Donna Abbott, Renee White, Peggy Ella, Catherine Nelson, Marie Teela, Maggie Schein, Tom Doyle ONA Legal Counsel, and Paul Kylo ONA Labor Representative.

The PMH Management Team present was: Lisa Halvorsen, Theresa Osburne, Jessica Monego, Craig Norton, Kristi Maulding, Sasha Meyer, and Dennis Westlind (PMH Legal Counsel).

Support your bargaining team by attending our next negotiation session!

**Tuesday, August 27 at 9:30 a.m.**

Address: 200 SW Market St. (floor 19), Portland OR 97201

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YOUR TEAM**

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Anything"**  
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Visit ONA's Facebook page from 2-2:30 p.m. on Aug. 14, 2019 to hear from our nurse practice consultants. They'll be taking questions about everything from nurse staffing and scope of practice to continuing education. If you can't see it live, it is archived for viewing later.

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