



Oregon Nurses Association
Bargaining Update Newsletter

Columbia Memorial Hospital (CMH) Bargaining Update No. 5

SAVE THE DATE

2016 ONA Bargaining Unit Leadership Conference

Sept. 30 – Oct. 1, 2016
Portland Hilton—921 SW 6th Ave., Portland, OR

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June 13, 2016

ONA / CMH

Executive Committee

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Kelsey Betts, OB

PNCC Chairperson

Carla Lumbrá, ICU

Secretary/treasurer

Vacant

Membership Chair

Vacant

Grievance Chair

Vacant

Negotiation Committee

Chair, Kelsey Betts, OB
Theresa Hecox, OB
Becky White, OR
Becki Glasson, PACU

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Significant Progress in Negotiations

Three Big Hurdles Remain

Our ONA/CMH Negotiating Committee (NC) met with CMH Wednesday, June 8 and continued working through the many issues yet on the table, making significant progress and leaving only three major issues unresolved:

1. Wages
2. Limitations on on-call duty
3. Shift length changes

It's important to know that both teams made significant compromises in resolving many other key issues. Some of those compromises are discussed in the following pages.

[Click here](#) for a complete summary of the status and/or resolution of all the proposals.

Wages

CMH continues to attempt to divide nurses by offering a first year wage increase to junior nurses which is twice as high as what they are offering to the senior half of the workforce. Their argument is that, compared to other facilities, the wage schedule is worse on the junior end than it is on the senior end. We don't agree. We're pretty far behind the competition at most steps of the schedule. [Click here](#) to judge for yourself by reviewing the 30-year wage comparison.

We initially attempted to gain both a reasonable wage increase for senior nurses and the windfall for junior nurses, if possible. However, **CMH continues to depress the second and third year**

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Update Your Contact Information

Unfortunately, many nurses aren't getting the most up-to-date information because ONA doesn't have a home email address on file for them or the email address on file is a work email. To remedy this situation, ONA is encouraging all nurses

to go to www.OregonRN.org and click on — **Update Your Information under the Membership tab.**

Together we can make sure everyone is involved and stays informed!

Three Big Hurdles Remain Continued from Page 1

increases for both senior and junior nurses, so we have countered with a proposal that narrows the gap between all CMH nurses, our brothers and sisters at Providence Seaside Hospital (PSH), Peace Health Longview (PHL) and Tuality Community Hospital (TCH)

and provides reasonable increases in years two and three. **We want a mix of both junior and senior nurses to be attracted to CMH. And we don't want our senior nurses leaving for greener pastures.**

ONA Offer

Effective June 5, 2016: 4%

Effective June 1, 2017: 2%

Effective June 1, 2018: 2%

CMH Offer

Effective June 5, 2016: Start to step 9: 6%, steps 10-25: 3%

Effective June 1, 2017: 1.75%

Effective June 1, 2018: 1.75%

As we've discussed previously, the **CMH wage schedule is currently 5.2% behind the PSH wage schedule**, and PSH is due for an increase before the end of the year. **We are 6.3% behind PHL and 4.9% behind TCH.**

A 4% increase now for all nurses would align us more closely with all three and improve CMH's ability to recruit nurses at all levels of experience.

ON Call Limits

Some of our nurses have pulled in excess of 200 hours of call, in a month. That's too much, even temporarily. Given that full-time hours are 188 hours per month on average, that's more than a full-time job being on-call on top of a full-time job working at CMH. Don't forget, that if the work exists, nurses actually work many of those on-call hours. We've asked for a reasonable upper limit on on-call duty of 168 hours per month. But so far, CMH has said no to any limits for on-call duty. CMH's position puts the burden on individual nurses to give nearly all of their time to meet the community's needs, even when

CMH has failed to staff to levels necessary to meet that need.

We think staffing the hospital is clearly the hospital's responsibility. Individual nurses should not be unreasonably called upon to meet community needs that the hospital fails to meet through appropriate staffing. Nurses must be given adequate personal freedom to engage meaningfully in their personal interests, with their families and friends, and with social and civic organizations.

Shift Length Changes

Over 70% of our nurses currently work 8-hour shifts. ONA nurses have previously resisted the hospital's

interest in flexibility to change the shift length of nurses working a traditional 8-hour shift to 10 or 12 hours. CMH continues to insist that this be included in our next contract. Guess what? They want to change your shift length! They've been pretty clear they want to do this in the emergency department, possibly elsewhere. This is another example of CMH wanting us to sacrifice our own control of our personal lives to their need for flexibility.

Under Addendum A of our contract, staff nurses decide what the shift length on the unit is. The length of shift on the unit can only be changed by a 2/3 vote of the staff nurses. This limits the possibility of disruption to

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Three Big Hurdles Remain *Continued from Page 2*

personal and family life for nurses. It takes a supermajority to change shift lengths, so if it does ever change on your unit, it's not likely to change back again soon.

Nurses personal/work lives should not be disrupted unless 2/3 of the unit votes for a change. We think Addendum A is the right balance to provide stability to nurses' lives.

What do you think? If you would like the NC to

hear your opinion of comments, or you have a question about these or any of the proposals made in negotiations, please contact a member of the NC:

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Kelsey Betts kelsey_betts@hotmail.com

Theresa Hecox t.hecox@hotmail.com

Stay Tuned

Over the next week or so we'll try to settle the remaining issues with CMH so that we can bring you a full recommended tentative agreement. If we are unable to get CMH to make meaningful proposals on the three remaining key issues, we will need to schedule some

type of activity to show CMH how important these issues are to you. Please stay tuned for further instructions from our NC. In the meantime, please share and discuss this bargaining update with your co-workers.

Many Agreements on the Table

Both parties made package proposals which were in agreement on many of the issues that were before them, including some issues that seemed like tough nuts to crack. This required thoughtful brainstorming as a group and significant compromises from both teams.

We were hesitant to reveal the content of the many agreements that have been made because all of those agreements are contingent on the parties resolving all of the remaining issues in the very near future and ***both parties have reserved the right to withdraw their compromises and go back to their initial positions if a full agreement is not reached soon.*** We decided to go ahead and let you know where the negotiations are leading if we can come to full agreement.

As with most negotiations, neither party gets everything they want, and both sides have to make choices about what's most important to them, what they might give up, and what to trade. We've also worked hard to craft creative proposals that benefit both sides. Below you'll see some of the significant agreements that would be included the new contract if a full agreement were reached soon. We categorized them as favorable,

neutral, and unfavorable.

Significant Favorable Agreements

Certification Bonus. We would increase certification bonus from \$750 to \$1,000 and make it annual for all nurses regardless of the length of the certification.

Shift Rotation. This agreement would apply to full- and part-time nurses. Rotation would be voluntary unless assigned to the least senior nurse on the unit who possesses the necessary skill and experience.

Requests Off. Vacations once approved would not be bumped or rescinded by administration. Requests off would be posted for 14 days. Nurses wanting to utilize seniority bump would do so during the posting period. We would increase the frequency of allowable seniority bump use from once in two years to once per year. The manager would respond within three days after the posting period. Denied requests would be held open and would be first in line for approval if operational needs permit approval of the request.

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Unit-Based Nursing Practice Councils (UBNPC). CMH would support the establishment of UBNPCs. This is an opportunity, not a mandate, for nurses to help govern their units. UBNPCs would be chaired by a staff nurse with membership of up to 10% of the nurses on the unit, plus one manager. Each UBNPC member would be paid up to two hours per month for meetings (and outside work if approved by manager.)

Professional Nursing Care Committee (PNCC). Significant changes to the membership, purpose and governance of the committee and the responsibility of CMH to respond to PNCC recommendations will add strength to the voice of nurses at CMH.

Earned Leave (EL). We would increase the 64-hour (part-time) cap on per pay period use of EL to 71 hours. We would also add shift differentials to payout of leave when a nurse switches from full- or part-time to relief or intermittent/casual.

Oregon Paid Sick Leave. Use of earned leave for reasons other than those which qualify under the Oregon Paid Sick Leave Law shall not be counted against the employee's Oregon paid sick leave entitlement. That means for most nurses, the first 40 hours of actual absences due to illness are protected and can't be used as evidence of poor attendance.

Unfavorable Agreements

EL. We clarified when nurses would be required to use earned leave and increased how much part-time nurses would be able to use per pay period. Use of EL would be required to cover any absence from the initial monthly schedule, including traded shifts. When requesting off, nurses would be required to use sufficient leave in each pay period to maintain the minimum hours required for their position (40 hours part-time, 72 hours full-time.)

Dock Order. We would allow CMH to dock any nurse working at the premium rate of time and one-half to be canceled prior to all other nurses.

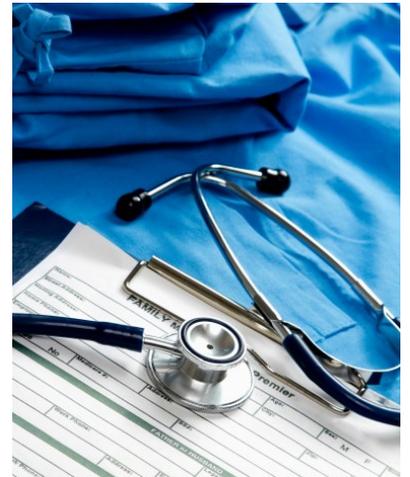
Surveillance Cameras and Tracking Devices.

Data from the surveillance cameras, locator devices or tracking devices would be useable for employee evaluation or disciplinary action but will not be the sole determining factor.

Individual Shift Length Changes. While it may sound good to allow individual nurses to volunteer to change shift length, we view this as a negative, because having a mix of shift-lengths on a single unit causes significant disruptions to the schedule that impact nurses and the hospital including overtime, mandatory overtime, and both unbalanced and unfair cancelations. These problems will later be cited by CMH to show the need for mandatory shift length changes.

Other Economic Agreements

- Increase charge nurse differential from \$1/hr. to \$1.25/hr
- Increase patient care coordinator pay from \$2 to \$2.25 per hour
- Increase preceptor differential from \$1 to \$1.50 per hour
- Increase holiday dock standby pay from \$4.15 to \$4.70 per hour
- Increase on-call pay from \$4 to \$4.15 per hour
- Increase minimum call-in time for nurses' on-call from one to two hours



Membership Matters

[Click here](#) for a membership application [Click here](#) to go to our bargaining unit webpage
For a Better Bargaining Unit and a Stronger Voice for CMH Nurses