We met on Monday, March 4 for our seventh bargaining session; however, this time we had a mediator from the Federal Mediation and Conciliation Service with us to help us settle our contract. We heard from many of you on the extended illness time (EIT) survey. After reviewing the results, we decided to start our mediated session by proposing our response to administration’s EIT takeaway proposal, which includes a new short-term disability (STD) program and a new paid time off (PTO) accrual system.

Of the 61 percent that responded to our survey, not one single person said that we should accept administration’s EIT/STD/PTO proposal. Additionally, 89 percent of those who responded to the survey said that this new program would be worse for them, while only 6 percent said it would be better. To us, this says that even the small group who would benefit from this package do not want to accept it because it would be detrimental to so many of our colleagues. We made a package proposal that reverted back to our previous PTO proposal, which would help increase the likelihood of PTO being approved. We did remove some of our request for time off (RTO) language, since time off without the use of PTO is being negotiated in the proposal for Article 8 - Hours of Work. In addition, we did not move from our previous EIT proposal, which would increase access to EIT for nurses who need parental leave and time to care for family members.

In Article 16 - Leaves of Absence, we proposed that EIT should be accessed before PTO for family and medical leave. We also added that intermittent leaves should be approved, as required by the Family and Medical Leave Act (FMLA)/Oregon Family Leave Act (OFLA). We held onto our previously proposed 36 hours for bereavement leave, with certification pay added.

In addition, we proposed:

- Amendments to Appendix C - Health, Dental and Vision Insurance. We had updated information for medical premiums but not other items. PSH said they would respond with up-to-date information.
- We gave them our third proposal on Article 8 - Hours of Work. Here is where we now have a meeting of the minds:
  - The hospital will schedule nurses for work periods that consist of their full time equivalent (FTE) within 14 consecutive days.
  - Each nurse will have a set shift length. A combination of different shift lengths (blended shift) will only occur by mutual agreement between the nurse and core leader.
  - Work schedules shall be prepared for six-week periods and posted at least two weeks prior to the beginning of the scheduled period.
  - Trades are to be submitted in accordance with the unit’s practices and procedures.
- On Article 8 - Hours of Work, here is where we differ:
  - Clearer language on combining breaks and lunches.
  - Overtime in excess of our scheduled shift, with the exception of education hours.
  - When requests for days off need to be submitted by.
• Requests for time off without the use of PTO. How many days can be granted per scheduling period?
• No mandatory low census.
• Redundant language on schedule changes.
• Open shift language. We are proposing that all open shifts should be incentive shifts and that we have:
  * 24 hours prior to the start of the shift to bump share care or agency nurses.
  * Two hours prior to the start of the shift to bump supervisors or managers.

PSH made counterproposals in these areas:

• In Article 7 - Employment Status, we have agreement that a nurse facing potential discipline will be notified of the general area of concern prior to an investigatory meeting, unless doing so could reasonably interfere with the investigation.

• We disagree on the scope of what professional nursing standards could be considered a violation when it relates to paying a two-week severance for termination of employment.

• We are still working out 7.8, which relates to Health Stream. Our position is that we should be able to do this when we are not assigned patients.

• Management has not been willing to entertain the idea of nurses being allowed to review anything that would be placed in their file prior to it being put there.

• In Article 11 - Professional Nurse Care Committee (PNCC), we are in agreement that nurses will be elected into this committee. We verbally agreed that ONA would conduct this election following our bylaws.

• We are still in disagreement about how many people should be on the PNCC committee. They are proposing three people, while we are proposing four.

What’s next?

Our next scheduled session is Thursday, March 21. Unfortunately, the mediator is not available this day; however, we will meet and continue bargaining. If you are interested in being an observer, please let us know!