

**Association of University Registered Nurses**  
**Oregon Nurses Association**  
**Problems and concerns for OHSU and ONA/AURN Interest Based Bargaining**  
**Updated on June 30, 2010**

**What is underlined is new.**

1. **Wages and Relevancy.** It is unclear what past experience is counted with regard to the initial placement on the wage scale for new hires who come to OHSU with prior experience as a RN.
2. **The Process for the Initial Placement on the Salary Scale.** The process used for placing new hires on the wage scale needs to be clear and standard every time.
3. **Define Unit. Define Cluster.** Sometimes we refer to units in the contract and other times we refer to clusters in general around OHSU. We need clear definitions of both so that when we are utilizing either the contract language is clear.
4. **The Staffing Office.** We are concerned that the staffing office does is not managed well, and therefore does not always staff the Hospital with RNs according to the contract. (For example, CNI not being offered or paid, requiring RNs to be on-call for units other than those listed in 7.6.1.)
5. **Restructures.** The requirements of MOU # 12 were never fulfilled. Restructures are disruptive to the work lives of nurses. We want a clear and consistent way for handling them when they occur.
6. **Budgeting for Education Money.** Units with RNs who do not have budgeted FTEs do not have access to education money. (For example: Specialty Float Pool, CDRC, Research Positions)
7. **Float pool curtailment and cancellation.** It is unclear when and how nurses in the Specialty Float Pool get cancelled or curtailed. A shared understanding of how it works or happens is needed.
8. **Floating and closed units.** We need to spell out what happens with units and their staff that experience a temporary closure that will not lead to an on-going closure, with regard to benefits, curtailment, floating, etc.
9. **Call requirements – Rest Period.** Having to be on-call during the night, then being called in, and being required to work your regularly scheduled day shift – following a call shift is not safe practice for many RNs.

10. **Change in FTE.** We have no language in the contract that describes how a change in FTE occurs (for example going from a .7 FTE to a .9 FTE) outside of the normal bidding process.
11. **Safe patient handling.** A consistent way(s) to eliminate on the job injuries due to moving patients is needed.
12. **Retired RNs who want to work as Resource Nurses.** Some RNs who have retired from OHSU would like to work as resource nurses but they have difficulty meeting the work requirements.
13. **The expense of being on the ONA negotiations team.** Finding a way to ease the financial burden of being on the bargaining team as a staff nurse.
14. **Payroll overpayments and underpayments.** Having a clear understanding about the process and the timeframes for dealing with payroll overpayment and underpayments.
15. **Resource Nurses and Bereavement.** Clarifying how resource nurses are treated when they have to deal with a death in their family (as defined in Article 14.3).
16. **Twelve Hour Shifts.** A clear and standard way that 12 hour shifts are created (come into being) and are managed (scheduled) is needed.
17. **Positions that work call hours.** The way MOU 4 – On Call Positions is set up with regard to the what call hours are worked/scheduled is too rigid and makes this kind of position unattractive to work.
18. **Credit for experience and leaves of absence.** RNs who take a leave of absence greater than 15 days that is unpaid lose credit for the purpose of their salary adjustment dates that new hires who come to OHSU with experience do not.
19. **Donated Leave.** A shared understanding of what is meant by catastrophic for the purpose of donated leave with regard to Article 12.4.
20. **Severance pay during layoff.** Providing severance pay during times of layoff.
21. **How the work week is set up.** The current definition of the workweek Monday through Sunday makes creating schedules that are more appealing to nurses difficult to have.

22. **Health Insurance.** The cost to RNs -- the combination of the out of pocket maximums; deductibles; and the employee portion of the premium for kids, spouses, partners, and families; is more expensive than what RNs are required to pay at other hospitals and more expensive than what other employees at OHSU are required to pay.
23. **Health Insurance.** RNs are having problems with access (availability of appointments) when they attempt to use their health care benefits and they are having problems with the billing processes (customer service, timeliness of the billing) after they have accessed their health care benefits.
24. **Wages.** We need to keep the compensation structure for RNs at OHSU competitive with the wage and compensation structure of other RNs at other large NW Hospitals.
25. **Night Shift Nurses and Vacation Pay.** Night shift and evening shift nurses incur a cut in their pay when they use vacation time.
26. **Education.** We need to increase OHSU's commitment to nurse professionalism and achieving the magnet designation through the provision of and support for additional education & training.
27. **Parking.** The cost to RNs to park at OHSU is financially burdensome and that financial burden is not equivalent to what other RNs incur for parking at other large hospitals in the NW.
28. **Staffing.** Staff RNs need more influence over their unit's budget and staffing plan as they are developed in the UBNPCs.
29. **Float Pool RNs and Compensation.** The compensation for floating needs to be clear and easy to administer for Staff RNs, Resource RNs and Specialty Float Pool RNs.
30. **Call requirements.** Having a mandatory call obligation makes a nursing position at OHSU unattractive to work. How can make having to take call less burdensome or more attractive.
31. **Biking.** Making commuting to work by bicycle a more attractive option for more nurses at OHSU.