



SKY Bargaining Tracker – November 19, 2017, Final TA Changes

ARTICLE - DESCRIPTION
1.1 – Delete “senior clinical nurse lead” from recognition clause
1.2 – Insert ONA represents all BU RNs
1.6 – Delete agreement to cost share print costs
2.2 – Roster provided monthly (instead of current quarterly)
2.2 – Designate specific HR person to ensure accuracy of roster
2.3 – Hospital will provide bulletin boards in each break room (to reflect current practice) instead of single one in a central location.
2.6 – New hires get contracts from ONA steward (instead of from employer)
5.5.F – Traveler nurse refers to ORS 441.162, which no longer exists
5.6 (and throughout contract) – replace RN1 with “new graduate nurse”
6.1.A – Update department names
6.3 – Remove “retirement” as category for nullification of seniority as it is the same as voluntary resignation.
8.3.C – No back-to-back weekends without nurse’s consent
8.4.C – Delete sentence which conflicts with revised staffing law. Hospital may not require nurse to work without 10 hours off from work, without nurse’s consent.
8.4.D - Changes to mandatory or required call system in any department must be bargained
8.4.D – include Cath Lab and Diagnostic Imaging in list of units with call
8.X – Core staff offered extra shifts before agency nurses, both short notice and for first five days after open shift list is posted
10.1 – NEW, definition of uninterrupted meal period or rest break, if meal/break interrupted, can take it in full later in shift. Nurse may volunteer to be interrupted. Nurses on break should leave nurse’s station, turn off Vocera, and accept meal/breaks when offered.
10.2 – Meal breaks occur after six hours, delete “unless patient care needs dictate otherwise.”
11.4.A – Hospital will provide dedicated security guard in emergency department 24/7
11.6 – Provides procedure to report bullying by mgr, coworker, and patient. Requires hospital to investigate, take action, and report back to complainant.
11.7 – Lactating women may express milk for a baby for paid time, in addition to other meals and breaks.
12.3.B – Increase bi-annual maximum education hours to 72 instead of current 48
12.3.C.1 - Increase individual max for education from \$1,000 to \$1,250. For specialty nurses who attend their national convention, max will be \$2,000.
13.1 PNCC oversees education, staff development and certification
13.2.B – PNCC to meet quarterly instead of monthly, to reflect current practice
13.2.A – Staffing Committee. If law is changed, this article will be modified to comport with revised law. Staffing Plans submitted by UPC.



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13.2.C – Nurses must be released to attend Staffing Committee meeting. Nurse discretion on scheduling around meeting.
13.2.C.1 – direct care reps on Staffing Committee get paid up to 12 hours annually to meet separately from nurse management
13.2.E – ONA oversees selection of direct care members of Staffing Committee per staffing law.
13.3 – NEW. Details the required components of Staffing Plans, including appropriate patient load for charge nurse
13.4 – Hospital must conduct annual quality assurance and evaluation of staffing plans, share with Association
13.5 – Outlines role and activities of UPC in shared governance
13.6 – creates Hospital Nursing Practice Council coordinates UPCs
13.3 – EXISTING. Deletes paragraph that conflicts with revised staffing law
15.2 – All discipline null and void after 18 months. We currently have two categories of discipline which become null and void after different periods of time (clinical quality = 24 months and other = 15).
16.3.A.1.b – Association has final say over assignment of steward to represent a nurse.
16.3.B.2 – Discipline and Discharge. NEW. Nurse must be notified of outcome of any disciplinary action with 14 days of investigatory meeting or cannot be disciplined, or hospital provide update on progress
16.3.C ONA provide quarterly list of stewards
16.4 – Association always notified of termination of any BU nurse, unless nurse objects
18.2 Arbitration – In discharge cases, delete list of specific arbitrators. Inserts language that arbitrator will be selected promptly.
19.2.B – One-year reduction in step gaps above step 4. If have requisite hours, nurses move up a step according to new structure in January. Adds Step 13 at 3.26% above Step 12.
19.2.C & E - Steps not tied to “satisfactory performance”
20.2 - Increase night shift differentials to \$5.50 (from \$4.50)
20.3 - Increase standby/call differential to \$4.25 effective January 2018; to \$5.00 effective January 2019 (from \$3.75)
20.4 - Increase charge nurse differential to \$2.50 effective January 2018; to \$3.00 effective January 2019 (from \$2.50)
21.3 – When .9 nurses get their 208-hour bump for PTO in April, they are exempt from maximum PTO accrual per pay period
21.5.B – clean up to ensure that when hospitalized during scheduled PTO time, a nurse may convert PTO to EIB immediately
23.4.B – Must equitably rotate holiday time, except with nurse’s consent. Deletes “hospital use its best efforts”
23.4.C – Limit one shift during two-day Christmas period, except with nurse’s consent. Deletes “hospital use its best efforts”
29 – Expires December 31, 2020
Appendix A – Wage increases in January 2018 = 2%, July 2018 = 1%, January 2019 = 3%, July 2019 = 1%, January 2020 = 2%, July 2020 = 1.25%. New Step 13 = 3.26% above Step 12