Initial Proposals Exchanged Friday, June 1

The opening day of bargaining started off with a positive tone as we reviewed and agreed to Commitments and Guidelines that do not restrict bargaining unit observers or guest speakers.

- We proposed changes to the hiring process to allow for an “in-unit shuffle” to occur prior to posting a vacancy house-wide so that unit nurses can alter their Full-time Equivalent (FTE) or shift more easily.
- We proposed clarification to the hiring process so that it is clear that bargaining unit nurses have hiring preference over external candidates.
- We proposed changes to the low-census call-off language so that no nurse can be forced to be on standby when they are called off.
- We proposed a deletion of the mandatory delayed start option for nurses who are called off.
- St Charles Health System (SCHS) proposed clarifying language around the definitions of full-time and part-time. We agreed to this non-substantive change.
- SCHS proposed allowing Earned Time Off (ETO) use in less than 15-minute increments. We agreed to this change.
- SCHS proposed removal of Letters of Agreement (LOA) they believe are no longer relevant: LOA 12 Travel Pay for Periop Nurses, LOA 14 Presurgery Clinic, LOA 16 Second Eye Team OR Nurse. We agreed to remove all as proposed except for LOA 14.
- We proposed new language to codify Unit Practice Committees (UPC) including their specific responsibilities, paid release time and establishes UPC’s as the true foundation of Shared Governance at the unit level.
- We proposed some clarifying language regarding Professional Nursing Care Committee (PNCC) practices.
- We proposed new language requiring staff nurse involvement on any hospital committee that has authority to impact nursing practice, process and/or standards of care.

Responses & Proposals Exchanged Sunday, June 3

- SCHS responded to our hiring proposal, altering the specifics but allowing for an “in-unit shuffle” process to occur.
- SCHS proposed elimination of seniority consideration in the hiring process and replacing it with an interview process.
- SCHS proposed altering language that requires a nurse who is selected for a new position start that new position within four weeks to be “at the earliest possible time”.
- SCHS proposed allowing nurses on premium pay because of a short rest to be called off out of rotation because of premium pay status.
- SCHS responded to our proposed deletion of mandatory delayed start by maintaining a delayed start mandatory option, expanding it beyond just 12-hour shifts and allowing a delayed start for up to 50 percent of the scheduled shift.

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Next Bargaining Sessions on June 8 & 11 in the 2600 Building
• SCHS responded to our proposed elimination of mandatory standby when a nurse is called off by proposing an expansion to allow any number of nurses who are called off to be forced to be on standby (it is currently limited to only two per unit).
• We proposed elimination of the language limiting new hires to being placed no higher than Step 7 when they are hired so that new hires would automatically get placed at the wage step that reflects their years of experience.
• We proposed elimination of the restriction requiring a nurse work 72 hours in the pay period before being eligible for premium pay.
• We proposed that extra shift pay be paid for any short-notice shift as long as the nurse doesn’t call out for a regularly scheduled shift during the pay period.
• We proposed that extra shift pay be increased to double-time.
• We proposed increasing standby pay to $15 per hour.
• We proposed increase callback pay in mandatory call units from $1.75 to double-time pay.
• We proposed increasing the minimum amount of callback pay from two to three hours.
• We proposed increasing the charge nurse pay to $5.37/hour to reflect 15 percent of Step 1 pay.
• We proposed increasing preceptor pay from $1.75 to $2 per hour.
• We proposed that all nurses with an advanced certification receive a $2,000 lump sum payment each year regardless of whether the certification is required for their unit.
• We proposed new language to provide incentive pay for Relief nurses who work part-time or greater (20 hours per week or more).
• SCHS proposed no restrictions on the number of variable shift positions that they can post and elimination of the requirement for two to three days off the schedule between working differing shifts if those shifts have start/stop times within a four hour span.
• SCHS proposed elimination of restrictions on the number of “short-shift” positions that they can post.
• SCHS proposed elimination of the Weekend Work Exemption for nurses with 12+ years.
• SCHS proposed increased Relief requirements to add the expectation that they cover at least one short-notice shift and two holidays rather than one (one winter, one summer).
• SCHS proposed altering relief weekend requirement from once every third weekend to two weekend shifts per scheduling period.
• SCHS proposed allowing nurses to be floated out-of-turn if they have not floated in six months or more.
• SCHS proposed language that would require nurses to float to any unit to be a sitter.

Addressing Floating Concerns
As we have all anticipated St. Charles will be proposing many “takeaways”, contract language changes that degrade your experience as an employee and proposals that reduce control over your own professional nursing practice. The bargaining team knows how important all of these issues are to you and frankly this all relates to quality, safe patient care either directly or indirectly! In this newsletter we wanted to just highlight one issue that impacts everyone in one way or another, floating.

The bargaining team acutely knows there are many issues around nurses being mandatorily floated off the specialty unit they were hired to work. Most important are issues of patient safety and not respecting that nursing is a profession of specialties. Some nurses choose to focus their careers in Family Birth Center (FBC), some in Medical, some in Radiology, some in Orthopedics, some in Behavioral Health, etc. We all work in specialty areas. We know our special patient population and how to provide quality, safe patient care to that population. Since the 2012 negotiations St. Charles has promoted the concept that a nurse is just a nurse and should be mandatorily floated off their specialty unit whenever it fits their business needs. Oregon Nurses Association (ONA) believes patient safety should be the highest priority and that nursing is a profession of specialties. Please reach out to your ONA Unit Representatives and members of our bargaining team to let them know the issues you have with floating and any patient safety concerns with the current and proposed St. Charles concept.

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