

Oregon Nurses Association (ONA)/Columbia Memorial Hospital (CMH) 2016 Proposal Tracking Form

Date last updated : May 4, 2016

ONA Nurses' Proposals

Contract Section	Proposal Date	Area	ONA Nurses' Proposal	Employer Response	ONA Nurses' Rationale	Tentative Result	Tentative Agreement Date
A1, S2	May 4, 2016	Bargaining team pay	Hospital to pay ONA/CMH bargaining team for time spent in negotiations	Don't agree. We haven't paid in the past. Salaried administrative staff are also putting in extra hours.	A good contract is important to both nurses and CMH, but bargaining responsibly takes a significant time commitment. Besides working during their personal time, nurses also often lose pay or burn EL in order to participate. Administration won't bargain outside normal business hours. They get paid by CMH but they won't allow the same for the nurses' negotiating team.		
A1, S3	May 4, 2016	New employee orientation (NEO)	Increase ONA portion of NEO from 15 minutes to 30 minutes	Don't agree. Schedule of NEO is too tight.	We need 30 minutes to give a meaningful presentation.	Withdrawn	
A1, S7	May 4, 2016	New positions	Hospital to inform ONA/CMH of any new RN positions	Don't agree. ONA doesn't need to know about supervisory positions.	ONA has the right to this information in order to determine whether positions belong in the bargaining unit. Providing it regularly would prevent potential grievances regarding proper placement in or out of the unit.		
A4, S2	May 4, 2016	Personnel categories	Eliminate the word "regularly" from all definitions	Agree.	Nurses are scheduled a range of hours. They are not regularly or consistently scheduled any particular number.	Eliminate the word "regularly" from all definitions	
A4, S2	May 4, 2016	Personnel categories	Make exceeding 40 hours per pay period voluntary for relief and intermittent nurses	Don't agree. They need flexibility to schedule above 40.	Nurses should have more control over how much they work.		
A4, S2	May 4, 2016	Personnel categories	Eliminate requirement of relief nurses to submit availability	Agree.	Relief nurses may provide availability or allow scheduler to determine which shifts to assign, in accordance with other contractual provisions.	Eliminate requirement of relief nurses to submit availability	

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A4, S2	May 4, 2016	Personnel categories	Define "call nurse" as nurse who takes no regular hours but is only scheduled for on-call shifts				
A6, S1	May 4, 2016	Work schedule	Pay nurses for missed breaks	Don't agree. Nurses are already paid for the time. Oregon Law does not require CMH to pay for missed breaks.	More than half of CMH nurses said they get less than 25 percent of the your allotted breaks. 74 percent said they miss at least 25 percent of their breaks. A6, S1 provides four hours pay for 3.75 hours of work. Unfair for CMH to require the full four hours of work and not pay for it.	Withdrawn	
A6, S1	May 4, 2016	Mandatory missed meals (MMM)	Increase MMM pay from \$10 to \$40 per day-reduced request to \$20	Don't agree. Don't want nurses to skip meal for the \$40.	18 percent of nurses said they either couldn't take or were interrupted by work during 75 percent of their meals. 33 percent nurses said they either couldn't take or were interrupted by work during at least 50 percent of their meals. \$10 is insufficient to deterrent to not providing sufficient relief for meals.		
A6, S1	May 4, 2016	Special Clothing	Clarify 7-minute allowance for donning and doffing	Agreed	It's part of the job and can't be done at home	Clarify 7-minute allowance for donning and doffing	
A6, S1	May 4, 2016	Shift rotation	Disallow rotation of shifts greater than one hour	Considering	Shift rotation is known to be very bad for your health. In July 2014, a meta-analysis published in Occupational and Environmental Medicine suggested that shift workers face an increased risk of type 2 diabetes. In particular, people working rotating shifts face an increased risk of 42 percent. Also disruptive to personal life. Nurses can't make long term commitments during wide range of hours nurses could possibly be scheduled.		

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A11, S1	April 27, 2016	Surveillance, locator or tracking devices	Not to be used for evaluation or disciplinary purpose except for illegal activity	Counter: Data can not be sole determining factor for evaluation or discipline	Surveillance data is highly unreliable.		
A11, S1	April 27, 2016	Locator or tracking devices	ONA to receive product manuals	Don't agree. ONA can request this information when it is relevant to a grievance.	Nurses should understand fully how the system works so they can support and monitor system performance.	Withdrawn	4-May
A11, S1	April 27, 2016	Locator or tracking devices	ONA right to reliability data upon request	Don't agree. ONA can request this information when it is relevant to a grievance	Would prefer to understand the reliability up front.	Withdrawn	
A13, S9	March 30, 2016	Workers Compensation (WC)	CMH to continue to provide insurance benefits while nurse is on approved WC leave.	Don't agree. Will only do what is required by law. Family Medical Leave Act (FMLA)/Oregon Family Leave Act (OFLA) already provides 12-weeks when CMH must provide continued health benefits.	Nurses on WC leave often need health care unrelated to their work-related injury. WC insurer will only pay claims related to the injury. Burden is on nurses to pay for full premium when WC leave lasts longer than FMLA/OFLA protected leave.		
A18, S1	March 30, 2016	Labor/management cooperation	Create labor/management cooperative committee	Don't agree	Would help to address problems, improve communication, and prevent grievances and disputes.		
A18, S1	March 30, 2016	Labor/management cooperation	Structure: four admin., four staff nurses chosen by ONA/CMH	Don't agree	Would help to address problems, improve communication, and prevent grievances and disputes.		
A18, S1	March 30, 2016	Labor/management cooperation	Meetings: bi-monthly	Don't agree	Would help to address problems, improve communication, and prevent grievances and disputes.		
A18, S1	March 30, 2016	Labor/management cooperation	CMH to make reasonable efforts to accomodate nurses' attendance	Don't agree	Would help to address problems, improve communication, and prevent grievances and disputes.		
A18, S1	March 30, 2016	Labor/management cooperation	CMH to take minutes which are subject to committee approval	Don't agree	Would help to address problems, improve communication, and prevent grievances and disputes.		

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A18, S2	March 30, 2016	Professional nursing care committee (PNCC)	PNCC is made up solely of direct-care nurses	Counter: Membership is eight direct care nurses, five administration nurses. Chair is a direct care nurse.	PNCC is currently dominated by administration initiatives, goals, and authority. Nurses unable to address issues of their own concern or make independent recommendations.		
A18, S2	March 30, 2016	PNCC	Define members as chairs of unit-based nurse practice committees (UBNPC)	Agree that Chairs of UBNPCs comprise direct care membership	PNCC members should be practice leaders on their unit.		
A18, S2	March 30, 2016	PNCC	PNCC member to serve as liaison to staffing committee	Don't agree	Staffing committee would benefit from knowledge base of PNCC.		
A18, S2	March 30, 2016	PNCC	Provide for PNCC training of UBNPCs	Don't agree	UBNPCs are foundation and training ground for shared governance.		
A18, S2	March 30, 2016	PNCC	Provide for PNCC oversight of and resolution process for UBNPCs	Agree	PNCC to function as "joint council" of UBNPCs.	Provide for PNCC oversight of and resolution process for UBNPCs	
A18, S2	March 30, 2016	PNCC	Allow pay for PNCC members' outside work	Counter: Will pay up to three hours per quarter to each PNCC member for work outside of meetings if approved by manager.	Only so much can happen during meetings. Work of PNCC needs to be ongoing and consistent. Not sporadic.		
A18, S2	March 30, 2016	PNCC	CMH to provide 40 hours of administrative support to PNCC	Counter: CMH will provide administrative support for scheduling meetings, distributing agendas, and recording and distributing minutes.	Committee members need to focus on nursing issues and not administrative tasks.		
A18, S3	March 30, 2016	PNCC	Set 30-day deadline for CMH to respond to PNCC recommendations	Agree	Set 30-day deadline for CMH to respond to PNCC recommendations.	Set 30-day deadline for CMH to respond to PNCC recommendations	
A18, S3	March 30, 2016	Unit based nursing practice council (UBNPC)	Establish UBNPCs	Agree	46 percent of nurses surveyed say they are not consulted in a meaningful way about processes, equipment, design and other aspects of creating or improving your work environment UBNPCs are the foundation and training ground for shared governance.	Establish UBNPCs	
A18, S3	March 30, 2016	UBNPC	Establish UBNPC membership as maximum of one admin. personnel and maximum of 10% of the nurses on the unit, with minimum of two staff nurses	Agree	Establishes appropriate size and autonomy of UBNPC	Establish UBNPC membership as maximum of one admin. personnel and maximum of 10 percent of the nurses on the unit, with minimum of two staff nurses.	

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A18, S3	March 30, 2016	UBNPC	Establish UBNPC selection process as selected by nurses on unit according to charter	Agree	Promote democratic decision-making	Establish UBNPC selection process as selected by nurses on unit according to charter.	
A18, S3	March 30, 2016	UBNPC	Establish UBNPCs orientation program	Don't agree	Nurses need training in shared governance principles and structure		
A18, S3	March 30, 2016	UBNPC	Each patient care area will be represented by a UBNPC	Agree		Each patient care area will be represented by a UBNPC.	
A18, S3	March 30, 2016	UBNPC	Establish UBNPCs functions to include staffing plan adjustments, nursing practice recommendations, contract adherence recommendations, and scheduling recommendations	Allow UBNPC to determine own roles and responsibilities.	These are the issues of greatest concern to the bargaining unit.		
A18, S3	March 30, 2016	UBNPC	Staff nurse will chair all UBNPC meetings	Agree	Establish autonomy of UBNPC	Staff nurse will chair all UBNPC meetings	
A18, S3	March 30, 2016	UBNPC	Each UBNPC member shall be paid up to four hours per month for meetings and for relevant work done outside of meeting time that is preapproved by the member's manager	Counter: Pay up to two hours per month for meetings and outside work if outside work is pre-approved by manager	UBNPC function is important to Hospital and should be encouraged.		
A19, S1	April 27, 2016	Earned leave (EL)	Provide that EL is meant to offset scheduled hours (including approved extra shifts), not "regularly scheduled" hours	Counter: EL shall be used to cover all absences from work (except scheduled shifts)	When we agree to work a shift at Hospital's request, we should be compensated when those shifts are canceled.		
A19, S1	April 27, 2016	EL	Increase the 64-hour (part-time) cap on per pay period use of EL to 72 hours	Counter: Increase the 64-hour (part-time) cap on per pay period use of EL to 71 hours.	Currently, part-time nurses may be scheduled up to 72 hours or more. Some regularly work over 70 hours and should be able to use EL to maintain pay during vacation.		
A19, S8	April 27, 2016	EL	Add customary differentials to payout of leave when nurse switches from full-time or part-time to relief or intermittent/casual	Don't agree	Nurse should not lose value of previously earned leave due to switching to a non-benefitted position.		
A22, S5	April 27, 2016	Credentials	Eliminate one-day cap on paid time for elective credential renewal courses	Counter: Nurse may use paid education hours for the 2-day course	Nurses with elective credentials might only use skills when floating and need the full refresher to maintain skills and knowledge.		

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A22, S6	April 27, 2016	Certifications	Make bonus annual	Counter: Bonus is annual but nurse "must have completed all annual required training for the prior calendar year and acquired and maintained all req. credentials within defined time frames	Value of the benefit is already low compared to similar hospitals in the region who pay annually. Some certifications only renew every other, third, fifth or even tenth year, meaning bonus only received once although nurse is required to maintain education through the life of the certification.		
A22, S6	April 27, 2016	Certifications	Clarify that bonus will be paid for each applicable certification held	Don't agree. Only one certification will be eligible for bonus.	Certifications are beneficial to patient care. Hospital wants nurses to float but doesn't recognize applicability of certifications for specialties outside the nurses home unit.		
A23, S2	May 4, 2016	Group health premiums	Reduce premium for employee-only coverage for part-time employees from 20 percent of plan cost to 10 percent of plan cost	Don't agree	Many part time nurses working over 32 hours per week. 20 percent for employee only is too high	Withdrawn	
A23, S2	May 4, 2016	Group health premiums	Reduce premium cost for dependent coverage for full-time nurses by 5% of plan cost at each level of service.	Don't agree	Premium cost is unaffordable for many nurses.	Withdrawn	
A23, S4	May 4, 2016	Group health opt-out	Increase the payment to nurses who opt-out of health coverage from \$200 to \$300.				
A23, S5	May 4, 2016	Request for proposals	Hospital to request bids for private health insurance plan every two years				
A29, S1	March 30, 2016	CMH medical care discounts	Eliminate requirement to inform Patient Financial Services of eligibility for discount	Counter: Nurse may inform Patient Services via email.	Requirement to notify CMH each time nurses utilize services is burdensome. Some nurses were told they had to physically appear at CMH to request the discount each time.		

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A30	May 4, 2016	Step wage schedule	June 1, 2016: 5%, June 1, 2017: 3%, June 1, 2018: 3%	Counterproposal: Effective upon ratification: Start to Step 4: 5%, Steps 5-9: 6%, Steps 10-12: 3%, Steps 13-25: 2%. Eff. 6/1/17: 1%. Eff. 6/1/18: 1%	CMH Wage schedule is 5.2 percent behind Seaside, 6.3 percent behind Longview, 4.9 percent behind Tuality. A 5 percent increase now would align us more closely with all three.		
A31	April 6, 2016	Mandatory over time (OT)	Pay double-time (2X) for mandatory OT	Don't agree	Voluntary OT is paid at 1.5X. Mandatory OT is illegal in most cases. Nurses are accused of insubordination or abandonment if they refuse.		
A31, S4	April 6, 2016	Rest between shift (RBS) premium	Pay double time (2X) when nurse working an RBS shift worked more than 12.5 hours on the previous shift	Don't agree	Extreme efforts by nurses should not be used to solve staffing problems of CMH. Extreme effort deserves extreme compensation. It is the Hospital's responsibility to staff in a responsible manner. 2X is appropriate disincentive to improper staffing.		
A31, S4	April 6, 2016	RBS premium	Eliminate minimum shift length for shifts triggering and receiving RBS pay	Don't agree	Nurses awakened in the middle of the night to work short shifts deserve RBS premium when they agree to return within 12 hours.		
A31, S5	April 6, 2016	Excessive daily hours	Pay double-time(2X) for all hours in excess of 16 in a 24-hour period and for subsequent hours worked where at least twelve hours rest is not received by the nurse	Don't agree	Extreme efforts by nurses should not be used to solve staffing problems of the Hopsital. Extreme effort deserves extreme compensation. It is the Hospital's responsibility to staff in a responsible manner. 2X is appropriate disincentive to improper staffing.		
A31, S6	April 6, 2016	Applicability of call-in hours	Count call-back hours when determining eligibility for consecutive day pay, RBS, and excessive daily hours pay	Don't agree	Nurses woken in the middle of the night to work short shifts deserve RBS premium when they agree to return within 12 hours.		
A31, S7	April 6, 2016	Applicability of meeting hours	Count in-service, education, and meeting hours when determining eligibility for consecutive day pay, RBS, and excessive daily hours pay	Don't agree.	Work is work whether it's a meeting or not. Night shift nurses required to appear during the day deserve RBS premium when they agree to return within 12 hours.		
A32	May 4, 2016	Weekend differential	Increase weekend differential from \$2.50 to \$3 per hour	Counterproposal: Increase weekend differential from \$2.50 to \$2.75 per hour.	Comparable facilities pay higher than our current differential.		

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A33, S2	May 4, 2016	Charge differential	Increase from \$1/hr. to \$2/hr	Don't agree	Comparable facilities pay higher than our current differential.		
A33, S3 & S4	May 4, 2016	Lead assignments	Create \$2 differential for lead work	Don't agree	Some nurses have take on additional duties to help the hospital.	Withdrawn	
A34	April 6, 2016	Preceptor differential	Increase preceptor differential from \$1 to \$1.75 per hour	Counterproposal: Increase preceptor differential from \$1.00 to \$1.50 per hour.	Comparable facilities pay higher than our current differential.	Increase preceptor differential from \$1 to \$1.50 per hour	
A35	May 4, 2016	Dock time	Apply dock to unscheduled shifts that are cancelled		Nurse has made a commitment to work the shift and that should be honored by applying dock accruals and allowed use of EL if the shift is subsequently canceled.		
A35	May 4, 2016	Dock time	Clarify that all dock time counts as time worked for purposes of benefits and accruals		Other caps already exist on the accrual and use of earned leave. Accrual of seniority and benefit eligibility hours should not be capped.		
A35	May 4, 2016	Dock time	Limit cancelations to 8 hours per month, unless nurse volunteers		Nurses deserve a stable income.		
A35	May 4, 2016	Dock time	Set order of dock as 1. agency nurses; 2. volunteers by seniority; 3. intermittent nurses; 4. relief nurses; 5. full-time and part-time nurses		Order should be based on the level of commitment as demonstrated by personnel category and/or desire to work the shift.		
A35	May 4, 2016	Dock time	Allow use of dock-time for all scheduled hours		Other caps already exist on the accrual and use of earned leave. Accrual of seniority and benefit eligibility hours should not be capped. Nurse has made a commitment to work the shift and that should be honored by applying dock accruals and allowed use of EL if the shift is subsequently canceled.		
A36, S1	May 4, 2016	Dock standby/on-call	Clarify that cancellation of any scheduled hours results in dock time or dock standby		Nurse has made a commitment to work the shift and that should be honored by applying dock accruals and allowed use of EL if the shift is subsequently canceled.		
A36, S1A	May 4, 2016	Standby response time	20 minutes for surgery, 30 minutes for all other departments		Captures current agreements.		

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A36, S1D	May 4, 2016	Dock standby pay	Increase dock standby pay from \$4.15 to \$4.25 per hour		Dock/standby and on-call pay should be uniform. Comparable facilities pay higher on-call pay		
A36, S1D	May 4, 2016	Holiday dock standby	Increase holiday dock standby pay from \$4.15 to \$6.25 per hour		Not being able to travel with your family on holidays is a significant hardship.		
A36, S2	May 4, 2016	On-call limits	Limit on-call to 1 weekend and 6 weekday shifts per month		Allow nurses adequate freedom to engage in personal interests, family, and civic organizations.		
A36, S2A	May 4, 2016	On-call response time	20 minutes for surgery, 30 minutes for all other departments		Captures current agreements.		
A36, S2D	May 4, 2016	On-call pay	Increase on-call pay from \$4 to \$4.25 per hour.		Dock/standby and on-call pay should be uniform. Comparable facilities pay higher on-call pay		
A36, S2D	May 4, 2016	Holiday dock standby	Increase holiday dock standby pay from \$4 to \$6.25 per hour		Not being able to travel with your family on holidays is a significant hardship.		
A36, S2E	May 4, 2016	Excess on-call pay	Voluntary on-call in excess of the limits to be paid at \$10 per hour		Extreme efforts deserve extreme rewards. Nurses who agree to excess call deserve appropriate compensation. Hospital needs to staff appropriately to allow nurses adequate freedom to engage in personal interests, family, and civic organizations.		
A36, S2E	May 4, 2016	Excess call-in pay	Nurses called-in from excess on-call to receive 1.5X step wage plus differentials plus \$18 per hour plus on-call pay with a 3-hour minimum		Extreme efforts deserve extreme rewards. Nurses who agree to excess call and are called in deserve appropriate compensation. Hospital needs to staff appropriately to allow nurses adequate freedom to engage in personal interests, family, and civic organizations.		
A36, S2F	May 4, 2016	Emergency call-in	Nurses not on-call who agree to respond to work in emergency situations with less than four hours notice receive 2X step wage plus differentials with a 3-hour minimum		Extreme efforts deserve extreme rewards. Nurses who agree to excess call and are called in deserve appropriate compensation. Hospital needs to staff appropriately to allow nurses adequate freedom to engage in personal interests, family, and civic organizations.		

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A36, S2H	May 4, 2016	Call-in pay	Establish 3-hour minimum		Being called in disrupts personal, family and social endeavors. It causes unpaid preparation and travel time. Comparable facilities have similar minimums.		
A36, S2I	May 4, 2016	Holiday call-in pay	Pay 2X step wage plus differentials and on-call pay with a 3-hour minimum		Extreme efforts deserve extreme rewards. Nurses who are called-in on what should be their time off on a holiday deserve appropriate compensation. Hospital needs to staff appropriately to allow nurses adequate freedom to engage in personal interests, family, and civic organizations, especially on holidays.		
A36, S2J	May 4, 2016	Phone calls	Nurses on-call or dock standby to be paid 1.5X step wage plus differentials for actual time round to nearest tenth of an hour with a 12-minute minimum.		Phone calls cause disruptions to personal activities that cannot necessarily be measured in time. Conversations lost, meetings disrupted are losses that should be compensated.		
A36, S3	May 4, 2016	Post anesthesia care unit (PACU) scheduled call	Administer PACU scheduled call in accordance with PACU memorandum of understanding (MOU), but applying call limits from Section 2 above		Captures previous agreements.		
A42	April 6, 2016	Duration	3-year contract ending May 31, 2019	Agree	3-year contract provides stability for both parties.	3-year contract ending May 31, 2019	
Addendum A	May 4, 2016	12-hour nurse RBS	Eliminate minimum shift length for shifts triggering and receiving RBS pay	Don't agree	Nurses awakened in the middle of the night to work short shifts deserve RBS premium when they agree to return within 12 hours.		