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Management’s Initial Responses and Proposals

We met with the Providence Home Health and Hospice (PHHH) administration bargaining team for a second round of negotiations Monday, Dec. 5. Administration responded to most of our proposals made at the first session and made some proposals of their own including an initial wage increase offer of 1.5 percent effective Dec. 1, 2016 and 1.0 percent effective Dec. 1, 2018. They emphasized the preliminary nature of their offer, implying that they were willing to meet somewhere in the middle of the current wage offers on the table.

Three concerning proposals by Providence

1) Providence wants to stop paying time-and-one-half for daily overtime.

PHHH would continue paying weekly overtime when nurses exceed 40 hours in a week, but pay for working beyond a daily eight hours (or your normal length shift) would be at straight time for intermittent and part-time nurses in most situations, as well as for full time nurses who work a 36-hour week. This represents a significant financial takeaway for nurses at PHHH.

Providence’s proposal also shows a lack of respect for the personal welfare of nurses and their families. Despite the fatigue and the disruption that it causes to personal and family life, most nurses at PHHH are willing to go the extra mile for their patients and coworkers, and often work overtime (sometimes off the clock) to attend to all of the details necessary for safe patient care.

PHHH nurses worked over 11,000 hours of documented overtime in 2015. Time-and-one-half compensation for such effort has always been part of our agreement with Providence. The additional pay for daily overtime is fair for the extra work and also provides incentive for Providence to ensure appropriate staffing. If there’s no additional cost to PHHH for nurses working daily overtime, Providence will rely on it more.

2) Providence wants to end extra shift pay.

Nurses miss work due to illness, personal leave, vacations, educational opportunities, and other events and Providence relies on other nurses to work extra shifts to fill in the staffing
holes. Extra shift pay is used to encourage nurses to pick up additional shifts in addition to their normal hours to maintain census and quality care. According to Section M of Appendix A, a nurse who picks up an extra shift at Providence request is entitled to $18.00/hour ($19.00/hour on weekends) in addition to regular compensation.

However, Providence has proposed eliminating extra shift pay. We are concerned that many shifts just won’t get filled and the impact will fall on our patients, who need timely care from nurses who are not overburdened with double duty due to short staffing. Like the daily overtime issue above, this is an example of Providence’s unwillingness to encourage and reward nurses to pitch in above and beyond the call of duty.

3) Providence wants to be able to change your health benefits

Providence proposed eliminating Appendix C from our contract. That’s the appendix that guarantees nurse eligibility for health, dental, and vision insurance, the amount nurses pay for premiums, deductibles and coinsurance, the maximum out-of-pocket cost for nurses in the plan, and the amount Providence contributes to nurses’ health reimbursement and health savings accounts.

This would mean that after settling the contract, Providence could turn right around and change the eligibility and benefits under these insurance plans. The extent of such changes would be unlimited and could easily offset any financial gains we make in bargaining. (Please see the article “Providence Asks Nurses to Roll the Dice on Health Care Benefits” on page 4).

Let us know what you think of Providence’s proposals. Send your email to Elayne Dragomir at elayne.dragomir@hotmail.com.

Notable areas of potential agreement were mainly economic items. Providence agreed that increases are warranted for evening and night shift differentials, preceptor differential and the 30-year bonus, although we’re still talking about the amount of the increase for each item.

We were disappointed that the Providence team did not give more serious consideration to more of our proposals designed to improve patient care. Management dismissed reasonable proposals to limit caseloads, to improve our productivity scoring system to account for acuity, complexity and travel time for each patient and to allow the Professional Nursing Care Committee (PNCC) to make recommendations regarding productivity.

We know we need to work on these areas because nurses are reporting that they are working through meal periods and breaks to meet the needs of their patients.

Responses to our bargaining survey indicate that nurses do not have adequate time to manage their patient load within their allotted hours. From the

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With You We Can Win

Moving a giant corporation like Providence on major issues like employee health insurance and pensions requires the participation of all of us. Here’s what you need to do today if you want to help us win something on these issues.

Take the Confidential Bargaining Survey

It will take you less than half an hour. High participation in the survey by our members tells Providence that nurses care about what happens at the bargaining table and that nurses are ready to take action if requested by their Union. It also tells us what is most important to nurses at PHCS. Click here to take the survey.

Tell Us Your Story

If you are struggling with the high out-of-pocket costs or worried that you can’t or won’t be able to retire when the time is right, please send us your story. We’ll keep your identity confidential. Real stories about how inadequate insurance or retirement funding affects nurses are what resonates at the bargaining table. Send your story confidentially to Gieryn@oregonrn.org
Management's Initial Responses and Proposals (continued from page 2)

responses, we found:

- 38 percent of nurses say they have to work beyond their regular hours to meet productivity at least half of the time.
- 70 percent of nurses report working off the clock at least one shift per week to meet patient care needs. 20 percent say this happens on at least half of their shifts.
- 30 percent of nurses say the work through more than half of their allotted rest breaks. 20 percent say they work through at least 40 percent of their meal periods.

Management also rejected other reasonable proposals to increase clinical ladder pay to encourage professionalism and to attract more experienced nurses by giving full credit for prior experience when placing nurses on the pay scale.

Despite a very favorable regional economic outlook for Providence, management completely disregarded any potential to improve health care or retirement benefits for nurses (see the article “Providence Ship is Hard to Turn” below). Such “big ticket” items will not be won easily. Other interests of nurses, such as being able to easily trade or give away shifts to qualified coworker were also dismissed by the management team.

The deadline for initial proposals was the Monday, Dec. 12 bargaining session. We’ve agreed there will be no new proposals after that date, although either party can make counteroffers to the proposals that are on the table already.

For a look at what’s happening with all of the proposals that have been made in bargaining thus far, got to your ONA/PHHH webpage and click on the Proposal Tracking Form. You’ll also find a link to Bargaining Update #1 if you missed it.

There’s Still Time to Take the Bargaining Survey

Let your voice be heard. It takes about 30 minutes to complete.

Click here to take our nurse bargaining survey

Providence Asks Nurses to Roll the Dice on Health Care Benefits

The Providence team rejected our proposal to increase Providence’s contributions to our health reimbursement accounts (HRAs) and health savings accounts (HSAs). They also made a concerning proposal to actually delete Appendix C – Health Insurance from the contract. Providence is essentially saying they want PHHH nurses to have no contractual guarantees regarding eligibility for health coverage, the amount nurses have to pay, the deductibles, co-pays, out of pocket maximums, coinsurance rates, as well as the amount Providence pays into your HSA or HRA.

We understand Providence Health Plans are regional and we generally get the same benefits that nurses at other Providence facilities receive. We don’t want that to change and want the same guarantees other Providence nurses get.

Providence has already negotiated 2017 health benefits for Providence St. Vincent and Providence Newberg nurses. Those contracts expire at the end of 2017 and there were no significant changes to the health plans in those contracts. More importantly, the benefits are guaranteed for the life of the contracts in appendices just like our Appendix C.

Providence told us that in 2018 they want to double the out of pocket maximum for health plan members who go out-of-network when an in-network provider is available. This could cost some of our members an additional $6,600 annually if they prefer an out-of-network provider to the providers available to them in-network. We’ll work with nurses at Providence Portland, Providence Seaside, and Providence Willamette Falls, all of whom are negotiating now on the same issues and we’ll expect the same guarantees those nurses receive.
Providence Ship Is Hard to Turn

On major issues that impact Providence’s bottom line, the ship is hard to turn. Providence rejected, without any counteroffer, key proposals to improve the compensation and work environment for nurses. These included our proposals to:

- Increase Providence contributions to our retirement accounts.
- Increase their contributions to our Health Savings and Health Reimbursement Accounts.

Our brothers and sisters at Providence Portland, Providence Willamette Falls and Providence Seaside are also bargaining now over some these same issues.

How important are these issues to you? Please email our ONA representative Sam Gieryn at Gieryn@oregonrn.org, if you think Providence nurses should take action to show management we are serious about these issues. Type “Take Action” in the subject line and tell us which issues are most important to you and what you would be willing to do. Actions could include a rally, picket or press event that you would attend.

So, What Time Do I Start?

Article 5, Section L of our contract says nurses will not be required to work different shifts, except in an emergency or to attend an educational program. Nurses can volunteer to work different shifts, but are not required to do so.

Lately, more and more nurses are being hired with the expectation that they will work “variable” shifts, meaning their start times will change on a daily basis. Providence says the nurse is volunteering at the point of hire, but we don’t think that is truly voluntary, because employment is conditioned upon the nurse’s acceptance of the variable shift arrangement and the nurse is not informed about their contractual right to refuse.

Variable shifts are very disruptive to personal, family and civic life. A nurse who does not know what time of day they will be working from one schedule to the next cannot plan personal or family activities with any assurance and cannot join athletic leagues or professional or civic organizations with any hope of regular attendance and commitment. We proposed clarifying the agreement to state that a nurse cannot be hired to work a variable shift and can only volunteer to do so after passing their probation. We also proposed that any variable shifts will not vary by more than four hours. So far, Providence has stated that they want the right to require variable shifts from all nurses.

Providence Management Bargaining Team

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- Jane Brandeis
  PHHH Hospice Director
- Shaune Mattson
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SAVE THE DATE: 2017 ONA NURSE LOBBY DAY

Hundreds of nurses will rally at the Oregon State Capitol in Salem on Tuesday, Feb. 14, 2017 to advocate for our patients and advance Oregon nurses’ practice. It’s vital that we have nurses represented in the key decisions that are made about our priorities and key bills that will come up in the 2017 session.

Early registration for ONA members is now open.

Feb. 14, 2017
Salem, OR

Visit www.OregonRN.org for more info and registration