Our teams met for our sixth negotiation session on Aug. 3. We are struggling to reach agreement on some very important and key issues including:

1. **Floating**: We have proposed that nurses will not be mandated to float out of their clinical grouping areas (formerly Buddy Units). The hospital maintains they must retain the ability to send staff where needed and when needed to ensure patient safety.

   The things that concern us the most are:

   a) The ability to return to a specialty unit in a timely manner when needed. For example, when NICU nurses are floated to a sitter assignment on the tower, and there is an urgent need for the NICU nurse to return there is a delay in care for the baby, as well as a disruption of care for the patient who needed the sitter and staff on that unit as well.

   b) Nurse competency to care for a different patient population. Different patient populations require different nurse knowledge, skills and competencies. Many nurses have not had adequate training for de-escalation techniques and are unfamiliar with mobility restrictions and the effects of various medications which are rarely used for their patients. This puts patients and nurses in vulnerable positions.

   c) Clarified job expectations. Many nurses had very clear descriptions of the job requirements when they were hired. You will be working in “x” unit. It is a closed unit and there is no expectation to float to other units or there is a possibility to float to similar specific units. Staff have shared that continued floating is very much a dis-satisfier and has potential to ensure inadequate staffing for specialty departments.

2. **Insurance**: We made a proposal which drastically changes the Health Benefit Plan and process. Currently, we have language that allows us to meet with the hospital annually to discuss upcoming potential changes to the health benefit plans, share our concerns and suggestions and then the hospital decides what they are willing to do and we get what everyone else gets.

   Our proposal for this year is that all Health Plan Benefits remain unchanged from the 2020 plan for the duration of this contract period which is likely 3 years as in the past. The hospital stated they believe the current process works well and are not interested in any change to that process.

   Our concerns for this proposal include:

   a) While the current process does seek our input, the hospital can do whatever they choose. During our annual meetings we have no recourse if we disagree with the proposed changes, while during actual negotiations we have the opportunity to truly negotiate the changes.

   continued on page 2
b) The hospital long term plan to create and grow the Asante Health Network includes options that financially punish benefit members who choose to stay with their long-time trusted care provider if the provider chooses to not meet unilaterally designed contractual benchmarks mandated by Asante leadership.

c) The Asante Health Savings Account (HSA) and Health Reimbursement Account (HRA) premiums are roughly $2000 more per year for an employee and family than our local competitor. Working in a hospital has inherent risk for illness. Ensuring that employees and their families have health insurance that meets their needs while decreasing the financial risk associated with a significant health issue is critical to recruit and retain well qualified staff.

3. **Wages**: We proposed increases in each year of the contract 3.5 percent, 3 percent and 4.5 percent. The hospital proposal is 1.75 percent, 1.75 percent and 2 percent. While both teams have room to move on this proposal, our goal with increased wages is to ensure we have an ability to retain and recruit nurses for our current needs and those of the future. The hospital has stated many times during these negotiations that their proposals are “in line” with similar hospitals.

Our stance is that we strive to be the best! Our work has allowed Asante to achieve national recognition as “one of the best” year after year. Simply being “in line” is not enough. We are expected and challenge ourselves to be the “best”. We have the same expectation of our employer.

4. **Standby compensation**: We proposed a tiered differential for standby of $7.50/hr. for 1-48 hours per six week period, $12.00/hr. for 49-96 hours in a six week period and $16.00/hr. for hours 97 and beyond in a six week period. Our proposal is based on recognition that many nurses in our bargaining unit have extraordinary mandatory standby requirements such as the surgery and cath lab departments. Nurses in those departments are required to work their Full Time Equivalent (FTE) hours each week, which is usually 40 hours per week and on top of that commitment they are required to schedule themselves to be available for additional standby hours on evenings and weekends. Some nurses are scheduled for as much as 280 hours of standby commitment per schedule period on top of the regular 40 hours per week. While on standby they must be available to be in the hospital in some cases in as few as 15 minutes. During the standby time they currently receive $5.00 per hour. If called in they get time and ½ plus the $5.00/hour.

5. **Standby requirement** for those who have signed up for Advanced Shift Incentive (ASI) or Critical Need Incentive (CNI). We have heard from many staff who have committed to being available for additional hours of work beyond their FTE the frustration they experience when they have given up an unscheduled day only to be mandated on “standby” for that shift. The hospital asks for people to make themselves available for additional staffing needs and then refuses to simply release them from that commitment when they are not needed, instead mandating that they remain fully available **IF** needed for $5.00/hr. We proposed that if you are on ASI or CNI that you have a choice to accept or reject the standby shift if there is no longer a need for you due to low census. This is an issue of courtesy and respect. We are willing to commit to help when there is an expected need. If the need no longer exists, we should be thanked and offered the opportunity to decide for ourselves if we want to remain available should a need occur later in the shift.

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**We Need Your Input!**

Please join us for drop in meetings to share your thoughts on these issues.

**Thursday, Aug. 6**

at 5 p.m.

Join Zoom Meeting


**Tuesday, Aug. 10**

at 8 p.m.

Join Zoom Meeting

Bargaining Update - Rogue Regional Medical Center

Racial Justice and COVID-19 Discussion Series

Asians & Pacific Islanders in Health Equity

Friday, August 7
4 PM via Facebook Live

Join us for the next installment of ONA’s Racial Justice and COVID-19 Discussion Series examining the intersection of nursing, race, and health care access or utilization disparities during the COVID-19 pandemic. "Asians and Pacific Islanders in Health Equity: Nurses and Community Speak" will take place via Facebook Live on Friday, August 7 at 4 p.m.

The FB Live will feature the following panelists:

- Pa Vue, RN, BSN; AURN Secretary; ONA Nurse Leadership Institute Alumni
- Alyshia Macaysa; Principal at Macaysa Consulting, Health Equity Strategist & Community Organizer
- Jackie Leung, JD, MS; Community Health Worker Supervisor and Executive Director of Micronesian Islander Community

They will share their ongoing work in advancing healthcare and racial equity, the barriers the Asian/Pacific Islander (API) community are faced with and their recommendations to address these barriers.

Go to the ONA Facebook page and follow the Facebook Live link, or Click Here.

ONA Virtual House of Delegates

To ensure the health and safety of our members through the COVID-19 pandemic, ONA made the decision to hold the ONA House of Delegates virtually on Sept. 22, 2020.

Click here to learn more and register today or go to www.OregonRN.org/Events
Apply for Pandemic Assistance or Unemployment Benefits Today

Lost Hours?
Nurses across the country are losing hours due to COVID-19. We led the nation by winning critical COVID-19 contract protections including 80 hours of sick leave and administrative pay. However, Providence has let those protections expire.

We are fighting to win back key COVID-19 provisions for nurses at the bargaining table but we are also exploring new options to support you, including encouraging nurses to apply for unemployment benefits or pandemic unemployment assistance.

If you’re being low censused you may qualify for either benefit.

Unemployment Benefits
If you are losing hours and worked at least 500 hours last year OR earned more than $1,000 last year and worked throughout the year, you may be eligible for unemployment benefits.

For most nurses, if you were paid less than $648 in a week, you’re likely eligible. Note: Unemployment is not a substitute for paid leave. If you used paid leave to fill in for hours you would normally be working, unemployment benefits will not cover those hours.

Benefits range from $151/week to $648/week per person. Individuals are eligible to receive 1.25 percent of your yearly earnings per week.


Pandemic Unemployment Assistance
Even if you don’t qualify for regular unemployment benefits, people out of work due to COVID-19 are eligible for pandemic assistance.

Assistance ranges from $205/week to $648/week. You can receive 1.25 percent of your yearly earnings per week.

How Do I Apply? Apply for pandemic unemployment assistance click here, or go to: https://govstatus.egov.com/PUA

Please note that this is not legal advice. This summary is based on our understanding of Employment Department rules. If you have a legal question, you should speak with an attorney. ONA members receive a free half-hour consultation with a local law firm as a member benefit.

Contact information is available at the ONA website. www.oregonrn.org/485

ONA COVID-19 Resource Center
Throughout the COVID-19 pandemic, ONA is dedicated to keeping nurses and our communities safe. One key aspect of this work is providing up-to-date information and guidelines related to COVID-19.

Declining an Unsafe Assignment
ONA has issued guidance to our members on declining unsafe assignments for COVID-19 patients when lack of PPE, safe staffing levels, or breakdown of triage protocols put your health at risk.

Share Your COVID-19 Stories
We invite everyone to share your stories about how COVID-19 has impacted your practice, your workplace and your life. Your stories will help educate officials, elected leaders, the media, and the general public about what is really happening in our health care system.

Share your stories today to help in the advocacy efforts as we push for safer conditions for nurses, health care workers and patients!

To learn more about all of these issues and to stay up to date on the work being done and to take the COVID-19 Workplace survey, visit: www.OregonRN.org/coronavirus