Bargaining Session 4 Completed

We completed our fourth bargaining session on July 6. With the increased masking restrictions and the impact masks have in terms of conversations in a large area, our negotiation session was in more of a virtual format than in the past.

Our attorney as well as all hospital representatives attended the meeting from individual areas while our team met in a single room and all used individual laptops to participate.

This format made it much easier to hear the conversations clearly although everyone prefers to be in the same room when possible. At the conclusion of the meeting we agreed to cancel the room at the Hilton for the remainder of the negotiation sessions and attend the negotiations sessions via personal video devices.

Our next negotiation sessions are scheduled for July 27, August 3, 17 and 18.

The opportunity for observers will continue through the Facebook group option.

Prioritizing Negotiation Proposals

As we work to conclude negotiations we continue to need your guidance. This is YOUR contract. Your ONA negotiation team has heard from the bargaining unit that insurance expenses are a major satisfaction issue. The hospital has shared proposed changes to the 2021 plan which will reward people for using Asante Health Network (AHN) and penalize you financially for using providers outside of AHN.

Asante’s insurance plan is a self-funded plan, which means that they decide the fees they charge for their plan as well as all components of the insurance benefits. We have seen a steady increase to the out of pocket maximums and financial penalties to see providers outside of AHN for benefit plan members over the past several years. While the actual premiums have not increased very much the plans themselves have changed significantly.

Your ONA team is working to develop creative proposals to ensure bargaining unit members who are regularly exposed to contagions and injury at a much higher risk than most community members have access to health insurance that recognizes the risk of the work and ensures they do not face financial ruin secondary to an illness for themselves or their family members.

To ensure all bargaining unit members have an opportunity to share their opinion of how to prioritize ongoing negotiation there is a survey about the options. It is critical that all bargaining unit members participate in this survey. The results will guide your ONA team on how to reach an agreement that will best support the bargaining unit.

The survey is open from July 8 through July 15 at 4 p.m. www.surveymonkey.com/r/RRMC-NEGOTIATION-SUPPORT
Proposal Progress

Between our proposals and the proposals from the hospital we had approximately **115 proposals**.

We are making progress on all proposals including adding Hospice to the recognition clause and ensuring that bereavement leave does not affect their Oregon Sick Leave bank. We are however, still apart on many of our proposals including:

- Floating will only be allowed to “clinical groups” previously called buddy units.
- Increase to retirement contribution to 5% from 3%.
- Increase to standby compensation to $15.00/hr.
- Clarification that ASI/CNI nurses get to work before travel/agency nurses, or get to decline standby obligation completely.
- Increase opportunities for job bidding and trials.
- Wage and differential increases.
- Insurance benefits.

- Increase ETO accrual rates.
- Increase access to ESDP hours.

We are also apart on many of the Hospital proposals including:

- Eliminate 3 day limit for suspensions.
- Change the definition of weekend from 2300 Friday through Sunday to 1900 Friday through Sunday.
- Require that nurses who choose to complete mandatory certifications from a source other than those provided by Asante use their voluntary education money to pay for those certifications.
- Change the contract expiration to co-side with the end of the fiscal year. (September 30)

We will continue to negotiate these and other issues on July 27, 2020.

Completing the Staffing Request & Documentation Form (SRDF)

**WHY FILL OUT THE SRDF?**

The [Oregon Hospital Nurse Staffing Law](#) defines “safe patient care” as “…nursing care that is provided appropriately, in a timely manner, and meets the patient’s health care needs.” Inappropriate nurse staffing can lead to patient care needs not being met.

The information gathered in SRDFs allows ONA to track staffing data and provide information to hospital wide staffing committees. It also provides valuable information to labor representatives about how specific units are staffed, and can be used to assist with OHA complaints.

**HOW TO FILL OUT THE SRDF**

If you work a shift with insufficient nurse staffing, you should complete the following steps:

1. Notify someone in the chain of command;
2. Ask for additional staff;
3. Ask for a response in a reasonable period of time, (e.g., minutes, hours) and;
4. Complete the SRDF as detailed below.

The nurse should complete the SRDF at the end of the shift or within 48 hours. The SRDF can be found online at [OregonRN.org/SRDF](http://OregonRN.org/SRDF). A PDF copy is automatically emailed to the nurse and to ONA, and it is the nurse’s responsibility to forward a copy of the completed form to the nurse manager, PNCC chair, and staffing co-chair. The SRDF should be completed even if the problem is corrected quickly.

Questions about the SRDF process? Email SRDF@OregonRN.org