Many Local Issues Resolved

Our ONA bargaining team met with the Providence Home Health and Hospice (PHHH) administration team April 3 to continue negotiations for our next contract. While the parties continue negotiations, the provisions of the 2015-16 ONA Contract remain in effect, nurses continue to progress through the wage step system, and all current practices affecting our working conditions will go unchanged. The 2017 pay increase resulting from this bargain will be retroactive to Jan. 1 of this year, so once we get this contract finalized, the increase will be applied to all the hours we’ve worked since Jan. 1. We made significant progress settling some issues specific to the nurses here at PHHH, however issues that affect multiple Providence facilities, like wages, health insurance, and retirement are still being negotiated at Providence Portland Medical Center (PPMC), Providence Willamette Falls Medical Center (PWFMC), and Providence Seaside Hospital (PSH). We’re maintaining solidarity with PPMC nurses on those issues, as are nurses currently in bargaining at PSH and PWFMC. Those

(Continued on page 2)
Many Local Issues Resolved

major benefits have been fairly uniform for Providence
facilities in the Portland region. **PPMC nurses reached a**
tentative agreement on Thursday, April 6. They are
excited to have made significant improvements on the
issues most important to them: scheduling (unit-based
scheduling); low census; and keeping most incentives
and differentials.

For a look at the status of all of the proposals, see the
ONA/PHHH Proposal Tracking Form (on your ONA/
PHHH webpage). To provide input to the bargaining
team or ask questions about any of the proposals, you
may confidentially contact Elayne.Dragomir@hotmail.com.

Progress at the Negotiating Table

As negotiations progress, we sign “tentative
agreements” with Providence. Tentative agreements
are agreements we reach about each section of the
contract. However, a tentative agreement does not
become part of a new contract until the nurses who are
members of the ONA bargaining unit at PHHH vote to
ratify the overall agreement. Once we’ve reached a
complete tentative agreement on the whole contract,
we’ll notify you that it’s time to vote.

**Variability of Working Hours**
We’ve reached a tentative agreement that would limit
the variability of shift hours for those nurses hired into
variable shift positions. Under the proposed agreement,
all nurses hired to work variable shifts will be informed
of the “range” of shift start times which may vary by no
more than six hours. For example, a variable shift
nurse could have a variable position with a range of
start times between 7 a.m. and 1 p.m.

Nurses would still be able to agree to work shifts with
greater variability if they desired, but a nurse could also
refuse to work any shift that started outside their 6-hour
range. Exceptions would be allowed for emergencies
and educational programs. The scheduling notice
requirements would still apply so that nurses will know
well in advance what their start times are for the
scheduling period.

**Extra-Shift Differential**
We reached agreement that extra shift differential will
continue to be paid on the same basis as it has in the
past. We did agree to clarify that extra shift differential
is only paid when Home Health and Hospice
designates the shift as an “incentive shift.” This has
been the practice for the vast majority of the bargaining
unit for many years, but we understand the practice
has not been completely uniform. We added language
to the contract to clarify that the extra shift incentive
must be designated in advance, and we changed the
name of the differential to “Incentive Shift Differential”
to more accurately reflect that these are shifts for which
Providence is willing to pay an incentive to meet a
critical staffing need. We also agreed to get rid of the
minimum shift length requirement for this differential.
Previously, the shift had to be at least four hours to
qualify for the differential.

Providence initially proposed removing the extra-shift
differential (Appendix A, Section M) from the contract
completely. Upon our strong objection, they withdrew
that proposal. Later they proposed that they would not
pay extra-shift differential and overtime simultaneously.
That would mean that nurses who pick up extra shifts
would not earn the differential if they were also earning
overtime for the same hours. We reminded them that
full-time nurses would then have little incentive to pick
up extra shifts.

**Caseload Limits**
We initially proposed caseload limits adjusted for acuity
and prorated for FTE. Unfortunately, Providence
doesn’t want to commit to any particular number of
patients as a limit. They feel that managers have been
sympathetic to nurses’ concerns about their caseloads,
so there’s no need for a set limit. They also feel that in
certain situations, like when all the patients are in the
same facility, a higher caseload can be absorbed.

We’ve been able to agree that Home Health and
Hospice will work collaboratively with nurses when
determining appropriate caseloads. Caseloads will be
prorated based on FTE. Nurses who are experiencing
difficulty meeting patient care needs due to the acuity
or complexity of the patients assigned, travel time or
required documentation, will be encouraged to inform
their supervisor and/or manager, who will work
collaboratively with the nurse to adjust the nurse’s
caseload appropriately.
We are hopeful that this will result in caseload assignments that meet our patients’ needs, but nurses who feel that they are not being heard regarding these concerns should contact a member of the ONA/PHHH Executive Committee:

**ONA/PHHH Executive Committee**

**Chair:** Elayne Dragomir, RN  
elayne.dragomir@hotmail.com

**Vice-Chair:** Gwen Rowe, RN  
gwentm72@msn.com

**Treasurer:** Michael Port, RN  
m.port@comcast.net

**PNCC Chair:** Helen Anderson, RN  
Homenurse4you@gmail.com

**Grievance Chair:** Pam Bacon, RN  
Pgbacon@msn.com

**Clinical Ladder & Certification Differential**

Providence agreed to form a Clinical Ladder Improvement Committee comprised of three ONA bargaining unit RNs and up to three PHHH representatives to develop and recommend improvements to the Clinical Ladder Program design, requirements and pay premiums. Two of the RNs will be Clinical Ladder Board members. Nurse representatives on the committee will be paid for up to ten meetings of two hours.

Providence did not agree to increase the premiums paid to clinical ladder participants in this contract. They say they “don’t want to jump the gun” on increasing the premiums until the Committee has a chance to make its recommendations. Providence has told us that they see more value in nurses obtaining certifications rather than participating in the clinical ladder. We’re not sure about that, but we noticed that four other Providence facilities pay more for certifications than PHHH, so we proposed a 10 cent increase in the certification differential, to $2.25 an hour. Fewer than half of our nurses hold applicable certifications, and we agree it would be better if every nurse was certified.

**Flex Scheduling**

We agreed to work together in the Nursing Task Force to try to create a voluntary flexible scheduling program that would allow nurses more flexibility schedule their week as suits their needs without incurring daily overtime. This might allow nurses to work longer days knowing they would be guaranteed time off later in the scheduling period. Neither party made any commitments as to the outcome of these discussions.

**Productivity**

We’ve asked Providence for some simple commitments around the productivity scoring system. First we would like them to prorate productivity standards for full-time equivalence, just as they’ve agreed to do for caseloads. We think this is the norm throughout Home Health and Hospice. We also know most managers take extenuating circumstances into account if productivity standards are not being met. But Providence has been unwilling to put that in the contract so it is enforceable by nurses. They have agreed to increase the scope of the Professional Nursing Care Committee’s (PNCC) advisory authority to include improvement of the productivity standards. We expect that these simple requests will be a part of the PNCC’s recommendations.