Bargaining Has Started Again!

The first round of many scheduled full-day Oregon Nurses Association (ONA)/Legacy Silverton Medical Center (LSMC) contract negotiations took place at the hospital on Friday, Feb 16, in the conference rooms above the Family Birth Center. You may remember we were just in negotiations last year. The nurses and Legacy both felt that with everything being so new, we needed a trial run on a contract. Now we are back at the negotiation table and ready to return to bargain further.

After a collaborative discussion of ground rules by our ONA team and the Legacy team, we kicked things off by providing nearly all of the initial proposals that work toward what we hope to achieve at the table this year. ONA labor relations representative Amber Cooper is acting as lead negotiator again on behalf of our ONA team for this important second contract negotiation with Legacy. The other eight members of our bargaining team (see pictured above) are nurses from across our facility working in different specialty areas, settings, shifts, and with varying experiences in the profession and in contract bargaining. Our team is joined by Connie Anderson and Sam Machado Tiller, who will be coordinating our contract action team (CAT).

The employer’s team consists of five administration representatives: Karen Brady, vice president and chief nursing officer; Amy Reyes, Family Birth Center manager, Paul Pharr, emergency department manager; Peter Tranby, human resources; and lead negotiator Jackie Damm, who was contracted from an outside law firm primarily representing employers in labor issues.

Our ONA team has spent many hours preparing for the negotiation process, including personally talking with bargaining unit nurses across shifts, soliciting feedback through our online pre-bargaining survey, holding listening sessions at the hospital for nurses to drop by, and having direct experience dealing with the administration around existing contract language (or the lack

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thereof). At this first session, we initially came to the table mainly with non-economic issues. Then we additionally presented several key economic issues. These proposals are highlighted on the following pages and the full texts of our opening proposals, including our wage proposals, are available on our bargaining unit webpage.

Wages
We opened with a proposal for a six percent raise Jan. 1, 2019, a four percent raise Jan. 1, 2020, and another four percent on Jan. 1, 2021. LSMC remains behind its competitor hospitals, and quite obviously behind the majority of Legacy system hospitals. We made up part of that gap with the 4 percent raises we received for both 2017 and 2018; however, inflation in Oregon was at 3.9 percent according to the consumer price index, effectively keeping us where we already were. When we went to the bargaining table in 2016, we needed a 10 percent raise to catch us up. Currently we still need a 6 percent raise to catch up, plus increases for inflation so we don’t fall right back behind.

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New Steps
We also asked that starting April 1, 2018, we would have new steps added, so there would be a step for every year up to 20 (keeping steps 22, 25, and 30.)

Step Adjustments
Step levels should be based on experience and fairly provided to all nurses. We want to make sure this happens for new nurses, and provide an appeals process for existing nurses.

Differentials
We proposed increasing evening shift differential from $2.45 to $3.00, and adding an extra differential for remaining on night shift for many years (4-7 years, 15 percent; 8-10 years, 17.5 percent; 10 or more years, 20 percent). The hospital continues to struggle with keeping a good balance of experience levels across shifts, so we feel creating a reasonable incentive would help management with that issue.

We also proposed adding differentials for several very important areas to reward and retain the skill sets we need. We proposed adding the following new differentials: registered nurse first assist (RNFA) at 20 percent, neonatal resuscitation specialist (NRS) bilingual specialty, rapid response, and code nurse all at 6 percent.

Health Insurance, Retirement
We have not proposed these yet, but will at our next session.

Annual Paid Leave (APL)
Increase maximum annual accruals. Increase accrual rates by 20 percent, and extra increase to those with 20plus years’ experience, (this is where we saw the biggest cut in the last negotiations).

Break Relief Nurses
Create new positions for nurses who provide lunches and breaks to nurses on shifts. Assure all nurses receive all breaks.

Low Census
Make sure agency nurses actually are the first to be low censused and clarify that the cap on one low census per shift does not apply to on call nurses.

Legacy Shift Incentive (LSI)
Increase LSI rate to 1.9 for working beyond your basic workweek (24/36/40 hours), and add LSI at 1.4 for...
casual nurses. No minimum shift length to receive LSI. When called in from stand-by status, still eligible for LSI. Receive LSI for shifts with less than 48 hours’ notice. LSI shifts should be given out in a fair an equal manner.

**Staffing**
Add the protocols we follow with the staffing committee to our agreement so they are clearly outlined and understood.

**Standby Start Time**
Nurses’ standby time shall begin when they are required to be available by phone.

**Surgical Services Call Worked Pay**
Surgical services should once again receive 2X rate of pay for call worked due to very high volume they experience. We currently have a huge need for surgical services call time.

**Scheduling**
Schedules should be posted a minimum of four weeks in advance rather than two. By request nurses in a unit can take a unit vote for how far in advance they want holidays to be scheduled for their unit and the scheduler must follow that timeline.

**Freedom of Speech**
Legacy administration recently took away our right to picket. Picketing and expressing ourselves is a freedom of speech issue. In the history of this hospital we have always had this right even if we almost never chose to use it, which shows it’s a right we both respect and take very seriously. At all other ONA hospitals nurses retain the right to picket with proper notice and following state and federal laws.

**Minimum Shift Length**
Expand minimum pay for call worked, and for minimum shifts to four hours instead of three.

**For Overtime and Differentials**
Define the “basic workweek” as 24, 36, or 40 hours per week depending on what position you have.

**Retain Nurses with the Most Experience**
Allow nurses with 25 years of service to request an eight-hour workday.

**Define Nurse Resident & Multidisciplinary Nurse**
Neither of these titles are currently defined in our contract and need to be as they are new at Silverton.

**Improve Protections for Discipline and Termination**
They should match all other unionized hospitals in following the basic principles of progressive discipline when determining what level of discipline to pursue and to apply it consistently across all nurses. Current language is not strong enough on these principles.

**Grievance No. 1**
For the first grievance, we worked with management to make sure the low census calculation they had suggested in negotiations last year was actually fair and equal. It was up to nurses to ask for those reps, or they are essentially waving that right, but in nearly all cases our nurses wisely spoke up and made sure.

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Grievances Corner

**Grievance No. 1** (continued on page 4)

Dear fellow nurses,

We’re writing to share exciting news about the hard work we’ve been doing to directly protect and help nurses at Legacy Silverton Medical Center.

Occasionally we hear a nurse say, “What does ONA really do for us?” Well, we’re glad you asked, because we have defended 6 different nurses just this past year who needed support during disciplinary issues to make sure they knew their rights and protections and that a fair process was followed. Additionally, we had to remind management of our Weingarten Rights to have a union rep present at any meeting that *possibly could* lead to discipline where they expect the nurse to participate in the meeting in any way. It was up to nurses to ask for those reps, or they are essentially waving that right, but in nearly all cases our nurses wisely spoke up and made sure.

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implemented. During bargaining, when we agreed to the new “lowest percentage low census” calculation, we based that decision on Legacy promising an electronic system for tracking and calculating it. Close to 12 months later, there was still no electronic system set up. After we filed this grievance, one of our nurses worked with management to create an Excel spreadsheet. The spreadsheet could do the same calculation and each unit could use it, since the electronic system still seems to be delayed. After we filed the grievance, we were happy to see management quickly take steps to get the spreadsheet used across the hospital. We understand some charge nurses still need to be trained on it, and encourage you to ask your managers for help with that. Managers are very open to providing any needed training.

Grievance No. 2
The second case did not actually become a grievance, but was a high risk to become one. We had a nurse who filed another grievance, and was possibly being retaliated against for doing so, but under the National Labor Relations Act, filing the grievance was concerted protected activity. Once we brought that to the attention of human resources, immediate action was taken to work everything out.

We are very happy to report that management was very receptive to us bringing forth this issue. It shows that every nurse at Silverton will be protected when bringing forth union grievances, and management will respect that right and is aware of the very strong protections in place under the federal law.

Grievance No. 3
We were unable to resolve the third grievance. It involved not low censusing Agency nurses first as our contract outlines. In our most recent negotiations, the Legacy administration told us they would agree to Agency nurses being low censused first, but they would need to request the contracts they have with Agency nurses be changed to do so. So they needed our collective bargaining agreement to state that Agency should go first “if” the Agency nurses’ contract allows it and that they would attempt to change those contracts and we were essentially told that they would not change them. It is unclear if Legacy even made an attempt, but regardless they are taking advantage of this loophole to not low census Agency nurses first. Filing this grievance was helpful so we know that the current contract language isn’t strong enough so we can close up this loophole. In researching this grievance, we also found that all other ONA hospitals have contracts with Agency nurses so they have to go on low census first. Legacy is the only one that doesn’t. Legacy said it just isn’t possible to get contracts with these Agencies to allow for this, but we’ve found everyone else is able to get those contracts with the Agencies. We look forward to working to close this loophole in negotiations.

Grievance No. 4
Lastly, we filed a grievance that is now going to go before a federal mediator because it was not resolved at Step 1, 2, or 3 of the grievance process. Nurse Residents have been placed in Variable Shift positions that were not posted for other nurses to apply for. The contract is quite clear that all positions must be posted and hiring will be based on seniority.
when skills and other things are equal. During negotiations, management stated that they would be starting a new student residency program at Silverton and asked if starting nurse residents at the beginning of the pay scale is appropriate. We answered that of course starting them at the beginning pay scale is appropriate since they have no experience, being brand new nurses. They did not ask us how those nurses would be hired into positions, that was left out of the conversation, leaving our collective bargaining agreement as the shared agreement of how hiring should be done. At all other ONA hospitals that post positions for nurse residents, a nurse with more seniority than a nurse resident can take that position. However, it always opens up a position elsewhere for the nurse resident. We absolutely support and value our nurse residents and are excited to have them at our hospital, we just want to make sure there is a fair way they are hired into positions that follows our collective bargaining agreement that management negotiated with us. Not only are we bargaining new contract language to help in future situations, a federal mediator will hear this case in the coming months to make sure Legacy lives up to the agreements they make with us.

2017 was a busy year for contract enforcement, but with so many changes taking place we were prepared to help assist nurses wherever needed to hold management to what they agreed to. We encourage anyone else that thinks our agreement maybe isn’t being followed properly to contact us and chat. It never hurts to learn more about our agreement and decide from there what you’d like to do. Contact Aaren Brown our grievance chair, any of your unit ONA reps, or Amber Cooper, your ONA staff labor rep at cooper@oregonrn.org

Executive Committee:
- Chair: Jeanna Thurston (STEPS)
- Vice Chair: Aaren Brown (ED)
- Secretary/Treasurer: Jeanna Thurston (STEPS)
- Grievance Chair: Aaren Brown (ED)
- Membership Chair: Vacant

The Oregon Nurses Association (ONA) invites you to attend ONA’s Convention and House of Delegates in beautiful Bend, OR, April 18-20, 2018. Join nurses from across the state to learn from national and state leaders, decide ONA’s official positions, and determine your organization’s future.

ONA’s 2018 Convention is a three-day event featuring nationally recognized speakers, workshops, panels, discussions, and continuing education. This year’s event will be centered around how nurses can effectively advocate for patients and colleagues in the workplace and in the community.

Visit www.OregonRN.org/event/2018Convention to register for the Convention and select your sessions. Workshop space is limited, so register today!

www.OregonRN.org/event/2018Convention
**Step 1: Attend Upcoming Bargaining Sessions!**
All members should attend bargaining sessions. Sessions are open to all nurses to observe and see the process for yourself. The more sessions you attend, the better! Having you in the room shows the Legacy Administration that nurses at Silverton really care about getting a strong agreement. We need to pack that bargaining room March 9, 16, and 23. Stop by the 2nd floor conference rooms above FBC anytime between 9 a.m. and 5 p.m., though 10 a.m.—4 p.m. is the best chance of catching some good discussion!

**Step 2: Be A Full And Active Member Of ONA!**
We need nurses to be more than just a member on paper, but rather to show up, wear buttons, talk to your coworkers about negotiations and ONA, and come and meet with your fellow nurses to discuss important issues that affect us all.

**Step 3: Join the Contract Action Team (CAT) !**
Contact Connie Anderson, the new chair of our CAT, to let her know you’ve got the bargaining team’s back! You can also email cooper@oregonrn.org or talk to an ONA bargaining team member from your department about joining the CAT. We aren’t going to win a strong contract just talking at the table. What matters is what happens outside that table to show the Legacy Administration how important these things are to us. The CAT is a very small time commitment with huge results. Help pass out buttons, organize a phone tree, and be the main point of contact for your unit during any ONA BBQ, gathering, rally, event or even a picket. The more people on our CAT the stronger the contract we will win and the better our workplace will be!

**Step 4: Get Trained To Be A Leader In Your Union!**
Beyond negotiations, we need grievance handlers, organizers, staffing committee reps, PNCC reps, union convention delegates, and so many more things to help grow and strengthen our union. Email cooper@oregonrn.org to find out more!

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**Please join our PNCC!**

We are in need of new members from nearly every department!

What does the Professional Nursing Care Committee do? ONA worked hard in the past to negotiate with management that nurses can spend paid time to serve on this committee for the following purposes:

1. Make recommendations for improvements in patient care and nursing.
2. Improve communication between staff nurses and nursing administration.
3. Members of PNCC participate in the Education Committee and make recommendations on Education Request forms for continuing education funds.
4. Participate in development of a strategic plan for nursing and for the facility.
5. Research, develop and implement innovations in patient care delivery at Legacy Silverton Medical Center.
6. Review and respond to initiatives which enhance patient/family education by nurses.
7. Create and celebrate a nursing environment at LSMC which is excellent.

Email AARBROW@LHS.ORG if you are interested in helping with this committee!