UPCOMING EVENTS

ONA-PHHH Strike School
Thursday, May 11, 7:30-8:30 p.m. Virtual via Zoom
Our last of 6 scheduled Strike Schools happens TONIGHT, 7:30-8:00 p.m. Come to get up to speed on ongoing negotiations; learn the basics around union rights, contract campaign escalation, and strikes; and to understand why we are hoping to move quickly to maximize our leverage to win the strongest possible contract.

Join at tinyurl.com/ona-phhh (passcode: ONA).

Bargaining Session
Thursday, May 18, 8:30 a.m.-4:30 p.m. PHHH Halsey Building (Steele Conference Room)
Drop by our next bargaining session in person if you happen to be near the Halsey building during your lunch or break. You can also drop into our virtual caucus update 12-12:30 p.m. at tinyurl.com/ona-phhh (passcode: ONA).
BARGAINING UPDATE

We held our third bargaining session as a full team across all clinical disciplines on May 10. In addition to moving perhaps the most important proposal for newly unionized clinicians—Appendix A Wages—we received a disappointing counterproposal on our identified priority of paid education time and funding but closed with a promising discussion on clinician safety protections.

PT, OT, SLP, Social Worker, and Bereavement Counselor Wages

We proposed a wage scale (see table in Appendix A proposal) that would increase the existing quoted wage ranges by at least $5.50/hour for all disciplines and would provide a transparent, equitable, and predictable wage scale for all. All clinicians would receive an annual step increase at their hire anniversary and an annual across-the-board raise on January 1. Based on a survey of the preferences of currently exempt full and part-time social workers, we proposed to retain the salaried, overtime-exempt status of this group while still placing them on a transparent wage scale. We proposed a unified wage scale for RNs, PTs, OTs, and SLPs with separate wage scales for social workers and bereavement counselors who are licensed and unlicensed. While we wish we could win a unified wage scale for all, we felt it was important to propose a structure we felt was winnable in the society and market we live in. The scales for social workers and bereavement counselors would bring Providence wages above those at Kaiser, who is typically the market leader.

Whereas Providence claims to place clinicians across wage ranges that extend at the top end to $73.54 (PTs); $69.33 (OTs & SLPs); $61.66 (LCSWs); $54.80 (CSWAs), and $52.19 (LPCs), in reality only 26 of 165 newly organized clinicians (16%) are above the 50th percentile in this wage range and only 3 of 165 (1.8%) are above the 60th percentile. In contrast, nurses—who have a transparent wage scale—have about 20% of all nurses at the top of the wage scale, and any nurse with more than 8 years of experience (Step 9) would be above the 50th percentile of their scale. We know many clinicians are much lower in the quote wage range than they should be given their deep experience in the field. When we requested information to validate individual placement on a new wage scale, Providence was utterly incapable of providing any documentation of years of experience for newly organized clinicians, clearly demonstrating that they are not crediting experience on the scale. Because Providence does not have this information, we have envisioned a process where each clinician can adjust their initial placement on the wage scale by providing their years of experience. To expedite this process after we reach contract agreement, start compiling your years of experience now!

We are hopeful management will have a counterproposal on wages for newly represented clinicians at our session next week.

Management Response on Professional Development

Management responded to our Professional Development proposal by agreeing to extend the increased paid education hours secured for RNs (16 hours per year) to all clinicians. However, they rejected providing an additional 8 hours per year for social workers and bereavement counselors, despite the current hours being insufficient to meet continuing education hour requirements. Management also accepted our proposal to increase the bank of additional paid education hours available by request from 800 to 1365. They rejected our proposal to increase education funding for newly organized clinicians, despite thorough explanation that this is a priority for this group and an area where we lag our peers. They are proposing the existing
education amounts arguing that they believe they are sufficient. We plan to counter-propose on this topic next week.

**Safety Discussion**

We had a long and (hopefully) fruitful discussion around clinician safety concerns at yesterday’s session. Management has not yet responded to our recent proposal but wanted to engage in a conversation to hear our priorities again. We hope they heard us clearly and come to next week’s session with a proposal that prioritizes clinician safety. Your clinician colleagues shared horrific (in Prov attorney’s own words!) and harrowing stories of workplace violence and the lack of response, care, and follow-up provided to clinicians after these events. We know Providence can do better—and often has done better on the hospice side of the house. We are eager to see a response that focuses on both prevention and compassionate treatment of impacted clinicians after such incidents.