On April 10, nurses from Sacred Heart Medical Center and Sacred Heart Home Care Services staged a rally in front of the hospital concerning safe staffing! In addition to multitudes of speakers including Congresswomen Val Hoyle, Lane County Commissioner Heather Buch and Eugene Mayor Lucy Vinis, turn out was strong considering both the weather and the holiday weekend!

Stay tuned for more updates on the fight for safe staffing at PeaceHealth and contract negotiations.
Home Care Services Updates

The day before Home Care Services negotiations this week, the ONA negotiating team received a very patronizing email from Mike Harrington— the agency's lead negotiator. He made statements saying RN compensation at the Medical Center, Home and Community are like comparing apples and oranges. He believes the work of the Home Care nurse is separate and distinct from the Medical Center and that only the Medical Center is behind market. We as your negotiating team do not agree that Home Care Services nurses have any less value than inpatient nurses. That is why we proposed equal compensation to both the Medical Center and Home Care and Community.

Mr. Harrington has continued to insist that the different contracts need to be bargained separately. Based on the past few decades, it has been much more efficient to bargain them together for the majority of proposals. Then, we focused on unique aspects of each contract along the way. His insistence on separate meetings has slowed down negotiations considerably. His repeated argument during negotiations is that Home Care leadership is exceeding the contract, and therefore, “If you trust us, you will do better.” We continue to believe that it is important to have explicit contract language to protect the rights of our members.

Home Care management gave several proposals. They want liaisons/coordinators to work weekends and holidays. Currently, these caregivers do not have to work weekends at all.

Wednesday’s session began with a counter proposal to only increase our PNCC education funds to $33,000, which is less than the $40,000 we proposed. They claim that the 40% increase is sufficient because we can do so many classes online instead of traveling. We have a lot more RNs in the unit now than we did 4 years ago and $33,000 won’t be enough.

The ONA negotiating team offered our compensation proposal, which is aimed at recruitment, retention and respect. Our proposal also introduced new language about sixth and consecutive days and a new differential for case manager and visiting nurse positions. Our proposals also included differential increases for coordinators, evenings/weeks, on-call, weekend, certification, preceptor pay as well as an increase in per diem differential.

Join Us During Negotiations

OUR NEXT NEGOTIATIONS WILL BE HELD ON APRIL 19 & APRIL 20

IN ROOM 200 ALL AT RIVERBEND FROM 10:00 A.M. TO 5:00 P.M.

► WEDNESDAY, APRIL 19: Medical Center & Home Care
► THURSDAY, APRIL 20: Medical Center & Home Care

JOIN ZOOM MEETING: bit.ly/3JbsHXK
Meeting ID: 450 007 4442
Passcode: KDN0C7

If you are not able to make it in person or are limited on time, please join us virtually as we continue to progress through negotiations! This Zoom link will stay consistent throughout negotiations so save it and pass it on. Simply click on the link or use your Zoom app and enter the ID and passcode.

We typically start by 1000 (10 a.m.) and go until 1700 (5 p.m.), but every day is different. You will enter muted and need to stay muted. If you are not allowed to enter the meeting, it’s because we are caucusing or on break. Check in later.

In solidarity - SHMC & SHHCS Bargaining Team
This week’s bargaining session started with open dialogue between the negotiating team and Medical Center regarding meal and break plans for charge nurses and ten-hour rest breaks between shifts. The negotiating team recognized that the meal/break RN positions have significantly reduced the number of missed meal and breaks on the nursing units at RiverBend and University District. The remaining issue is that charge nurses are still not routinely getting breaks. Some charge nurses are taking their phones on their “breaks”, while others are eating lunch at the nurse’s station as they are not able to get away.

Rob Sabin from University District stated “the staffing plans at his campus were created pre-pandemic and did not address our current issues of the many new graduate nurses and travel RNs on both campuses.” Lisa Diriwachter, from PACU stated that she had to “train up” her staff to teach them the specific skills/tasks needed to cover her breaks and lunch. Heather Wall said we need to work together, complete a reality check. (“Everyone deserves a break.”)

It was discussed that the teams need to work together whether it be through Labor Management Committee and/or staffing committee to assess unit skill sets and create cohorts of meal/break nurses to relieve charge nurses for breaks and lunch. Nancy Deyhle asked for the Medical Center leadership team and frontline charge nurses to work together and lead by example.

**EVERYONE DESERVES A BREAK!**

Ten-hour rest breaks between shifts is the law! The negotiating team began this discussion by clarifying the misconception the Medical Center leadership has that staff nurses are picking up extra shifts to create less than ten hours between shifts to get overtime pay. We stated that “nurses who pickup these shifts are working extra to support their unit, coworkers, patients. If RNs are willing and able to work extra and provide safe care for our patients they should be rewarded, not punished by being called off.”

At the end of the first day’s session, we did reach a tentative agreement (TA) regarding paid time off (PTO). RN’s who have requested PTO but do not have enough to cover the vacation time, will now exhaust PTO and any remainder would be taken without pay. Core staffing for purposes of PTO, with be evaluated quarterly. Core staffing for RNs shall not be calculated with positions outside the bargaining unit.

Day two of bargaining started with 49 nurses on Zoom and more in the room. It was fantastic to see so many names on the screen! Thank you for showing your support for the negotiating team. It really shows that bargaining unit members care about *RECRUITMENT, RETENTION, AND RESPECT.* The Medical Center started with a counter proposal for Article 15 - Health and Welfare. They rejected our proposal of the Medical Center writing off medical care cost at PeaceHealth facilities. We did remind them this is a benefit at our competitor McKenzie Willamette Hospital. Medical Center leadership did propose to provide gap coverage for employees who have missed work due to a work exposure.

The negotiating team then shared our compensation proposal for Article 9. This proposal included increases in many differentials including charge nurse, evening/night differential, call pay,
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float pool differential, critical care float pool, preceptor pay and certification. This also included new differentials for staff nurses who are floated from their home unit and night shift retention differential. We concluded with our proposals for Article 3 - Per Diem Differential, Article 1.3, pay for 11 negotiating team members and Appendix A that includes a wage increase of 15% at every step and incremental retention incentives.

The day ended with Medical Center and bargaining unit discussion about compensation. Management seems to be focused on wanting to increase wages on the first few steps of the wage scale. We let the Medical Center management know that it will be essential to reward senior nurses to keep them from leaving the organization. Our ONA lead negotiator, Claire Syrett also expressed disappointment with the Medical Center’s outright rejection of our proposal of staffing ratios. Safe patient care is the top priority of this team, and we will continue to work to improve working conditions during these negotiations.

We have heard questions from nurses about the hospital’s system Professional Nurse Advancement Program (PNAP) proposal. We want you to know that we believe that this PNAP proposal will negatively affect the majority of PNAP participants. To be transparent the first level of the new system program will require nurses to have a BSN or certification to even be eligible to apply for the program. The highest level will require the RN to have an advanced degree (MSN). Please see the bargaining unit updates or a bargaining team member for information regarding the Medical Center’s proposal.

Our Contract is About to Expire - Should I worry?

THE SHORT ANSWER IS NO.
The current contract expires on April 15 and right now neither side has suggested an extension. And that’s okay. As long as ONA and PeaceHealth continue to negotiate, the provisions of the contract basically remain in effect. Wages, benefits, and other working conditions have to remain status quo. So, there won’t be any noticeable changes for you. What it does mean, if we reach a point of impasse, meaning one side feels we can’t get closer to an agreement, PeaceHealth could impose their “last, best, final offer”. This would force us to decide to either accept that offer or go out on strike. This is extremely unlikely, but it is something that can occur when the contract has expired. We will all be a part of deciding how to proceed if things reach that point. In the meantime, we will continue to bargain in good faith to reach the best contract possible for Sacred Heart nurses.

Nurse Staffing: Help Pass HB 2697

Use this easy tool to write a letter to your legislator asking them to vote YES on House Bill 2697 to support health care workers and patients.