In this session, members of the team presented their proposals and held their ground on the proposals that the bargaining unit said were important. We were also able to see the hospital’s economic proposals for the first time.

Progress was made and tentative agreements (TAs) were reached on several items. A TA is a proposal or change that both parties (ONA and Hospital) agree upon. As long as we continue to make progress in negotiations, TAs are generally items we no longer need to discuss.

TAs have been reached on (in order of contract article):

- **(1.11)** Negotiation team recognition
- **(3.10)** Definition of a float nurse that prevents them from being used to fill holes in a schedule that are known weeks ahead of time, instead using them for meal and rest break, to assist in units with higher than usual census or acuity, and for last minute staffing holes (i.e. due to a sick call).
- **(4.6)** Posting of a draft schedule a week prior to the final schedule, hopefully allowing nurses to know what holes in the schedule exist and make arrangements or sign up earlier for open shifts
- **(6.6)** Nurses must remain in a nursing unit for six months after completion of orientation prior to being allowed to transfer to another nursing unit unless granted approval by administration
- **(6.6.1)** Nurses in the float pool will accrue in unit seniority at a one third rate (i.e. a nurse working as a float nurse for 9 years, will have 3 years of unit specific seniority for all units that they float to). They will retain any unit-specific seniority that they had prior to entering the float pool
- **(6.8.9)** Implementing a low census cap, so that no nurse will be mandated to spend more than 25% of their scheduled hours on low census. This will include a requirement for nurses to be available as helping hands to other departments.
- **(8.6)** PTO Donation Policy: Catholic Health Initiatives (CHI) is developing a policy and the Hospital will implement when the national policy is rolled out
- **(10.3)** Paid leave of up to 21 days per year for

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Military Service members.

• (11.4) Increase the composition of the PNCC to at least 5 nurses, so that if more nurses or units wish to be represented on the PNCC, they may be full voting members.

• (12.2) Staffing law training will be included in annual continuing education in-service, module to be approved by the PNCC/Staffing Committee.

• (12.3) Hours spent in education is considered hours worked.

• (12.6) The hospital PNCC will develop a preceptor program that is evidenced based and implemented by the departments and include ongoing input from preceptors and preceptees.

While the above TAs represent great progress we still have outstanding changes proposed in the following areas:

• Moving hospital nurse supervisors into the bargaining unit: the hospital is strongly opposed to this proposal and has indicated that they are planning to expand the job descriptions of supervisors to include more management roles.

• Proposal for paying double time after 14 hours worked in a 24 hour period.

• Proposal to pay overtime rate for all hours worked without a meal break after the hospital has been notified by the nurse that they would like their breaks- the hospital believes that they are committed as part of their culture to get nurses their breaks, and that this proposal will not change the incidence of missed meal breaks.

• Consecutive weekend differential of $20 per hour for each hour worked: the hospital has countered by proposing an increase to the weekend differential to $2.00 per hour (which is what we proposed in addition to the consecutive weekend premium).

• We have made a proposal on the influenza and masking policy- again, the hospital is strongly opposed to including this language in our contract, asking instead that we agree to be part of a committee process to work on the policy.

• Increases to PTO accrual, increases to differentials and pay scale: the hospital has countered with an economic package as a whole. Their counter does raise several differentials and changes the step system to give year-for-year raises, but is still somewhat short of our goal, which was to be equivalent to our regional competitors. They have declined to increase PTO accrual as they state that this is a CHI corporate program and they are not able to implement a different rate. Wages and compensation package is a still open area and we will be actively negotiating these articles in our next several sessions.

Upcoming Negotiation Sessions

We have three additional negotiation sessions scheduled with the hospital: Wednesday, Oct. 25; Monday, Oct. 30, and Monday, Nov. 13. Nurses are welcome to come and quietly observe the process. We are also attempting to schedule a flu shot and masking policy committee meeting. That date has not been decided at this time.
Get ONA Updates Via Text Message

Stay up-to-date on your contract negotiations, bargaining actions, events, meetings and more through a new ONA text messaging service offered exclusively to ONA members at St. Anthony Hospital.

The new text messaging service offers limited, timely updates on what’s happening in your bargaining unit and on other important issues that affect you and your patients. Text updates will be in addition to bargaining unit emails and newsletters.

Follow the instructions below to sign up and stay informed throughout the bargaining process. You can stop receiving text messages at any time.

To receive ONA text messages, text ONASTA to 43506.

You can opt-out at any time by texting STOP to 43506.

Frequency varies by user/month. Msg&data rates may apply.

Important:
Message frequency may be periodic. Msg & Data rates may apply.
To cancel, send STOP to 43506 at any time.
For help, send HELP to 43506 at any time, or support@txtsignal.io.
ONA Strategic Planning Survey

ONA is beginning a multi-step process to create a strategic plan to guide our organization over the next 3-5 years.

This process will be member-led and member-driven, so we need your help and guidance along the way. One of the most important things you can do to help is to complete your ONA strategic planning survey as soon as possible.

Your opinions will determine which policies and programs ONA prioritizes now and in the future. With your help, we can create a plan that meets all members’ needs.

Completing your survey takes less than 10 minutes.

To learn more about the ONA Strategic Planning Process and to complete the survey, visit:

www.OregonRN.org/2017ONASurvey

Vote YES on Measure 101 to Protect Health Care Access

Oregon voters will face a decision on whether or not to protect health care for more than 350,000 children, adults with disabilities, seniors, and low-income families in a special election Jan. 23, 2018.

Measure 101 asks voters to uphold the bipartisan Oregon Healthcare Protections Bill which the legislature passed in the 2017 legislative session. Nurses, hospitals, insurers, Democrats and Republicans all supported the bill in order to fund health care and lower premiums for more than half a million Oregonians.

Voting YES on Measure 101 means protecting health care for Oregonians who otherwise couldn’t afford care and are too often forced to go to the emergency room when they are sick. If the measure fails, thousands of our most vulnerable patients will be in jeopardy of losing their health care.

It is critical we stand together to protect Oregon families by supporting Measure 101 in the Jan. 23 special election.

Learn more, get involved, and add your name to pledge to vote YES on Measure 101 at:

www.OregonRN.org/YesOnMeasure101