

ONA/BAH Executive Committee

Chair
Michael Morgan, RN,
LDRP

Vice Chair
vacant

Secretary/Treasurer
Amy Green, RN, BSN,
Short Stay Surgery

Membership Chair
Niki Markel, RN,
LDRP

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Chair** — vacant

**Professional Nursing
Care Committee (PNCC)
Chair**
Kristen Hyatt, RN,
ICU

Negotiations Committee:
Michael Morgan, RN, LDRP
Niki Markel, RN, LDRP
Amy Green, RN, Short Stay
Delicia Cunningham, RN
LDRP
Joyce Floyd, RN Pre-Op
Clinic



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Health Care & Wages

Oregon Nurses Association (ONA) and Bay Area Hospital (BAH) met for two full-day sessions Feb. 25 and 26. The second day, BAH reviewed financial data and verbally presented conceptual settlement ideas about health care and wages.

Although we are still bargaining, BAH is proposing a choice of economic framework settlements.

- Both offers include all prior tentative agreements
- **Both offers include continuation of current UMR Insurance plan with the current sharing of employee/ employer premiums with up to a 7 percent annual insurance premium cap, each year.** If the cap is exceeded by claims and expenses, plan design reductions would be discussed, and then adopted in the following plan year (anticipated annual premium increase is 7-8 percent). Premiums would be reduced the next year, if costs are below 7 percent.

Offer No. 1

1 percent increase in RN wage scale across-the-board rates in each year of a 3-year contract (1 percent, 1 percent, 1 percent)

Offer No. 2

2 percent wage scale increases each year offset by approximately \$780,000 in reductions in other contractual costs to make up for health care costs.

To receive 2 percent, 2 percent, 2 percent wage increases BAH proposes:

- **Paid time off (PTO) accrual based only on hours worked** (full-time 12-hour nurses currently accrue 40 hours of PTO per week instead of the 36 hours worked; 8-hour nurses only accrue on hours worked currently)
- **12-hour shift overtime** to apply after 40 hours worked instead of after 36 hours (similar to 8-hour nurses)
- Offer is dependent on accepting BAH's Oregon State Board of Nursing (OSBN) proposal to turn over information nurses receive from OSBN when disciplined or intent to discipline is received

We are back at the negotiation table this week, and your feedback is needed!

Please contact a member of the negotiation team to give feedback.

Next Sessions

March 3 - CHEC Building

March 4 - Myrtle Conference Room

Organizing for Change

There have been many changes and challenges in the Family Birth Center (FBC) recently. Staff voiced concerns about patient safety, nurse safety, job satisfaction, and lack of a collaborative work environment. Nurses were concerned that their opinions were not being taken seriously, and approached their ONA labor representative for assistance in establishing a plan of action.

Several meetings were held to organize around the issues and discuss concerns. Staff later met with BAH's chief nursing officer and human resources with the proposed plan of action. The hospital was very receptive and

communicated a process improvement, for a plan going forward. Ultimately, after several months of the improvement process, a decision was made to change leadership in FBC.

We would like to express thanks to those who stuck with this constructive process for the sake of safe patient care, and a healthy work environment. We are encouraged by the actions of the hospital. This is a great example of nurses, and other staff, coming together to organize around important issues to effect positive change!

Health Care and Wages (continued from page 1)

Charge Nurse Proposals. BAH stated, upon reconsideration, they are not yet ready to go forward with changing charge nurse assignments to more formal charge nurse positions. They requested both sides remove remaining charge nurse proposals. (except an increase to charge differential). ONA tentatively agreed upon BAH's adoption of a side letter guaranteeing nurses that the hospital will not take any action this next contract cycle which would result in the removal of charge nurses from the bargaining unit.

BAH also stated a willingness to agree to a proposal limiting mandatory call. This proposal would **prohibit mandatory call in departments that are routinely staffed 24 hours** (including family birth), except in emergency situations, and not to last more than 10 days to manage an unforeseen staffing crisis. Voluntary call would still be allowed under this agreement.

Other issues that remain outstanding are:

- PTO and Oregon Sick Leave
- Discharge and discipline related to OSBN investigations

- 21 consecutive vacation days versus a 14-day standard
- In Lieu differential (BAH proposed to decrease to 18 percent from 20 percent)
- Double standby rate for call hours in excess of 48 hours/month
- Contract term and duration

Discharge and Discipline related to Oregon State Board of Nursing investigations

BAH continues to propose unreasonable mandatory reporting and disclosure requirements, by bargaining unit nurses *that are suspected* of not being fit for duty—without any objective conclusive evidence. These requirements are unnecessary and potentially violate the law, and attorney-client privilege. Similar less intrusive provisions are sometimes found in other disciplinary policies, but never in a contract. ONA believes in due process **in all disciplinary cases**. If the hospital is concerned about a nurse's ability to practice nursing safely, they should suspend the nurse with pay (or offer non-patient work) while they investigate the allegations.

Congratulations Providence Medford!

After 16 hours of mediation the Oregon Nurses Association (ONA)/ Providence Medford (PMMC) team and the PMMC administrative teams were able to reach a recommended tentative agreement for their contract. The agreement addresses nearly all of the issues they had identified as priorities.

Thank you to all those who were willing to stand united with PMMC nurses, had they needed to go forward with the planned informational picket. Their commitment to take public action made the difference in their negotiations and showed PMMC's administration and community that they were united in their desire to reach a fair agreement for nurses and patient safety.