ONA
Oregon Nurses Association

Asante Rogue Regional Medical Center (ARRMC)

Bargaining Update #1

July 11, 2023

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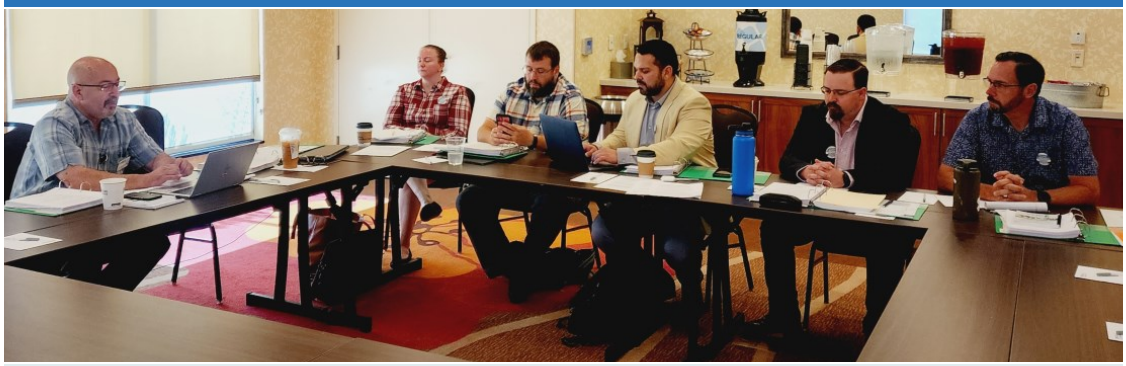
Negotiation Update from July 6 & 7



TOP ISSUES FROM THE BARGAINING SURVEY:

COMPETITIVE PAY | HEALTHCARE | SAFE STAFFING

ONA/RRMC BARGAINING TEAM:

- **Megan Pereira, NICU**
- **Fred Katz, HHH**
- **David Baca, ED**
- **Andrew Farina, OR**
- **Joseph Sasser, Med Surg**
- **Keith Coddington, CCU**

ADMINISTRATIVE LEADERSHIP

- **Amanda Kolter**
- **Staci Sparks**
- **Sarah Hillyer**
- **Alicia Lorenz**
- **Cassie Payton**
- **Jaki Damn** - Ogletree Deakins* Lawyer

**Ogletree Deakins is the second largest anti-union law firm in the country and is very expensive.*

At the adamant request of the administration we met off of Hospital property at the Hilton Garden Inn meeting room. Administration had implored the union to pay half the cost of the rooms. However, ONA leadership did not agree to spend money on a hotel room to negotiate when there are many available rooms within the Asante Hospital and extended properties to meet for free and that would have access to be observed by RN's who are able to pop in while at work. The cost of the room is **$545** daily and we continue to feel it is a completely unnecessary expense of the hospital. However, they absolutely refused to meet in any other way. The expense of the lawyer is also adding to estimated cost to the hospital now in the thousands of dollars.

Joseph Sasser and David Katz kicked off the negotiations with heartfelt opening statements.

JOSEPH SASSER - July, 6 at 9 a.m:

"On behalf of my ONA colleagues, we'd like to thank all of you for meeting with us to kickoff this round of Collective Bargaining with the ARRMC ONA RNs and Asante Rogue Regional. I know that around this table a lot of you are quite

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familiar with one another. Hopefully as we move forward with negotiations that familiarity will serve as a positive catalyst. I'm a novice to this process which may be obvious if this opening statement doesn't follow convention.

In addition representing the bargaining unit, I am more specifically representing the Med-Surg RNs. If I'm perfectly forthright I didn't really want to be here. I had a lovely summer planned that didn't include hotel conference rooms. But, I was nominated by coworkers and former classmates who convinced me to participate in this process in hope of giving voice to their frustrations.

It's been a hard few years for the departments I represent. We watched friends and co-workers lose homes in the Alameda fires. We watched our kids struggle with remote learning, the abolition of school sports and activities and the growing social isolation that followed. Many of our "non-essential" spouses were laid-off or forced to close their businesses for an extended period, and more recently we watched our purchasing power plummet as runaway inflation dramatically exceeded the wage increases of the previous contract.

None of those experiences were unique to RNs nor to the Med-Surg departments, but they were part of the background context that made coming to work more difficult. But come to work we did, work in suffocating PPE, work in a deadly pandemic while there was no vaccine and all treatments were experimental, many of us contracting Covid in the process. Then with Covid on the wane, we watched quality experienced nurses we'd worked beside for the entirety of the pandemic, nurses who we trusted, many of them recovered from documented cases of covid forced to train their own highly compensated mercenary replacements before being callously shown the door. Forced out despite approved exemptions. Forced out, creating a shortage which will take years for Med-Surg to recover from, only to be welcomed with open arms, and large signing bonuses, at the hospital across town.

Those of us who stayed had our beloved co-workers replaced with temporary workers of varied and often questionable experience, who were fond of pointing out how much more highly they were compensated than core staff. That wage gap lead to a second exodus of Med-Surg and NRT RNs leaving to take travel assignments of their own. Which was followed by an exodus of RNs from the Med-Surg units to backfill holes the mandate related cull left in specialty areas which had more openings and greater willingness to train nurses then they'd had in years.

Core staff RNs during this phase were stretched so thin that sometimes there was no one qualified to administer chemotherapy in Oncology. So thin that two core RNs had to cover the 7 epidural and 3 bariatric patients. So thin that we had agency RNs orienting new grads and filling in as Charge Nurses because there were no qualified staff RNs. We have started to rebuild, but new hire and new grad RNs have learned to be nurses during crisis conditions with consistently short-staffing and increased acuity. The orientations have often been haphazard, one experienced RN orienting two novice RNs has become a frequent necessity as there is often little other option. We've had novice RNs precepting other novice RNs. Ultimately attempting to develop staff amidst crisis staffing is not just a recipe for erosion of unit morale, but for a long-term increase in hospital liability.

Last week one of my fellow Med-Surg RNs posted the following on social media after a recent shift with extreme short staffing. " I though things were getting better, but today was worse than it's been in awhile. I struggled, a transfer to CCU, back-to-back admits, unable to fully complete tasks and assessments. I feel absolutely defeated as a nurse knowing my patients didn't get the attention they truly deserved". Her post received significant engagement with dozens of her co-workers echoing her sentiments. Putting a passionate young nurse in positions like that regularly and repeatedly is how you burn through a workforce. She should be one of your greatest assets, but soon she'll be looking for the door.

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Med-Surg isn't unique in its struggles. Everyone on this side of the table represents work groups who have faced a serious set of challenges over recent years. In May, when Amanda Kolter, from the Asante management team, bravely made the rounds addressing front-line staff in their units she recognized massive room for improvement and apologized for mistakes made by the Asante executive team. She correctly acknowledged that short-staffing had taken an enormous toll contributing to burnout and recognized room for improvement in staff retention. This is ultimately where our interests should align.

No nurse wants to have a patient fall, develop a nosocomial infection or a pressure injury. No RN wants to be a part of the surgical case with foreign body retention or responsible for an adverse drug interaction. No RN wants to contribute to a patient's epidural hematoma or to fail to identify a patient slipping into septic shock. Nurses are often left gutted when sentinel events happen with their patients, whether their care or lack of care was a contributing factor or not. A burned-out nurse will not preform as well. It gets a lot harder to summon the effort to convince the bedbound patient who refuses to be turned about the importance of repositioning. It's easier to just chart "patient refused". We realize that staffing at safe levels can be very expensive. But the negative outcomes from a chronically beleaguered workforce both in legal liability and loss of reimbursement as well as the stain on the institutional reputation may prove more costly still.

Our goal as a bargaining unit is to create the safe and healthy work environments which lead to improved staff recruitment and retention. Part of that is recognizing certain things don't make for great staff recruitment and retention.

- **When RNs feel forced to take seemingly endless call due to lack of adequate coverage.**
- **When NOC shifters have schedules with island days making it difficult to be sentient in daylight hours.**
- **When RNs have to regularly take care of patient's whose room is a bed in the hallway.**
- **When RNs get the feeling that management prefers to keep the unit short of full staffing because it makes for better financials.**
- **If employees can't get a primary care physician (PCP) covered by their plan.**
- **If employees get a PCP, but then can't get in to see them when they have acute illness.**
- **If employees have no covered access to urgent or immediate care in their county.**
- **When nurses faced with increasingly difficult working conditions show loyalty to an organization and watch their real wages fall year after year.**
- **When a new grad RN gets passed around from preceptor to preceptor and has no consistency to their orientation.**
- **When ancillary groups like Wound Care and Vascular Access are consistently struggling to keep up with the volume of new consults.**

These are all things which will not help recruitment or retention efforts. And these are thing which need to be addressed in the coming months.

It's our opinion that both sides of this table should desire to see Rogue Regional properly staffed with quality core staff RNs. We may have different ideas of what that means or how we best get there, but our sincere hope is that we are aiming for fairly similar end results from this process.

As I alluded to earlier, we are representing a labor force who is frustrated, hurt, exhausted and sometimes just angry. We are here to advocate on their behalf so they will stay. This negotiation is a big part of staff retention. And it's our desire to move forward with this process in a productive and respectful manner and in areas where our interests may not align, to work towards acceptable compromise positions. I, maybe naively, am looking forward to the process of landing on a new contract that serves our constituents and the organization as a whole. Thank you again for this opportunity."

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Fred Katz - July, 6 at 9: 10 a.m:

"I am Fred Katz an RN for Asante Hospice. For 11 years I worked on 3T until a series of events and unending difficulties caused me so much stress and moral injury that I was forced to remove myself from that department. It was a very difficult decision to say the least, but a lack of stable and experienced staff coupled with increasing demand to accept unsafe assignments while trying to support the hospital's ongoing crises without support from management and an undermining of the charge nurse role caused stress and burnout. I was not alone. The ongoing crisis in healthcare is the direct result of the uncompromised demands placed upon bedside staff. There has been an exodus from hospital bedside nursing, and this is coupled with a decreased application rate to our nursing programs across the state. We are scrambling to find nurses whether we are looking abroad or recruiting from within the community. We need to look within and ask the correct questions about what is happening in our profession, and this keeps me up at night.

A few US presidents ago, when we were arguing for break nurses and working through those processes and trials, long before we dug a huge hole in our backyard that started the expansion, Scott Kelly held a Townhall meeting in Smullin 108? After announcing our plan to expand capacity, I asked Scott how we intended to staff this expansion when we were not fully staffed currently. The hospital has been working on this issue without real progress for some 8-10 years. How did we get here, where we have 400 postings for nurses? We have been recognized as a top tier health system, why are we having an exodus? This concerns us greatly moving forward. We need to be seriously competitive if we are going to recruit and retain nurses at our facilities. There is a snowball effect in this workplace that cannot be denied, and I have been part of this and witness to it personally in the Heart Center.

The team assembled before you have been duly elected by its constituency members. We thank our peers, who have entrusted us with the duty of collective bargaining on their behalf, for their trust and support in the upcoming process. It is important to recognize that we have exercised due diligence in ascertaining the collective bargaining unit's needs and wants and will continue to communicate with the bargaining unit before making decisions on their behalf including endorsing the final updated contract.

Furthermore, as a bargaining unit we are a constituent of the greater Oregon Nursing Association, we will bargain for and endorse those policies and practices adopted by other associations which represent best language, and the law of the State of Oregon.

Let us recognize that the Oregon Nurses Association established in 1904 as a professional association and union representing nurses around the state, has been instrumental in the recent passing of HB 2697. This is the new staffing law. It was the highest priority item per the Board of Directors because the old staffing law was neither effective nor enforced by state agencies governing healthcare. This has compromised safe patient care around the state and has led to a demoralized workforce and an exit from the profession. The new law will mandate ratios for patient care because productivity is not a valid measure of safe staffing. When patient care is compromised, workloads unmanageable, and employee moral is low; people move away from the bedside, leave the profession, and worst of all show disinterest in entering the profession. The new law HB 2697 will establish a minimum ratio system for patient care, it will be backed up by increased funding for assuring compliance. This assembled group expect compliance with the law. We feel that adequate time has gone by since Scott Kelly's announcement to expand services and space for the organization to have had a plan in place addressing staffing.

For many years, people at this table and many others have urged administration to be more competitive with hiring, implement management and disciplinary structures that improve retention, and consider that the

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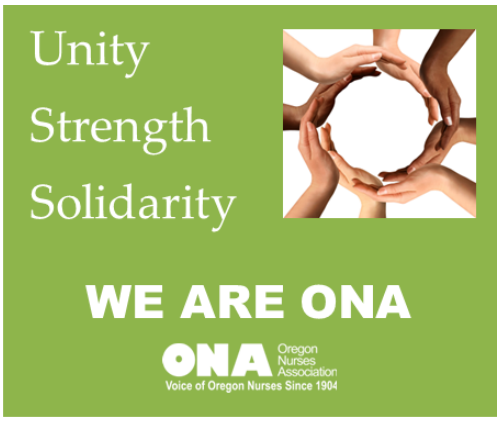
50th percentile will not get things done. Yes, we recognize that there have been unseen challenges including, the pandemic, changes in the labor market, the explosion of lucrative travel contracts. So, I will ask RHETORICALLY once more time: How do you plan to staff that expansion?

In the last three years, workers have seen their buying power reduced by inflation. In addition, our health care benefit has become more of a collective cost sharing than an insurance benefit with our members continuing to complain about costs and a lack of reasonable coverage. We are demanding the right to bargain our health care benefits as part of our compensation package. Asante has failed to provide adequate and substantial coverage for our members forcing members to seek care in tiers 2 & 3 with substantial monetary penalty to our members.

The impact of inflation has essentially decreased worker's income. This, compounded by the short



staffing and calls for greater productivity, has led to dissatisfaction with our jobs and has even spread to increased organizing of the labor force.

We are present to talk openly and honestly about how we work together to resolve some of these long-standing issues, stabilize the workforce, and get back to providing excellent care for our patients and community."

Negotiations at the Table

The first item to be negotiated was the ground rules. The Hospital requested that only a few people could observe the negotiations, limiting the observers to 12. The ONA bargaining team negotiated for at least 50 or more members to meet up to room capacity. In the end observers will be allowed at a limited capacity reflected in the room size and all proposals will be on the table by August 17.

After deciding the ground rules the negotiating team submitted proposed language to Article 1 addressing long term travelers and where donated dues can go for fair share. As well as Article 3, defining the rights of the ONA Labor Representative to be on the premises since they have begun citing the ONA labor representative for trespassing.

The negotiating committee also proposed many updates to the language of Article 6 to address hours of work and overtime protections.

On Friday July 7, the ONA negotiating committee proposed - Article 10 with new holidays added to address diversity, as well as a Floating Holiday to be used at the will of the employee within the year. The team also proposed completely reworked language to Article 16 and 17 to which there has not been a response.

The ONA negotiation team has worked very hard to address the concerns from the bargaining survey and to advocate for the best way to build a more fair and professional and competitive work environment. With these proposals where RNs feel respected and valued. So far the Hospital has responded by refusing 99% of the ONA proposals. This is just the beginning and the full contract has yet to be truly negotiated. The ONA team will be responding to Floating, Health Care and the financial package when we hit the table next. Check out the excellent bargaining updates on Facebook live on the ONA@RRMC page.

Upcoming Bargaining Dates

Join us for coffee at 8 a.m. before session observations open!

August

- **Thursday, August 3** - 9 a.m. to 5 p.m.
  Hilton Garden Inn
- **Friday, August 4** - 9 a.m. to 5 p.m.
  Hilton Garden Inn
- **Thursday, August 10 -** 9 a.m. to 5 p.m.
  Hilton Garden Inn
- **Thursday, August 17** - 9 a.m. to 5 p.m.
  Homewood Suites
- **Tuesday, August 22** - 9 a.m. to 5 p.m.
  Hilton Garden Inn
- **Thursday, August 31** - 9 a.m. to 5 p.m.
  Hilton Garden Inn

September

- **Thursday, September 7** - 9 a.m. to 5 p.m.
  Hilton Garden Inn
- **Friday, September 8** - 9 a.m. to 5 p.m.
  Hilton Garden Inn
- **Thursday, September 14 -** 9 a.m. to 5 p.m.
  Homewood Suites
- **Friday, September 15** - 9 a.m. to 5 p.m.
  Homewood Suites
- **Tuesday, September 19** - 9 a.m. to 5 p.m.
  Hilton Garden Inn
- **Wednesday, September 20** - 9 a.m. to 5 p.m.
  Hilton Garden Inn
- **Tuesday, September 26** - 9 a.m. to 5 p.m.
  Hilton Garden Inn
- **Wednesday, September 27** - 9 a.m. to 5 p.m.
  Hilton Garden Inn

CAT Training

A major part of your path to win is in your involvement in the Contract Action Team (CAT)

What is a Contract Action Team (CAT)?

A CAT is the structure through which you organize your coworkers to win the best contract possible. The CAT team helps with union actions needed to support the work of the bargaining team at the negotiations table. If the Asante Administration doesn't see and feel our power in our buildings, they will try to take all they can -- let's be honest, they already are! This allows for the work of the union to not just fall on the shoulders of a few delegated leaders. After all, the union is all of us, not just those of us in the office or the few brave members who serve as your officers and negotiators.

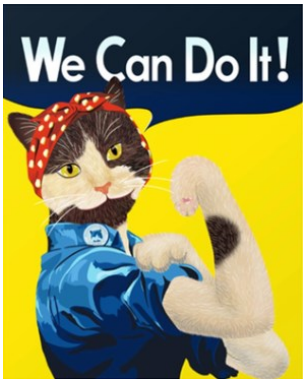
The responsibilities of the CAT Member are mainly focused inside each unit of the hospital, where they serve as activists, volunteers, and leaders of the union. The CAT team carries the union's message inside the workplace during negotiations and helps recruit for union actions.

CAT Training:

- Saturday, July 22nd from 10 a.m. to noon
  Talent Library
- Saturday, July 29 from 2 p.m. to 4 p.m.
  Talent Library
- Saturday, August 5 from 2 p.m. to 4 p.m.
  Talent Library

Scan the QR code or click the link below to sign up:

https://www.surveymonkey.com/r/2023-ONA-RRMC-CAT



SCAN ME