Our Oregon Nurses Association (ONA) bargaining team met with Legacy Silverton Medical Center (LSMC) administration this past Friday March 9, and will meet again the next two Fridays March 16, and 23. At this last session, we received Legacy’s opening proposals on all items except economic articles. We have not received data from our information requests yet, but were told we may receive that this Friday March 16. We are now in the heat of negotiating non-economic items, but are in hopes of negotiating over economic items soon as well. Legacy is very resistant to nearly all our proposals so far, but they were open to considering a few items such as schedules coming out four weeks in advance rather than two weeks, posting jobs within a department before they post system-wide within Legacy, and providing a differential for RN First Assist.

Largely, Legacy is focusing on keeping things the same as it has been this past year, with a few changes they are suggesting. They would like to eliminate our Professional Nursing Care Committee which is the single strongest voice for nurses at Silverton to develop and voice their concerns about nursing practice issues. They would like to remove Lactation Nurses from our collective bargaining unit. They would like Nurse Residents to effectively be able to take day shift work from those with more seniority, though they call it “variable shift work” with only one shift on nights per six months under their proposal. And most important of all, they are currently very hesitant to accept the vast majority of our proposals, even things like making sure everyone gets their lunches and breaks.

Over the next two weeks we are hopeful to learn more about their proposals for wages, benefits, and other economic items, and to continue discussion on all our non-economic proposals. If an agreement cannot be reached in two weeks, we have expressed a willingness to potentially extend our contract for one month to continue negotiations into April. We hope to see every single nurse attend
at least one negotiation session coming up. So please make a point of stopping by on your lunch break, and/or dropping by the hospital on your day off. We’ll be in the conference rooms above the Family Birth Center, and all Silverton nurses are welcome to enter and exit the room at any point. We look forward to seeing you this Friday March 16 to help guarantee a strong contract!

### Summary of Our ONA/SIL Team Opening Proposals

<table>
<thead>
<tr>
<th>Article</th>
<th>ONA</th>
<th>LEGACY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREAMBLE</strong></td>
<td>We want the right to picket during the life of the collective bargaining agreement. We already have the right to picket during a legally called for strike action, but we would hope that we would have the right to express ourselves before that would happen.</td>
<td>They want to prohibit picketing limiting our freedom of speech and expression. 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.</td>
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<tr>
<td><strong>DEFINITIONS</strong></td>
<td>1) We are open to their idea of there being a special charge nurse job posting separate from relief charge nurses who only occasionally act as the charge nurse. 2) We do not support nurses working at Silverton being removed from our collective bargaining unit and losing all the protections in our union. We need more information about the work lactation nurses could do at other Legacy facilities. 3) With skills otherwise being equal, we support hiring being done by seniority. Nurses work for many years to earn the opportunity to work on day shifts and more desirable positions. We will not give up this right.</td>
<td>1) They want Charge Nurses separate from Relief Charge Nurses. Charge Nurses would receive a differential on all hours worked, whereas Relief Charge Nurses would only receive the differential on shifts worked as charge. 2) They want to remove Lactation Nurses from our collective bargaining unit and place them in a lactation pool to float to other Legacy hospitals. 3) They want RN Residents to be guaranteed variable shift positions (which could be on day shift except one shift per six months) indefinitely unless they apply for and are hired to some other position.</td>
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<tr>
<td><strong>MANAGEMENT RIGHTS/UNION RIGHTS</strong></td>
<td>We did not ask for any changes to these articles. We tentatively agreed for the article to remain the same.</td>
<td>They initially asked for language to emphasize the limits of ONA’s presence at new employee orientations, but after some discussion, they agreed to drop their proposal. We tentatively agreed for the article to remain the same.</td>
</tr>
<tr>
<td><strong>CORRECTIVE ACTION</strong></td>
<td>We want protections around due process in disciplinary procedures to be similar to all other unionized hospitals. We support the basic principles of determining what level of discipline to pursue and to apply it consistently across all nurses.</td>
<td>Only since Legacy took over have they not wanted to guarantee progressive disciplinary processes in our contract. We have had a variety of disciplinary cases without clear enough language to enforce a fair progressive process.</td>
</tr>
<tr>
<td><strong>COMPENSATION</strong></td>
<td>1) We need people to be at their proper step levels according to years of experience so we’ve asked for a process to request Step levels to be reassessed. Also, we need a large increase in all steps for Silverton to be competitive with our peer hospitals to recruit and retain high quality nurses. See table below* 2) We proposed adding a step for every year experience 1-20, and keeping our upper steps at 22, 25, and 30. We asked for this to start right away when we ratify this contract. 3) We proposed adding some new differentials for evening shift for those with many years of experience, Registered Nurse First Assist, Neonatal Resuscitation Specialist, Bilingual Specialties, Rapid Response, and Code Nurses.</td>
<td>They are hopefully bringing an initial proposal on wages to our next bargaining session. They agreed to add Neonatal Resuscitation Specialist differential of 6% to our collective bargaining agreement since they already provide this differential. They said they are open to the Registered Nurse First Assist differential, though they aren’t sure on the amount. They did not want to give any other new differentials.</td>
</tr>
<tr>
<td><strong>ANNUAL PAID LEAVE</strong></td>
<td>We are asking to increase the accrual rates, and annual caps.* (See table page 3)</td>
<td>They want to keep this as it currently exists.</td>
</tr>
<tr>
<td><strong>STAFFING</strong></td>
<td>Like many ONA contracts, we would like to add a new article that details the involvement of nurses in our Hospital Staffing Committee.</td>
<td>They did not respond to this proposal.</td>
</tr>
</tbody>
</table>

(continued on page 3)
Summary of Our ONA/SIL Team Opening (continued from page 2)

HOURS OF WORK

We proposed the following improvements:
1) To Retain nurses with 25 years of service, allow an optional 8 hour work day
2) Nurses with a basic workweek of 24 or 36 hours should earn overtime after 24 or 26 hours.
3) Surgical Services should once again earn 2X rate of pay for call worked up to very high volume they experience. We currently have a huge need for surgical services call time.
4) Nurses standby time should begin when they are required to be available by phone.
5) Nurses by unit should be able to vote on how far in advance holidays should be scheduled.
6) We want LSI provided to nurses at 1.9X rate of pay, and 1.4X rate for casual nurses.
7) We want the ability to try combining 15 and 30 minute rest breaks across the hospital.
8) Minimum shift length should be four hours, not three as Legacy defines it.
9) We want Agency/Traveler Nurses to always be low censused first.

So far, they disagreed with every single one of our proposals here except:
1) They are open to schedules coming out four weeks in advance, rather than two weeks.
2) They are open to excluding On Call Nurses from the standard of one low census shift per schedule.

BREAKS AND RELIEF

We proposed a brand new system of hiring break relief nurses who specifically make sure every nurse receives all 30 and 15 minute breaks. The hospital claiming it follows the law to provide all lunches and breaks, and actually putting in place the staffing to make that happen seem to be two different things.

HEALTH AND WELFARE/ RETIREMENT

1) We accepted Legacy’s new health insurance, retirement and benefits package as is, but we are asking for a seat on a Legacy wide benefits committee so that we can be better connected with the processes where changes are made.
2) We also asked that all out of network lab costs that were made in error be fixed and all those going forward be covered.
3) We want a safety net in place in case the nurse receives all 30 and 15 minute breaks. The hospital claiming it follows the law to provide all lunches and breaks, and actually putting in place the staffing to make that happen seem to be two different things.
4) They do not want us on any system wide benefits committee. They have corporate officers who sit on those committees and do not want to include us.
5) After we raised the issue of the out of network lab costs, they said they will research this issue and are hopeful the charges are in error and it will be resolved right away!
6) They do not want the safety net in place. They want to be able to unilaterally change the health or retirement benefits without negotiating with us.

To View the Full Text of The Proposals Visit the Following Links


Legacy Proposes Eliminating PNCC

We are incredibly disappointed to report that the Legacy Administration has proposed getting rid of our Professional Nursing Care Council (PNCC) that has served this hospital for many years. ONA simply cannot accept that proposal. The PNCC is a unique space where one nurse representative from each department meet every month to address issues facing nurses at Silverton. The first half hour only nurses are in the room creating a unique space found nowhere else in the hospital where nurses from every department can speak freely only among ourselves. Then for the second half of the meeting we are joined by two members of the hospital administration to ask question, get information, and collaborate to come up with creative solutions. The PNCC is chaired by a nurse, so the agenda and items addressed are set by a nurse. This is in strong contrast to how the Legacy Administration claims we should address all issues through Legacy's

ANNUAL PAID LEAVE

<table>
<thead>
<tr>
<th>Months of Service</th>
<th>Accrual Rate</th>
<th>Maximum Annual Accrual</th>
<th>Maximum APL Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-60</td>
<td>0.1154</td>
<td>240</td>
<td>480</td>
</tr>
<tr>
<td>61-120</td>
<td>0.1385</td>
<td>280</td>
<td>480</td>
</tr>
<tr>
<td>121-180</td>
<td>0.1616</td>
<td>296</td>
<td>480</td>
</tr>
<tr>
<td>181-240</td>
<td>0.1709</td>
<td>304</td>
<td>480</td>
</tr>
<tr>
<td>241-above</td>
<td>0.1754</td>
<td>315</td>
<td>480</td>
</tr>
</tbody>
</table>
**PROFESSIONAL DEVELOPMENT AND EDUCATION**

1) We asked for specialty certification bonus program to be allocated as an hourly pay increase of $1.15 per hour, rather than one lump sum.
2) We asked for a spot on a Legacy system wide professional development and education committee.
3) We asked for 400 paid days for non-mandatory training & education per year.
4) We asked for paid time for every nurse per year equal to:
   - Full time: 24 hours
   - Part time: (>20 hrs): 16 hours
   - Part time: (<20 hrs): 8 hours
5) We asked for a separate centralized travel budget of $15,000, so that travel does not need to come out of individual manager's budgets.
6) We asked that the PNCC make final decisions on non-mandatory training requests, rather than managers.

They want no changes made to professional development and education.

**PROFESSIONAL NURSING CARE COMMITTEE (PNCC)**

We are asking for our PNCC to have its own fund to allocate resources for non-mandatory trainings and education, and to compensate nurses for paid time to attend trainings. We want our PNCC to continue to exist and improve nurse practice at our hospital. We want a space for nurses to discuss issues on their own and then collaborate with management to address those issues.

They want non-mandatory education/training funds approved by managers, not by the PNCC. They want to eliminate the PNCC completely, and only use the collaborative practice councils to deal with issues as they arise. They feel this provides an exemplary opportunity for nurses to have a voice.

**WORKING OUTSIDE THE BARGAINING UNIT**

We have proposed deleting the part of this article that allows Legacy to discipline a nurse at Silverton at a higher level if they have been disciplined at a non-union Legacy facility. This takes protections away from Silverton nurses to file grievances and make sure due process is followed. We also want to protect the right to file a grievance if a drug screen process is in error from work at another Legacy facility.

Several key things (though there is much more so be sure to read this proposal in full):
1) They want people who work outside our bargaining unit at other Legacy facilities to be subject to discipline and firing at Silverton if the other facility alleges they have committed an egregious enough act. They would have no union protection, grievance procedure or representation during that discipline or firing from Silverton.
2) During a drug screening at another Legacy hospital you could be removed from work at Silverton during the investigation and have no grievance procedure even if the procedure was not being followed correctly.

**Legacy Proposes Eliminating PNCC**

Collaborative Practice Council's. Most are run by managers, and none have a portion of the meeting with only nurses present. And the collaborative practice council's do not include one nurse rep from every unit, each hospital wide council only has a couple nurses on them leaving out most departments. The only space in which a nurse from every unit are all in the same room every month is the PNCC.

Our PNCC has a long history of resolving issues at Silverton, especially when attempts to take those problems individually to managers have failed. Just in the past year we worked on a variety of safety and nurse practice issues. We heard nurses, other staff, and our patients weren’t feeling safe in a part of our parking lot that needed shrubbery trimmed back and better lighting, so we brought it to PNCC and quickly had it fixed. We pushed for the issue of cold air coming in the admitting area at the Emergency Department be fixed and now there are plans in the works to address that. We asked for administrators in charge of pharmacy to come to a PNCC meeting so we could talk through issues of drugs being stored in open bins switching to having doors on drawers of important medications so those won’t accidentally fall back into the wrong bin. The discussion with pharmacy was very productive and the medication drawers/bins are now being improved. We also had nurses raise concerns over access to lifts to assure nurses and other staff aren’t injured while moving patients. After a very positive conversation with
hospital administrators we now have disposable lift materials easily accessible to nurses. Time and time again, having a space for nurses from every department to talk through issues and problem solve in a collaborative manner with the administration has led to so many improvements in our hospital and the our nursing practice. Nurses from around the state at ONA hospitals use PNCCs to improve the practice of nursing everywhere.

Lastly, our PNCC is a space that nurses can come together to recognize each other and the hard work that we do. The PNCC has organized a Nurses’ Day event every year with refreshments, wonderful raffle baskets, and an event that nurses and all other staff can attend to acknowledge and

Join the Contract Action Team
Help make sure we get a strong contract!
Drop in the cafeteria for twenty minutes this Thursday, March 15, 2018 anytime between 11 a.m. and 7 p.m. to join!

Legacy Proposes Eliminating PNCC (continued from page 4)

"Reps from units across the hospital have worked so hard at PNCC to improve this hospital, it is very disappointing to hear the Legacy Administration wants to throw that all away. We build a sense of community among nurses and give us a voice in shaping nursing practice." - Aaren Brown, PNCC Representative

Grievance Chair: Aaren Brown (ED)
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!

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!

Legacy Proposes Eliminating PNCC (continued from page 5)

appreciate our work as nurses. It is very easy for each department to become its own isolated island from the rest of the hospital, but this event, and all the other work that we do, attempts to bring us together across departments and build a sense of community. Silverton Hospital has always been a small community hospital that values bringing people together. Unfortunately, the Legacy Administration doesn’t seem to understand that when they seek to eliminate our PNCC they harm the sense of community it builds.