Welcome to Our New PHHH-ONA Officers

The 30-day nomination period for Providence Home Health And Hospice (PHHH)-ONA officers closed Thursday, March 18. Exactly one candidate accepted nomination for each position, so there is no need to run an election. The following PHHH-ONA officers have been selected to serve a two-year term to lead our bargaining unit’s important work:

- Chair: Carly DeWeese (Palliative Care West)
- Vice-Chair: Pam Bacon (Mental Health West)
- Secretary: Linda Sheffield (Hospital Liaison: St. Vincent’s)
- Treasurer: Michael Port (Hospice Access)
- Grievance Chair: Amy Gonzalez (Home Health West)
- Membership Chair: Jamie Aguilar (Home Health Access)
- PNCC Chair: Maureen Cooper-Gaines (Mental Health East)

Our leadership group is hitting the ground running with active bargaining around work in Washington; organizing, grievance, and bargaining work around productivity; and additional grievances around appropriate pay and benefits.

Take a moment to thank these officers for their hard work, and consider becoming a steward to help support that work. If you’re ready to step up and receiving training and support to help advocate for change in your workplace, contact Membership Chair Jamie Aguilar.

PNCC Nominations

Our Professional Nursing Care Committee (PNCC) is calling for nominations to serve. Pam Bacon is stepping back from her role on the PNCC to devote time to her new position as PHHH-ONA Vice-Chair, and another position will soon open upon ratification of our Memorandum of Understanding (MOU) around work in Clark County.

To help address nurse practice and patient care issues, nominate yourself or another nurse using this nomination form, or go to:

www.surveymonkey.com/r/PHHH-PNCC-NOMS

You can access the survey from your phone; just scan the QR code below.

The PNCC meets for two hours every five to six weeks (paid time), reviews Staffing Request and Documentation Forms, and works on recommendations on issues between meetings. If you have questions about serving, reach out to PNCC Chair Maureen Cooper-Gaines for more information.
Home Health Nurses Pushing Back

Home Health Nurses Pushing Back Against Unsafe & Unsustainable Productivity Standards

If you aren’t meeting your productivity standards, you aren’t alone. For the February 14-27 pay period, less than 7 percent of Home Health nurses met productivity.

This is strong evidence that these productivity standards are wholly unrealistic. If you are prioritizing patient safety and quality care over arbitrary productivity standards, you are doing the work of a nurse, and there’s pride, not shame, in that!

Our petition, signed by more than 75 percent of all Home Health nurses, was delivered via certified mail to Susan Murtha, Michael Robinson, and Shaune Mattsson more than a week ago. We have received no response to our united call to rescind these unrealistic productivity standards. Moreover, we’ve now been waiting nearly a month for Susan Murtha to respond affirmatively to our demand to bargain the impact of the new productivity standards.

We can’t just wait for a response though, we need to make it more uncomfortable not to respond than it will be to engage. So what are we doing to stand up and push back?

Take Action!

• Complete this short survey to guide our bargaining and advocacy around changing productivity standards. Survey link: https://forms.gle/JQNHKz2vEKvgkxz37

• File a PHHH Staffing Request and Documentation Form (SRDF) for each instance where you experience an unsafe patient load that could potentially compromise patient safety, are pushed into mandatory overtime, or skip a meal or rest break. These SRDFs help us make the case that patient safety and compliance with the contract and/or law are compromised by the new productivity standards. Fill out an SRDF here: www.provhomehealthhospicestaffing.com/.

• Respond to messages from your supervisor that indicate you have not met productivity. Our contract guarantees that several considerations must be taken into account in any performance conversation. Make sure your supervisor takes these into account by sending a message requesting they do. Here’s a template for such a message, or go to www.OregonRN.org/phhh.

• Add a note to your Success Factors. Nurses were required to agree to a goal of meeting productivity, despite vocalized safety concerns. While management has not removed this goal from Success Factors, they have advised that nurses can add a note if they disagree with the goal. We recommend you do so, working from this template for such message, or go to www.OregonRN.org/phhh.

• Join on Thursday, April 1 for a meeting with Home Health nurses from the North Coast and Gorge Service Areas to help craft a comprehensive strategy for pushing back against the new productivity metrics. More details, including the meeting link and QR code on page 3.

Washington Registered Nurse License & Work in Washington MOU

We continue to negotiate over the terms of PHHH’s expansion into Clark County.

You can review PHHH’s most recent counterproposal here, or go to: www.OregonRN.org/phhh.

Secured Wins

Licensure Costs:
PHHH pays for costs to obtain, renew, and/or reinstate WA license, including all time spent on administrative tasks, retroactive to February 2020.

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Continuing Education:
PHHH pays for the cost of 2 CE units in the Washington State Jurisprudence Module and 6 CE units on suicide prevention training and the nurses’ hourly wage to complete the units in addition to education hours already guaranteed under the contract. PHHH further provides an additional 8 education hours and a $200 annual education stipend per year for WA licensed nurses.

Availability of Paperwork & Supplies:
PHHH & nurses will work together to have paperwork delivered securely without travel to the office. PHHH will make every effort to have work supplies delivered to nurses who live in WA and/or available for pick up at a WA community partner.

WA Licensed Nurse Representation:
One additional nurse will be added to both the Task Force and PNCC. Clark County work is housed in the Hospice East, Hospice Access, Home Health Access, and Home Health East Branches and clearly within the PHHH-ONA bargaining unit.

Outstanding Issues

Adequate Staffing:
Many of the concerns related to expansion into Clark County are rooted in concern over already inadequate staffing and PHHH’s unreasonable demand that nurses do more with less and over a much larger service area. We have proposed language that would require additional hiring when certain thresholds are met, but management continues to refuse to provide any guarantees of adequate staffing.

Mandatory Licensure:
While we initially agreed that WA licensure would happen on a volunteer basis with additional licensees being selected by reverse seniority if too few people volunteered, management has moved backward on this issue. They now propose that all Hospice afterhours triage nurses must be WA licensed and that exceptions to the use of reverse seniority will be permitted if specialty or shift considerations make the use of reverse seniority impossible.

Productivity:
We have proposed that productivity standards be waived while the COVID-19 related states of emergency exist in either Washington or Oregon. Management has refused to agree and claims that no discipline will or has been issued due to missed productivity during the COVID-19 state of emergency.

Alternate Assignment Procedures:
We have proposed that work in Clark County will be treated as an alternate assignment (with extra orientation, workload protections, and more) for anyone who is not hired explicitly to work in Clark County and for anyone whose territory is exclusively in Washington but must pick up visits in Oregon. Management wants to use the alternate assignment designation more sparingly: only for people who work in Clark County but are not part of the Home Health East, Hospice East, and Hospice Access Branches.

As we try to work through these remaining differences, we need to hear from you! If you’re among the groups that might be required to become WA licensed or who may have to work in WA without the protections of the alternate assignment language, we especially hope you’ll reach out. Contact any of your PHHH-ONA officers or your ONA Labor Representative.

Home Health April 1 Zoom

Meeting with Providence Home Health Nurses Across Three Bargaining Units to Secure Safe Productivity Standards

Thursday, April 1, 5 to 6 p.m.

Our colleagues who work in Home Health in the North Coast and Gorge regions are also being impacted by the implementation of unsafe and unreasonable productivity standards. These nurses are members of separate bargaining units (the Providence Seaside Hospital and Providence Hood River Medical Center bargaining units, respectively), but like us, they work under the leadership of Susan Murtha and are being tasked with patient care loads that are impossible to safely meet.

On Thursday, April 1, from 5 to 6 p.m., we will come together across all three bargaining units to discuss productivity and how we can continue to push back

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against these unreasonable standards. All three bargaining units have filed requests to bargain, and so far, all three of these requests have been denied or ignored. The meeting will be a place to discuss the results of our productivity survey and next steps for taking collective action to win productivity standards that ensure patient safety.


ONA Statewide Elections Extended

Serving as a statewide leader in ONA is a rewarding opportunity and a way for you to weigh in on the most important issues facing nurses today. ONA is actively seeking enthusiastic, engaged nurses to run for leadership in our organization’s internal elections!

You can run for office no matter where you live.

High profile openings you or your coworkers can run for include vice-president, treasurer, board directors and multiple cabinet positions including designated seats based on geographic region.

Nomination Deadline Extended to March 29
To learn more and complete your Consent to Serve form to declare your candidacy, visit:

www.OregonRN.org/Elections

Save the Date: ONA Virtual BULC, June 25

Join your colleagues from across the state to develop your skills and learn about Bargaining for the Common Good.

Mark your calendars for Friday, June 25 for the ONA Virtual Bargaining Unit Leadership Conference (BULC). This year’s conference will focus on Bargaining for the Common Good.

Bargaining for the Common Good (BCG) is a return to the roots of unionism – the basic idea of advancing shared interests. We are not just nurses, we are community members, parents, users of public transportation, and renters too! Our employers are required by law to negotiate employment contracts with us, but that only addresses one part of our lives and largely ignores the community members we live with and care for.

Come to ONA’s 2021 Bargaining Unit Leadership Conference to learn more about the BCG framework and how to achieve win-win results for ONA members and our communities on issues ranging from racial inequities to public health improvements and more.

Registration will open in early spring.
Visit www.oregonrn.org/event/2021BULC for more details as they are finalized.