



Oregon Nurses Association  
Bargaining Unit Newsletter

Nov. 2, 2016

# St. Alphonsus Medical Center (SAO) Ontario Bargaining Update



## Next Negotiation Sessions

Nov. 28

Dec. 7

Nov. 29

Dec. 8

## ONA / SAO Ontario Negotiation Team:

- Sam Claudio, (CCU)
- Chris Knosp,  
(Day Surgery)
- Teresa Wilson, (CCU)
- Diana Godinez,  
(Med/Surg)
- Hallie Scott, (CCU)
- Julia Clow, (Med/Surg)
- Bobbie Turnipseed, (CCU)
- Alternate: Travis Marquez  
(CCU)

**The team has  
donated 142 hours  
preparing for and  
negotiating our  
contract.**

**Please thank them  
for all their hard  
work!**

### Oregon Nurses Association

18765 SW Boones Ferry Road  
Suite 200, Tualatin OR 97062

1-800-634-3552

within Oregon  
[www.OregonRN.org](http://www.OregonRN.org)

ONA Labor Relations  
Representative  
Ateusa Salemi, RN



## SAO Negotiations Update

Our Oregon Nurses Association (ONA)/ St. Alphonsus Ontario (SAO) Negotiation Team (team) has met with the team from SAO to negotiate our contract. Our current contract doesn't expire until June 2017, but we agreed to negotiate early in response to a hospital request. The hospital indicated that they finally wanted to increase wages and implement their new system-wide paid time off (PTO) and uniform policies.

At our first meeting Oct. 13 the hospital provided a comprehensive proposal that included numerous takeaways by deferring much of our current contract language and protection to St. Alphonsus Health Systems (SAHS) policy. SAHS policies would be noticed to us but in almost every instance we would never be able to have a voice in any changes. Additionally, the wage portion of their proposal is currently unclear. They have admitted that SAHS facilities in Nampa and Boise are on a wage scale. They have said they are

interested in implementing this scale in Ontario. Unfortunately, they will not tell us what the scale is or where nurses will be placed on the scale. We do know that many nurses will get pay increases but some will not see any increase at all. Additionally, they propose elimination of certification pay and decreasing night shifts differential, among other changes.

We have told the hospital team we are unable to effectively evaluate their proposal when it remains so secretive.

In order to keep moving forward and potentially come to an agreement that is transparent for our members, we have proposed to align with our sister hospital in Baker City. The team proposed their wage scale plus an increase on ratification and increases during each year of the agreement as well as additional steps for nurses with more than 20 years of service. The hospital team was not pleased with our counter

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## Drop-in Meetings

Fri., Nov. 11, 2016

0900-1200 and 1300-1600

SAO medical staff conference room

## Negotiations Update (Continued from Page 1)

proposal. Yet, we remain unsure of how to reconcile their demand for secrecy with our rights to know how we will be paid now and in the future.

Please come to a meeting with the negotiation team, Fri., Nov. 11, 2016. Members of the team will be in the medical staff conference room downstairs at the

hospital between 0900 and 1200 and again between 1300 and 1600. Snacks will be provided. ***Drop in during your meal or rest break to get an update on negotiations and let your team know how much you appreciate their hard work!***

## Current Proposals

Article 3 Definitions	We are proposing that no SAHS Lease program nurse be working in place of a SAHS nurse on involuntary low census.
Article 4 Hours of Work	We have agreed to remove the language about job sharing proposed by the hospital. The hospital told us that they will be moving to a new timecard system effective in January that cannot calculate any differential as a percentage of wages, therefore we proposed a change to the temporary assignment to a supervisor from 10% to \$5per hour, the Hospital agreed to only \$4per hour, we have currently proposed \$4.50 per hour.
Article 6 Seniority	We proposed to change the order of low census rotation in the following ways: SAHS lease program nurses would go first, next would be volunteers on an extra shift, and then regularly scheduled volunteers. Last would be agency/full-time/part-time RN's. This change allows agency nurses to take low census as long as they are included in the low census rotation as other nurses.
Article 7 Health and Welfare	The hospital proposed implementing the SAHS/Trinity policy regarding flu shots and masking. While we have many concerns about a broad masking policy, we did agree to their policy. Nurses will have to receive the flu shot or sign a declination each year. For nurses who decline the flu shot, they will have to wear a mask while in patient care areas. Nurses will not have to mask in meeting rooms, break rooms, the cafeteria or main entry ways. The mask requirement will be based on when influenza has been detected in our community and will be lifted when the cases subside. The hospital will have to provide us notice and negotiate any future changes to this policy.
Article 8 Paid Time Off (PTO)	The hospital has proposed implementing a system-wide policy that many of you might have already seen in various email communications. The current plan would change effective Dec. 25, 2016. The new plan provides for more PTO accrued at each tier, but does reduce the maximum that nurses can bank. We have reviewed and will be contacting directly those nurses who are close to their new caps so that they do not lose PTO. In most cases, we have agreed to accept the hospital proposal to move to policy. We have done this because of guarantees to negotiate this area and we understand it is a hospital priority. We have not changed how we request time off and grant vacation leaves.
Article 9 Leave of Absence	The hospital has proposed to move all leaves of absence to hospital policy. Again, we did agree to this language as the majority of our nurses are using legally defined and protected leaves (Family Medical Leave Act (FMLA) and Oregon Family Leave Act (OFLA)), and the hospital indicated this was a priority.

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## Current Proposals *Continued from Page 2*

- Article 11 Professional Development** The evaluation tool used by the hospital will be changing from Success Factors to a Trinity evaluation form. Department goals will continue to include input from each unit council. Nurses will still be able to seek peer input on evaluations. Tuition reimbursement will be increased and will be in line with current SAHS policies.
- Article 15 Association Business** The Hospital proposed changes that would require our representative to provide 24 hours written notice to visit the hospital and would prohibit them from meeting with us on our units. This was an extremely prohibitive proposal and seemed to indicate that the hospital wants to stop us from communicating and working with our union. We eventually agreed to provide notice via mail or email that our representative will be here and made it clear that she will check in at the nurses station to let nurses know she can meet with them in a break room or away from the nurses station. To be clear, though, nurses have the right to talk with their peers or our labor relations representative about union issues while they are at work, as long as it does not interfere with patient care.
- Article 19 Management Rights** The hospital originally proposed expanding their rights to include the ability to write policy on conduct, dress code, appearance and “other related matters.” We objected to this overly broad statement which would essentially allow them to write policies on everything and strip you of your right to bargain even things that are required by law. We believe that this language is the hospitals attempt to have the nurses in Ontario follow the color coded uniform policy. We instead proposed a separate letter of agreement to address this issue.
- Appendix A** The Hospital has proposed to follow the same pay scale and policies that are in effect in Boise and Nampa. They have proposed ending the hourly certification differential, instead providing a one-time bonus upon certification and a smaller bonus upon renewal. They would like to eliminate the per diem differential entirely and have proposed switching our clinical advancement program (CAP) to a clinical ladder in use in Boise and Nampa. We have countered with the wage scale that is in place in Baker, with modest increases each year. Again, it is impossible to truly evaluate a wage proposal that remains a secret and would have to remain confidential from you, our members.

We need to hear from you and we would like to have you come and share your opinions with our negotiation team! The medical staff conference room has been reserved on Fri., Nov. 11, from 0900-1200 and again from 1300-1600. Please drop in and hear from your negotiation team about the process at the bargaining table.

## Future Negotiation Sessions

Our next negotiation dates are set for:

Nov. 28 and 29 and Dec. 7 and 8.

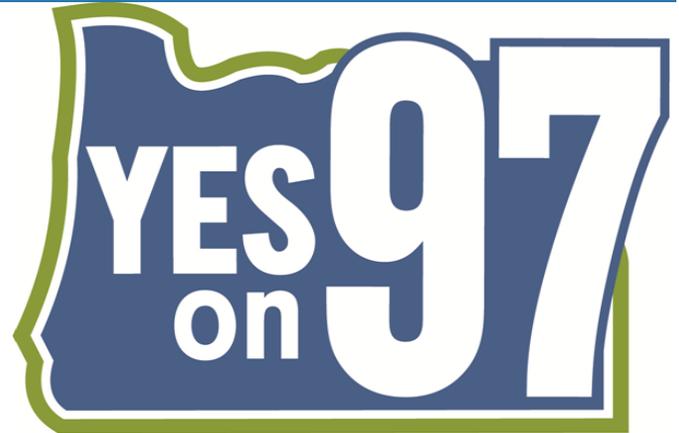
The hope is to be done with the negotiations so that we can implement changes on Jan. 1, 2017.

***Wear your ONA buttons, badge holders and badge backers to show your support for the negotiation team at the table!***

Oregon Nurses Association (ONA) is proud to endorse [Measure 97](#) this November – the ballot measure that would hold some of the largest corporations accountable to working Oregonians. Measure 97 asks some of Oregon’s largest companies – including the likes of Comcast, Wal-mart and Monsanto -- to invest in Oregon’s communities by changing the tax code to ensure that C-corporations with over \$25 million in in-state sales pay their fair share in corporate taxes.

By law, the estimated \$6 billion in revenue Measure 97 would generate would be allocated to public education, senior services and health care. Part of this funding will help fill the anticipated gap in Medicaid funding to keep thousands of Oregonians on the Oregon Health Plan, extend care to uninsured children across the state, and help provide Oregonians with health services like school nurses and basic public health programs.

In advocating for our patients, nurses understand that



Oregon schools should be fully funded, all seniors should have services to stay safe and independent, and everyone should have access to quality, affordable health care. But none of that can happen when Oregon has the lowest corporate tax rate in the country.

To learn more and get involved in the Yes on 97 campaign, contact ONA’s political organizer Chris at [Hewitt@oregonrn.org](mailto:Hewitt@oregonrn.org) or by calling 503-293-0011.



Put Your Leadership into Action—Serve in an ONA Elected Position!

By deciding to run for an ONA statewide elected position, you make a choice to invest in your future and the future of nursing.

Whether serving on a committee, cabinet, or the board, ONA leaders have the capacity to influence public policy, professional nursing standards and the advancement of the association. In a leadership position, you will help ONA and the nursing profession remain strong.

### 2017 ONA Statewide Election Positions Open

Vice President/ANA Delegate

Treasurer

Director (4)

Cabinet on Health Policy (4)

Cabinet on Education (3)

Cabinet on Nursing Practice & Research (2)

Cabinet on Human Rights & Ethics (1)

Cabinet on Economic & General Welfare (1)

Nominating Committee (3)

ANA Delegate Alternate (2)

NFN Delegate (3)

January 20, 2017 is the deadline to self-announce candidacy for the statewide ONA elections.

If you are interested in running for one of the open leadership positions, please [complete the Talent Bank](#)

[& Consent to Serve Form here.](#)

For more information, please contact Kathy Gannett at 503-293-0011 or 800-634-3552 ext. 309.