Oregon Nurses Make A Difference

Oregon Nurses Association and Samaritan Health System

June 23, 2009

Question and Answers About the Multi-Unit Tentative Agreement

Q: Why did ONA agree to open closed contracts to reach this agreement?

A: ONA was requested by Samaritan to consider concessions because of economic hardship brought on by the general collapse of the economy. The closed contracts are not open, but ONA and the hospitals frequently amend contracts mid-term with side-letters of agreement. We are recommending passage of this agreement not only because we have verified Samaritan's economic status by detailed information that they have supplied to us, but also to equitably share concessions with non-represented employees. The agreement also achieves several long-term goals that will secure us better negotiating leverage and representation into the future. The agreement represents short-term concessions in favor of long-term gains.

Q: What has management given up? Is what we are offering equitably shared by all?

A: Non-represented employees, managers, CEO and Vice Presidents have had wage freezes, step freezes, 21 days of PTO use mandated, bonuses withheld, and TSA 3% match withheld. This took place on March 16, 2009 and will continue until March 15, 2010. ONA's agreement only affects temporary wage concessions—no pay step freezes or TSA match reductions.

Q; Why consolidate the units into two contracts rather than one?

A: ONA leadership preferred and proposed one master agreement. However, the Health System did not see it in their interest to risk a system-wide labor dispute within one large bargaining unit in the future. They instead agreed to two master agreements, each consisting of approximately the same number of nurses.

Q: How was it decided which hospitals would be in which of the two bargaining units?

A: All hospitals where placed and grouped by the year they open. For example GSRMC and GSRMC-Home Health open in 2009, while SAGH and SPCH open next year.

Q: What is the 1% pay reduction and does it have a limited start and stop time?

A. The 1% pay reduction was a simpler way for us to offer a concession of equivalent value to the pay-step freeze that non-represented employees have taken. In April meetings nurses had expressed that they did not want to risk a permanent step reduction into the future or having to track or deal with step catch-up adjustments. This is a time-limited reduction that begins on 7/6/09 and ends on 1/3/10. On January 4, 2010 the 1% is returned to your pay. It applies fairly to all nurses, not just nurses whose anniversary step increase dates happen to fall during this period.

Q: What is the common issue table and who pays for this?

A: The common issue table is intended to allow the ONA and the hospitals to reach common understandings, implementing the same contract language in all of the agreements. Examples of potential issues are wages, PNCC, education fund, and the grievance procedure. Time spent by ONA representatives at this common table would be paid by the hospital. Even with this process we anticipate that some of the contracts

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would continue to have unique contract language intended to capture practices that make sense only for that facility.

Q: What is the 500 hours of paid release time?

A: The 500 hours of hospital-paid release time will be paid to staff nurses to perform ONA representational activities over and above any current pay they receive. This may be for training, leadership development, individual representation, new hire orientation, negotiation preparation, etc. It will be allocated to all of the ONA represented contracts. The 500 hours of paid representation is to be implemented January 1, 2010.

Q: Is the hospital going to continue my TSA match?

A: Yes, this is not part of the tentative agreement. Your TSA match will continue and was not amended.

Q: What is the benefit of my hospital combining contracts?

A: We will build a stronger unit and unified leadership. It will move us towards parity with one wage scale. Both units would be about 400 nurses. Our labor representative would have more time in the hospitals for member representation and less time bargaining five contracts.

Q: Is my hospital sacrificing more than one of the other hospitals?

A: The ONA leadership attempted to make the concessions at each of the bargaining units equitable.

At the request of the hospital to meet its financial needs all bargaining units have no increased payroll for a limited six-month period, from July through December 31, 2009**.**

In addition:

GSRMC and SLCH contracts (both open for negotiations and would have expired on July 1) delay negotiating an increased wage for 3 additional months and 6 additional months, respectively.

SAGH and SPCH rates of pay continue without additional increase from January through June, 2010, when they negotiate their next contracts. They would have been entitled to a 1 1/2% to 2% increase under their current contracts.

As of January 2010 and with the above changes **SAGH *for the first time* will have a higher wage scale than GSRMC** (GSRMC: $29.64 - $44.83; SAGH: $30.17-$45.63)! As of this date **SPCH Steps 10—14 are also higher than GSRMC *for the first time*** (GSRMC: $38.67-$44.83; SPCH:$38.70-$44.83)!

Q: Will we have an opportunity to make up lost wages?

A: Yes. In March 2010 and June 2010 all contracts are re-negotiated and will be compared to market wages at that time. At that time we will also have a better idea of how the economy is recovering. If we proceed now with negotiations for our open contracts we run the risk of having the hospital impose additional concessions.

If the economy has improved by next year we will have a better opportunity to negotiate higher wages than risking these take-aways this year.