Providence Home Health & Hospice Update – June 12, 2023

We are officially one week away from our strike at PHHH, PPMC, and PSH, which will begin at 7am on June 19 and end at 7pm on June 23. As we prepare, please take note of the following important information and resources:

**MANAGER INQUIRIES ABOUT STRIKING/PHONES/COMPUTERS**
You are NOT obligated to give your manager notice that you will strike and should not do so. Our 10-day notice provides the required notice for every ONA-represented employee.

Your manager CANNOT ask if you intend to strike. They also cannot require phone and computer drop off in a manner that assesses whether or not you will strike. If your manager asks that you drop off your phone or computer, confirm that this is a requirement of all ONA-represented employees, not based on your choice to strike.

**REQUESTS TO TRIAGE OR PRE-SELECT MISSED VISITS**
The following advice is meant to help clinicians protect their licensure as PHHH asks clinicians to discharge or triage patients due to our impending strike. The health care needs of our patients do not change due to a strike, and we should not communicate a change to their plan of care or visit frequency next week unless it is indicated according to your clinical assessment, agency policy and protocols, professional standards, and regulatory compliance. Asking us to triage or prioritize patient visits moves liability from Providence onto us and could threaten our licenses.

Advice on completing "Caseload Documents" or triaging visits for next week:

(1) If requested by your manager to complete a caseload document, you should do so to avoid charges of insubordination. Complete the form based on objective criteria only: provider orders, agency policy and protocols, professional standards, and the plan of care.
(2) Indicate to your manager that you anticipate that completing the caseload document on top of your regular work will require overtime and ask for pre-approval of overtime to do so.

(3) If your manager pushes you to triage or prioritize patient visits, inform them that you are uncomfortable doing so without a meeting with the interdisciplinary care team, management, and providers to fully assess patient needs. Do not provide guidance that could result in missed patient visits unless independently advisable per your clinical judgment.

Sample language:

Manager,

I can complete the caseload document as requested but anticipate doing so by the deadline will require overtime. I am asking for preapproval of such overtime to complete that work. I am not comfortable triaging or prioritizing patient visits as each patient requires the visit frequency indicated by provider orders and their plan of care. I request that we meet as an interdisciplinary team with management and providers if the intention is to reduce visit frequency based on the assessment you are requesting of me.

PICKET TRAININGS
Short picket/“how to strike” trainings will be offered during these dates/times, and are open to nurses and clinicians from any of the three striking bargaining units. Come learn the dos and don’ts of picketing (including DO have some fun!).

Tuesday 6/13 @ 8-8:30AM; 8-8:30PM
Wednesday 6/14 @ 12-12:30PM; 5-5:30PM
Thursday 6/15 @ 8-8:30AM; 8-8:30PM

https://us06web.zoom.us/j/85683994000?pwd=NIf4MWtsMzVNRnR2SiFkSktoOG1XU09
Password: ONA

PICKET SHIFT SIGN-UPS
Our leverage during a strike is withholding our labor (not working), and also bringing the crisis to the public by holding visible pickets. It is critical that ONA clinicians sign-up for as many picket shifts as possible and plan to bring family and friends! Click here and select your preferred picket line location to show available picket shifts: https://oregonrn.org/STRIKESSHIFT
ALL CLINICIAN MEETING
We will meet **Wednesday June 14, 7:30-8:30pm** for an all ONA-PHHH clinician meeting to answer strike questions and provide necessary updates. Please plan to join and bring any questions to that meeting.

https://us06web.zoom.us/j/85683994000?pwd=NlF4MWtsMzVNRnR2SiFkSktoEOG1XUT09
Password: ONA

STRIKE HARDSHIP FUNDS

Our strikes have been sanctioned by the ONA Labor Cabinet so that the ONA strike fund will be available to use when we go on strike. We have established a Hardship Committee to provide oversight and ensure that our strike fund is utilized for those most in need of assistance. The intent of the hardship fund is to provide resources for nurses who would otherwise experience extreme hardship. Because of the timing of our strike, we will receive full paychecks on June 23 and partial paychecks July 7, meaning we have some time to get the funds distributed before any wage loss is experienced.

Treasurers from all three striking bargaining units—Colleen Butler (PPMC), Mary Nguyen (PHHH), and Tracy Hutkowski (PSH)—will be joined on the Hardship Committee by additional members now being identified. The Hardship Committee will establish guidelines for prioritizing any hardship requests for financial assistance, review and approve or deny applications for financial assistance as well as work to garner more resources and assistance for our striking nurses and clinicians.

The ONA strike fund must be administered in accordance with ONA policy, which includes the following important provisions:

1. **Qualification**
   a. Only ONA members and fair share contributors (not those who have opted out of ONA) are eligible to receive hardship funds.
   b. No one who crosses an authorized picket line for unauthorized reasons will be approved for hardship funds.
   c. Participation in strike activities (picketing shifts, negotiations, other efforts) are required for a member or fair share contributor to qualify.
   d. Applicants for hardship funds must demonstrate they have made efforts to reduce their need by seeking other employment and notifying creditors.

2. **The Fund**
   a. The ONA strike fund is for the entire state membership of ONA.
   b. The strike fund should not be seen as an alternate source of income, but a means to offset a particular financial need.

3. **Application & Approval**
a. Application must be made in writing to the Hardship Committee via a forthcoming ONA-provided form (check your bargaining unit page and email soon).

b. The Hardship Committee will decide who is eligible for funds and in what amount, based on the needs of our membership.

c. We anticipate being able to approve and distribute hardship funds before the impacted paycheck (July 7).

MORE DETAILED UPDATE FROM LAST WEEK’S MEDIATED SESSION

As you know, your ONA-PHHH bargaining team, along with the ONA-PPMC and ONA-PSH teams, met with Providence management for a mediated bargaining session Wednesday, June 7 into the early morning of Thursday, June 8. This session came the day after a session with PHHH management where over the course of the day, they met with us for only 93 minutes and provided several low priority proposals (Art 1, Art 15, & Art 16) and no improvement to the status quo on productivity (LOA on Productivity), just keeping the same power of the Professional Care Committee (Article 14) to make recommendations on productivity with no obligation to institute those recommendations.

We had hoped management would take our June 6 session seriously and provide significant movement on priority issues like productivity.

The June 7 session was similarly frustrating as we did not meet with management until 5:20pm. We wouldn’t have minded the wait if management had made real movement toward us on our outstanding priority issues, most importantly productivity, wages, and PTO. Instead, we saw:

(1) **Limited movement on productivity.** While management was willing to concede they would not discipline based on failure to meet productivity, they remain unwilling to negotiate over the productivity standards themselves (and thus the number of visits we’re scheduled to). Though their proposal suggests an acuity tool will be developed (it has been already and is ignored) and the Professional Care Committee can make recommendations around productivity (they can already and are ignored), nothing they’ve proposed would prevent them increasing productivity to any level.

(2) **Small movement on year 1 wages.** Management proposed just a 1% increase in year 1 for each discipline, as compared to their last proposal. They continue to insist on keeping PTs, OTs, and SLPs on a separate scale from RNs.

(3) **Very small movement on year 2 wages.** Management offered just 3% in year 2 (up from 2.5%)—far less than inflation.

(4) **No movement on year 3 wages.** Management continued to offer just 3% in year 3—far less than inflation.

(5) **No movement on PTO. No** added PTO, despite us being way below market and them finally observing Martin Luther King Jr Day (put not providing the extra PTO for clinicians to do so!).
A rough approximation of retro pay (variable by discipline) and a $2500 ratification bonus (nurses only). Providence offered retro pay of 12% back to January 1 for nurses and 3% back to April 24 for non-nurse clinicians and wound ostomy nurses. Providence attempted to condition this on acceptance of the rest of the agreement and ratification by June 30. We don’t believe this retro pay and bonus are fairly structured, especially for non-RNs and the wound ostomy nurses, and it fails entirely as a payoff for abandoning our priorities around productivity and safe patient care.

We were glad to reach an agreement on an important new article on clinician safety. We did not and do not believe we can ratify an agreement that does not address productivity, increase PTO, and create fair wage scales. For this reason, we moved forward with issuing our 10-day notice of our strike. We remain ready, willing, and eager to return to the negotiation table to reach an agreement and avert a strike. However, Providence has cancelled upcoming sessions with PPMC (6/13), PSH (6/14), and us (6/20). We view this action as illegal and have filed unfair labor practices charges around it. Providence continues to believe they can bully us into settling for less than clinicians and our patients deserve. We’re preparing to show them otherwise next week.