Overall, we had a productive session on November 11th. Here is the update on negotiations by article:

Article 3 – Definitions: we proposed to formally include Cross-Trained nurses and SANE nurses, but the hospital has said no to including those programs in this article. We discussed including the definition of those roles but moving the details for the programs into Appendices or MOUs in the contract. The hospital wants to get rid of the on-boarding bonus for Resource nurses, claiming it was a “one time” bonus in the last contract.

Article 6 – Grievance Process: we have worked together on clarifying language for this article to improve the grievance process, but where we still disagree is on our proposal for paid time for grievance meetings. This has been the practice for the grievant and the Grievance Chair, but the hospital is insisting it is not. The hospital expressed their concern that nurses would file grievances just to get paid, we countered that no nurse wants to come in on their day off but will to resolve a problem that is generated by the hospital not following our contract. We are waiting for the hospital's response.

Article 14 – Hours of Work and Scheduling: We made significant proposals for our per diem nurses here, including availability for 3 days instead of the current 5 (the hospital proposed 6 days). We also made major proposals regarding call schedules in Surgical Services, including no weekday call for 1.0 FTE RNs or per diem RNs. We also proposed language for predictability for variable nurses. Lastly, we proposed a 6/2 scheduling program, where nurses can work for 6 pay periods (12 weeks) and then have 2 pay periods off with pay (4 weeks).

Article 16 – This is our current Professional Nursing Care Committee language. We have proposed to expand this article to include the definition and duties for Unit Based Councils, and two large sections defining the duties of the Staffing Effectiveness Committee as well as the requirements for Nurse Staffing Plans (NSPs) across the hospital. In effect, we have proposed that the NSPs must define minimum staffing, acuity/intensity, and that staffing decisions must be made according to what the NSP for each unit states. If a unit is not maintaining what is stated in the NSP for that unit, then that unit is in violation of the contract. Similar proposals have been made at PSVMC.

We are back at the table on November 29
Article 19 – Seniority: we are close to an agreement here, both sides agree that your seniority starts on your hire date as a nurse to the hospital. We are waiting for the hospital's proposal on 19.5 and helping hands language—so we anticipate proposals from them when they are ready.

**HERE IS YOUR NEGOTIATION TEAM IN ACTION!**

**HERE IS YOUR CONTRACT ACTION TEAM (CATS)!**

ALICIA ALLEY, BP
STEPHANIE HAMMERSCHMITH, BP
CHRISTINA KEROVECZ, BP
LINDSAY JOHANNESSEN, BP
ASHLEY PHILLIPS, CAPU
LYNELLE SCHAALMA, CAPU
HANNAH BRAINARD, ED
NATALIA HOLLIMAN, ED
LEILANI SPEER, ED
JAN WILSON, PACU
GLORIA GONG, (MEDSURG) PER DIEM
SADIE GORDON, (ED) PER DIEM

SHANE BAKER-SNELLING, ICU
ALLYSON BECKER, ICU
EMILY KELLEY, MS
JULIE SMITH, MS
KENDRA LEE, MS
JOE GORECKI, MS
DARCEE CHASE, MS
MARY NIWA, MS
SHELLY LETSON, MS
BRIDGETTE NORTON, OR
MELISSA LARUE, RESOURCE
ROBIN BARRY, SSU
LYNNETTE LINDEMOOD, SSU

We are back at the table on November 29