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#### Negotiating Team

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## Fifth Negotiation Session Completed April 28

This week's bargaining session, held Tuesday, April 28, focused on economics. The day began with a presentation on St. Charles Health System (SCHS) health care and disability benefits by Chief Financial Officer Jen Welander and Vice President of Human Resources Rebecca Berry. Our ONA team and the SCHS team presented their economic proposals. This means that all proposals to be considered during negotiations this year have been presented.

The benefits presentation contained an update on the Affordable Care Act (ACA) and highlighted that the so-called "Cadillac Tax" will take effect January 2018 which could be applicable to SCHS. The data presented demonstrated that SCHS' costs of providing health care benefits to employees has slowed significantly in the past three years but continues to be above averages nationwide.

#### SCHS presented their proposal for changes to the health care benefits which includes:

- Increase physician office visit copays by \$5 for each tier of the Preferred Provider Plan Option (PPO)
- Increase specialist office visit copays by \$15 for tier 1 and \$5 for tier 2 of the PPO

- Increase emergency room (ER) copays by \$75 for each tier of the PPO
- Increase urgent care copay by \$5 for tier 1 and decrease the copay by \$25 for tier 2 of the PPO
- Increase alternative care copay by \$15 for tier 1 and \$5 for tier 2 of the PPO
- Increase the physical therapy (PT) / occupational therapy (OT) copay by \$10 for each tier of the PPO but decrease the visit limitation from 60 to 40
- Change the pharmacy benefit from 90-day supply 3 times co-pay to a 90-day supply 2.5 times co-pay
- The Caregiver Directed Health Plan (CDHP) will have deductibles and out-of-pocket maximums adjusted annually to follow IRS minimums
- No proposed changes to dental or vision plans
- Elimination of domestic partner benefit as no longer relevant, per the medical center
- Elimination of hospital discount
- Additional charge of \$25 per pay period for caregivers who use tobacco unless they agree to participate in a cessation program

## Negotiation Overview *Continued from page 1*

SCHS proposed changes to health care premiums, including a change in the definition of full time so that full time would include anyone working over 72 hours in a pay period. Proposed premium changes include:

- Increase in premium portion of employee only premium for CDHP and PPO caregivers working 60-71 hours per pay period by 5 percent in 2016
- Increase in premium portion of dependent premiums for every position category by 5 percent for both the CDHP and PPO in 2017
- Increase in premium portion of employee only premiums for every position category by 5 percent in 2018

### SCHS also proposed changes to their short-term disability (STD) and long-term disability (LTD) plans:

- Decrease STD income replacement from 66 2/3 percent to 60 percent for nurses with under 3 years of service; from 75 percent to 66 2/3 percent for nurses with 4-9 years of service; from 100 percent to 70 percent for nurses with 10 plus years of service
- Add eight weeks to the STD plan and provide 60 percent income replacement for any nurse during weeks 14-26
- Alter the elimination period for LTD from 90 to 180 to reflect the additional weeks covered by the STD plan

Other economic proposals presented by SCHS include:

- Removing Radiology and Cath Lab nurses from the float exception which would all the hospital to require them to float between the two departments (Article 7.16.1)
- Alter when shift differential applies so that the applicable shift differential is defined by where the greater amount of the nurse's hours fall for their shift (Article 8.9.1)
- Deletion of the Night Shift Exceptions language as unnecessary if shift differentials are defined by where the majority of hours fall (Article 8.9.2)

- Changing evening shift differential to the flat rate of \$2.17 per hour (Article 8.9.3)
- Changing night shift differential to the flat rate of \$5.18 per hour for nurses under two years of continuous employment and \$6.69 per hour for other nurses (Article 8.9.4)
- Eliminating the 1.75 times callback pay for Angio Cath, Cardiac Cath Lab, Dialysis, MDU, OR, PACU and Radiology (Article 8.10.2)
- Eliminate pay for travel time (Article 8.10.4)
- Changing specialty coordinator pay to the flat rate of \$2.00 per hour (Article 8.13)
- Eliminate the top tier of Earned Time Off (ETO) accruals and alter the remaining tiers to be 0-3, 3-9 and 9 plus years. All employees currently at the highest tier would be bumped down to the previous tier (Article 9.3.1)
- Elimination of language that allows a nurse moving from regular to relief to defer payment of their unused ETO for up to 12 months (Article 9.11.3)
- Deletion of Letter of Agreement (LOA) 15 Travel Pay for Nurses Affected by the Periop Merger
- Deletion of LOA 17 Premium Pay for Mandatory Meeting or Training
- Deletion of LOA 21 Ortho/Neuro and Surgical Specialty Nurses
- Addition of statement in LOA 23 Extended Illness Bank to capture current practice of requiring exhaustion of EIB before STD payment are made
- Wage increases of 1.5 percent each year

### Our ONA team proposed many economic proposals as well:

- Removal of maximum cap of seventh step on the pay scale when credited for prior experience upon hire (Article 8.3)
- Removal of language so that nurses working over their scheduled shift will receive premium pay (Article 8.5.2 A)

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## Negotiation Overview *Continued from page 1*

- Addition of premium pay for missed or interrupted meal or rest periods (Article 8.5.2 New E)
- Alteration of language so that extra shift incentive pay will be paid for any critical need shift on short notice, not only shift of four hours or more and no longer subject to management's discretion (Article 8.5.3)
- Align extra shift incentive pay language with report pay language so that nurses who report to work for an extra shift will be paid for half of the hours scheduled and a minimum of four hours if they are called off (Article 8.5.3 B)
- Adding Veterans' Day to our paid holidays (Article 8.8)
- Add language to ensure that all night shift charge nurses who come in for work between 1800-1900 hours will receive the night shift differential for the entire shift (Article 8.9.2)
- Addition of Forensic Nursing/SANE and NICU Neonatal Transport to the list of nurses who receive the 1.75 times rate of pay for callback (Article 8.10.2)
- Addition of a Float Differential of 10 percent of the nurses wage for nurses floated off their home unit and for designated float nurses who switch units within their shift (New Article 8.12)
- Increasing Specialty Coordinator Pay to \$3.50 per hour (Article 8.13)
- Increasing Preceptor Pay to \$2.00 per hour (Article 8.14)
- Extending Advanced Education/Certification pay to nurses that have an advanced degree or certification regardless of whether it is required (Article 8.15)
- Increasing Weekend Differential to \$2.00 per hour (Article 8.16)
- Increasing ETO accruals and Maximum Accrual caps (Article 9.3.1)
- Alter language to allow nurses on a leave of absence to retain up to twenty four (24) hours of their ETO (Article 10.1.2)
- Addition of Lifelight membership (Article 12.5)
- Removing maximum cap on tuition and related expense reimbursement, increase tuition reimbursement to \$550 per credit hour and include the bachelor of arts in nursing (BAN) as an acceptable degree for reimbursement (Article 13.6)
- Addition of Operating Room to LOA 4 so that Standby Positions could be posted there. Additional clarifying language to ensure original intent that nurses working beyond their scheduled standby shift would be paid premium pay (LOA 4)
- Increasing neonatal transport pay to \$50 per hour (LOA 13)
- Standardizing the wage scale so that there is a 4 percent increase between each one year step, 5.5 percent between each two year step, 6 percent between each three year step and 7 percent between the four year step at the top (Appendix A)
- Wage increases of 5 percent each year

If you have any questions, comments, or considerations for your ONA bargaining team don't hesitate to contact any of the staff nurse representatives or the ONA Labor Representative, Courtney Niebel at [Niebel@OregonRN.org](mailto:Niebel@OregonRN.org)

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### Reminder: Nurses Day Meetings May 6!

**On Nurses Day (May 6),  
ONA will host two meetings for bargaining unit RNs  
at St. Charles – Bend  
1130-1300 and 1730-2000 in Classroom F.**

*Light beverages will be provided at both meetings.*

**The negotiating team will provide details on all the bargaining proposals to date.**

*Come to meet our new ONA Labor Relations Representative, Courtney Niebel as well.*

**We hope to see you there!**

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## Build Your Leadership Skills in a Cohort of ONA Members

*Have you considered building your advocacy skills  
for the nursing profession?*

**ONA** has developed a new program  
to help you do just that!

### Cornerstones of ONA's Nurse Leadership Institute (NLI) include:

- *Motivating leaders to be catalysts for positive change*
- *Strengthening collaborative leadership skills*
- *Enriching and renewing personal values by deepening understanding of oneself and others*
- *Providing challenges and supportive encouragement during the leadership journey*

The first "class" of the NLI will be limited to no more than 25 participants, allowing for an intimate setting and hands-on instruction. An intensive, unique leadership program, built on an evidence-based leadership model, NLI will help you develop and strengthen vital skills needed to advance the nursing profession.

### In seven seminar segments, taking place over a seven month period, you will learn to:

- *Expand your self-confidence about your leadership ability*
- *Manage politics ethically through collaboration*
- *Enhance critical and reflective thinking*
- *Develop the ability to take thoughtful and meaningful risks*
- *Integrate the Code of Ethics for Nurses into your leadership practices*
- *Address real-time issues with colleagues*
- *Become a leader in ONA and an advocate for the nursing profession in your workplace, your community and throughout the state*

In order to best apply and integrate the information from the NLI, each participant will work on a real-life action learning project. Cohorts in groups of three to five Institute members will meet between the seminars for ongoing development and growth.

NLI participants will also be paired with a mentor who will help them apply their knowledge and learning, provide additional exposure to the nuts and bolts of leadership, and increase their understanding of the complexities and opportunities that ONA leaders experience.

For more information including dates, times and the application process, please go to ONA's home page [www.OregonRN.org](http://www.OregonRN.org) and click on NLI Institute on the bottom half of the page.

**Deadline for applications is Wednesday, June 3, 2015.** Participants will be selected on July 1, 2015.