We held our sixteenth and seventeenth bargaining sessions on April 4 and 10 respectively and have passed the 6-month mark at the table.

We made a lot of movement on April 4, getting tentative agreements (TA) on the majority of the outstanding issues – these are detailed on the following pages.

However, Care Managers, paid time off (PTO), extended illness time (EIT), Low Census and Economics (Appendices A, B & D) remain on the table, and these were the issues we spent the entire day on April 10 negotiating.

In the bullets below you will see the details of the last formal proposals from our session on March 25. Our discussions on April 10 were in the form of “supposals” and while the details cannot be publicized here, little movement was made toward reaching an agreement that we feel would be able to achieve a “Yes” vote in ratification. Here is where we are with EIT, PTO and Economics: (see table pages 2-5 for a complete update)

- **EIT:** Management is still proposing to freeze EIT accruals at the end of 2019 and phase out EIT by the end of the calendar year 2020. However, beginning in 2020 they have proposed to **not** require nurses to use their PTO prior to accessing EIT for a leave of absence to care for a family member approved under FMLA or OFLA. Management wants to make it easier for nurses to utilize their EIT before it would be phased out.

  Also, management has proposed that nurses with more than 500 EIT hours on Dec 31, 2020 will receive a partial cash payout of 20 percent of hours above 500.

- **PTO:** Management proposed to provide additional PTO hours to nurses in each of the steps that have a negative PTO under their proposal in 2020 and

  2021- this is designed to offset the changes with their new system so that nurses will come out ahead with 8 additional hours of PTO. [Click Here](http://www.OregonRN.Org/Page81) for full proposal or go to: www.OregonRN.Org/Page81 and follow the PPMC proposals link.

- **WAGES and Duration:** Management proposed a 4-year contract with 2 percent for the first year including **Retro pay IF we get a TA by 4/15/19.**
  - Year 2: 2.00 percent,
  - Year 3: 1.75 percent
  - Year 4: 1.75 percent

- **LOW CENSUS:** As part of a package proposal including EIT, PTO management has proposed to have a **CAP ON LOW CENSUS**- the cap would be on Mandatory low census – no more than 24 hours per scheduling period (4 weeks). In addition to the cap, The Medical Center will provide an alternate assignment within nursing services to the nurse prior to any mandatory low census, the nurse may still voluntarily choose low census in lieu of an alternate assignment. [Click Here](http://www.OregonRN.Org/Page81) for full proposal or go to: www.OregonRN.Org/Page81 and follow the PPMC proposals link.

We hold our next bargaining session on Thursday, April 18. We are hopeful that, with all these smaller issues out of the way and the good discussion at the table on the tenth, we can make solid progress toward getting a fair contract for all of our nurses.

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**Become A Steward!**

If you have an interest in becoming an ONA Steward, contact a member of your bargaining team to find out more information.
# Changes to the Contract

<table>
<thead>
<tr>
<th>Topic</th>
<th>ONA’s Proposal</th>
<th>PPMC Proposal</th>
</tr>
</thead>
</table>
| **Article 2 Definitions** |  • Definitions for Fellow & Resident  
• Per Diem scheduling language moved to Article 9 Scheduling |  • Tentative Agreement (TA) |
| **Dues Article 3** |  • Transfers either join ONA or pay a fairshare fee - was brought into the contract.  
• Nurses who promote out of the union and return will either join ONA or pay a fairshare fee - was brought into the contract. |  • TA to both items |
| **PTO Scheduling Article 5** |  • Increase accruals  
• No cap on accruals  
• Reduce years of service to get the higher accrual rates more quickly  
• TA 3 vacation scheduling periods instead of current 2  
• TA Clarify PTO utilization calendar  
• Remove 40 hour threshold for PTO during medical leave  
• Not required to use PTO if using STD (short term disability)  
• TA Clarify notice of resignation is 2 weeks |  • No to most ONA proposals  
• Proposed new PTO accrual rates/system to go along with the proposed removal of EIT- (see charts) |
| **Article 6 Holidays** |  • Add MLK day, and Veterans Day – dropped our request.  
• Surgical Services not required to use PTO when closed on holidays |  • TA on nurses not having to use PTO when a unit is closed on holiday |
| **Article 7 EIT** |  • Clarify usage after hire (six months or 90 days)  
• Remove waiting period to access EIT |  • Freeze EIT accruals in 2019 then  
• Replace EIT with a STD plan & parental leave at start of 2020, eliminate EIT at end of 2020.  
• Removed requirement to use PTO before EIT, for FMLA/OFLA leaves, until the EIT goes away.  
• Cash out of EIT 20% of hours above 500 |
| **Article 9 Scheduling** |  • Requested that nurses will not be scheduled by the Medical Center to work more than 3 consecutive 12-hour shifts, but nurses may voluntarily self-schedule to work more than 3 consecutive 12-hour shifts.  
• Unit based scheduling clarification - a shift on a unit can do unit-based scheduling, does not need to be entire unit.  
• Discuss language regarding Task Force “approval vs notification” for scheduling changes |  • TA on more than 3 consecutive 12 hour shifts being voluntary  
• NO to shift language for unit based scheduling but TA for the Task Force to work on this issue  
• TA to Task Force language |
## Changes to the Contract

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<tbody>
<tr>
<td><strong>Article 10 Floating</strong></td>
<td>• Not require a nurse to float to more than 2 distinct patient assignments per shift</td>
<td>• TA</td>
</tr>
</tbody>
</table>
| **Article 11 Staffing Committee** | • TA SRDF’s go to co-chairs  
• TA Increase member nurses time paid on the committee to 12 hours quarterly | • Management proposed to eliminate PNCC from receiving the SRDF’s – dropped request  
• TA Proposed to change name of HSPC to HNSC  
• TA to remove advance request to attend HNSC  
• TA to removing requirements to be on committee  
• Proposed term limits remove from contract and defer to charter – dropped request  
• TA Increase co-chair paid hours to 16 hours quarterly. |
| **Article 12 Employment Status** | • TA Discipline may be removed after 4 years, if no further discipline occurs, with approval of HR and CNO  
• Documented Verbal Discipline will not result in disqualification from participation in Clinical Ladder – dropped request  
• Exit Interviews will be offered (on paper) and shared with Task Force – dropped request | • Proposed to remove discipline after 5 years if no further discipline occurs |
| **Article 13 Restrooms and Lockers** | • Each unit will have a mechanism for mail delivery (mailboxes or file cabinets) | • TA |
| **Article 14 LOAs** | • Remove requirement to use PTO before EIT | • Will allow this, but only until EIT has been phased out |
| **Article 15 Health Insurance** | • Add prophylactic treatments  
• Medicare bridge  
• Incentive dollars should be automatic; participation (in Choose Well) is voluntary and retro for 2018  
• Other changes in Appendix D | • Proposed a new EPO plan as a third option in 2020 (similar to what PSVMC got)  
• Proposed Short Term Disability (to replace EIT) that will cover 65% of pay after a 7 day waiting period |
| **Article 16 Retirement Benefits** | • Increase Employer matching contributions by 3% | • No to all proposals |
| **Article 17 Association Business** | • Nurses on ONA business will give notice for schedule changes before schedule cut-off, when possible  
• Bargaining team paid (same as PSVMC)  
• Seniority list will be provided 3x a year | • TA to schedule changes  
• Management made a counterproposal on the bargaining team time, but said no to paying the ONA bargaining team (same as PSVMC).  
• TA Management agreed to provide the seniority list three times a year. |

*continued on page 4*
### Changes to the Contract

**Article 19  
Grievance Procedure**
- ONA’s Proposal: Return to current contract language (no changes)
- PPMC Proposal: TA to return to current contract language - no changes

**Article 20  
Professional Development**
- ONA’s Proposal: Nurses will be relieved to do healthstreams/mandatory education during regularly scheduled shifts
  - Remove 2 schedule request period requirement for requesting education time
- PPMC Proposal: Management said No to the ONA proposal that nurses will be relieved to do healthstreams and mandatory education during regularly scheduled shifts, but proposed new language on low census cap in Article 24
  - TA to remove education timeline

**Article 21 PNCC**
- ONA’s Proposal: Keep Current Language
- PPMC Proposal: TA to return to current language - no changes

**Article 22  
Seniority**
- ONA’s Proposal: Consistency in leaving/returning to bargaining unit – managers to have same seniority rights as nurses who leave (and return within 12 months) and other employees who worked for Providence prior to becoming an RN
  - Seniority lists 3 x a year
  - Clarify Fellow and Resident job postings
- PPMC Proposal: TA to seniority on return to the bargaining unit within 12 months
  - TA providing seniority lists 3 times a year
  - TA that Fellow and Resident job postings are subject to current seniority language for job bidding

**Article 23  
Reduction in Force**
- ONA’s Proposal: Return to current contract language - no changes
- PPMC Proposal: TA to return to current language - no changes

**Article 24  
Low Census**
- ONA’s Proposal: No mandatory low census
- PPMC Proposal: Cap on Mandatory low census – no more than 24 hours per scheduling period (4 weeks)
  - The Medical Center will provide an alternate assignment within nursing services to the nurse prior to any mandatory low census, the nurse may still voluntary choose low census in lieu of an alternate assignment

**Article 27  
Duration**
- ONA’s Proposal: 3 year contract- December 31, 2021
- PPMC Proposal: Management proposed a 4 year contract

**Appendix A**
- ONA’s Proposal: 4% per year for 3 years
  - Add all missing steps
  - Add step 32
  - Charge RN diff increase to $4
  - Relief charge RN diff increase to $4
  - Eve shift diff increase to $3.50
  - Noc shift diff increase to $6.25
  - Per Diem diff increase to $6.00 / $7.25
  - Weekend diff increase to $2.50
  - Extra Shift diff - remove language about waiving this incentive
- PPMC Proposal: 2% year one and Retro pay if ratified by 4/15/2019
  - 2% in 2020
  - 1.75% in 2021
  - 1.75% in 2022
### Appendix A (continued)

- Preceptor diff increase to $2.50
- Preceptor diff paid for all students who need to precepted
- Add a Float diff
- Add a Bilingual diff
- Add a BSN diff
- Add a MSN diff

- See page 4 Appendix A for details

### Appendix B

- Increase stand by on call pay to $6.00

- No

### Appendix D

- Update all the dates
- Premiums go to zero in 2019
- Health Incentive money will be automatic and retro to 2018. Participation in programs will be voluntary
- Remove spousal surcharge
- Add MOU on health insurance option (same as PSVMC)

- Management said No to ONA proposals
- Proposed a new EPO plan as a third option in 2020 (similar to what PSVMC got)

### Letter of Agreement – RN Care Managers

- Propose to bring into contract at full pay parity, including all applicable differentials. RNCM agreed to management request to move to hourly.

- Management stated that this would be acceptable if RNCM role changed to hourly from current salary. Currently working on establishing the updated hourly seniority list.

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**The Contract Action Team (CAT) Wants You!**

**Are you interested in being a Contract Action Team (CAT) Member?**

As negotiations are beginning we need nurses, preferably from each unit to be Contract Action Team (CAT) members. The CAT members will be the go to for contract negotiation updates and progress, dispersing information to their unit, answering questions and handing out the bargaining update newsletters. It is not a huge commitment; we will be having CAT meetings every 2-3 weeks to keep you informed about proposals, tentative agreements and how things are going with bargaining. If you are interested in being a CAT, please email Michael Coutley Coutley@Oregonrn.org or Sue Phillips, RN on 8 South.
Upcoming Bargaining Date

Thursday, April 18, 2019
9 a.m. – 5 p.m. in HCC8

We anticipate that it could go longer. These sessions are open for observers to drop in for a little while or to stay for as long as you wish but PLEASE ATTEND! Your presence at the table helps us send a strong message to management that we are serious about achieving a fair contract for all!

Know Your Rights!

Weingarten Rights, what are they?

In 1975 the United States Supreme Court in the case of NLRB v. J. Weingarten, Inc. 420 U.S. 251 (1975) upheld a National Labor Relations Board (NLRB) decision that employees have a right to union representation at investigatory interviews.

These rights have become known as the Weingarten Rights. “If this discussion could in any way lead to my being disciplined or terminated, or affect my personal working conditions, I respectfully request that my union representative, officer, or steward be present at this meeting. Until my representative arrives, I choose not to participate in this discussion.”

This language is on the back of the green ONA RN badge buddy.

It is your prerogative to invoke your rights when meeting with your associate nurse manager, manager or any supervisor. It is also your responsibility, because management is not required to do it for you.

And if a non-disciplinary meeting turns toward disciplinary, you can invoke this right, there is not a restriction on when you must invoke your rights. It is to your benefit to invoke your rights.

What to do next if you find yourself in a disciplinary meeting? Invoke your rights, and then as soon as able, contact a local union officer, steward, or representative and explain your situation and ask for help. The ONA and your local officers are here to help. You can find further information at www.OregonRN.org

Your ONA Bargaining Team:

• Sabra Bederka, RN, Critical Care Services
• Richard Botterill, RN, Emergency Room
• Rudolph Francis, RN, Critical Care Services 2K
• Beth Gately, RN
  Surgical Services/Operating Room
• Christine Bernier, RN, Emergency Room
• Kristin Harman, RN, Respiratory Cardiology 2R
• Kim Martin, RN, 5R Medical Unit

PPMC Administration Team:

• Dan Mueller, Labor Attorney
• Jennifer Gentry, Chief Nurse Executive
• Jeannie Mikulic, Director of Human Resources
• Patti Langdon, HR Business Partner
• Jason Plamondon, Nurse Manager 2R
• Camilla Collins, Director of Nursing, Critical Care/ED
• Michelle Campbell, Nurse Manager 5K, IRU, & IVT Team