Today’s bargaining session focused largely on Electronic Visit Verification (EVV) and wages. We started the session with a very productive Q&A with IT specialists to dig in on some technical details around EVV. That conversation and months of negotiations around this issue finally produced meaningful movement on EVV. Management’s position on EVV is now:

- The geographic location of visits will only be collected for Home Health patients for whom Medicaid is their primary insurance provider (not all Home Health patients as they have previously insisted);
• Rover and Remote Client will both have banners that prompt clinicians when location verification is required. See examples here and here (not real patient information in these screenshots).
• Clinicians will still be able to turn off location services once the EVV tool is launched;
• Clinicians will have a drop-down menu to indicate the reason when location verification is not possible.

We continue to push management to investigate whether they can further limit the location verification to only those Medicaid patients living in non-congregate care facilities (the population required under law), but even limiting the requirement to only Medicaid patients is important movement on this critical issue. We also await clarity on whether, under Providence’s plan, the visit start and stop times will continue to be done in Remote Client or required to be done in Rover. It’s untenable for all visits to be started and stopped in Rover then charted in Remote Client as this would require a sync with Remote Client for every single visit (not just those where location verification is required).

Management indicated at our last session on June 27 that they would provide counterproposals on Appendix A (Wages), Appendix B (Certification, Clinical Ladder, and RCAP), the MOU on Clinical Ladder, and Article 13 (Professional Development) at today’s session. Despite this assurance, management was not able to offer a counterproposal on any of these articles except Article 13. Providence’s attorney claims he has spent many hours working with Providence’s Compensation Team to arrive at a proposal that meets our desire to unify the wage scale for most disciplines—RNs, PTs, OTs, and SLPs—but that it hasn’t yet been possible to accomplish. Similarly, management did not yet have a proposal on Social Worker and Bereavement Counselor wages. They now plan to present wages and related proposals to us on July 26 or in advance if possible.

We proposed again on Article 3 (PTO). The proposal is largely similar to our most recent proposal—with no changes to the accrual levels—but moves off of our proposal to create the option to cash out a portion of PTO. We were also able to exchange proposals on Article 5 (Hours of Work) where we arrived at a tentative agreement solidifying the ONA Article 5 proposal.

- ONA Article 3 Paid Time Off Proposal
- PHHH Article 5 Hours of Work Proposal
- ONA Article 5 Hours of Work Proposal - Tentative Agreement

Our next bargaining session will be a mediated session on Tuesday, July 26. We intend to focus heavily on productivity in that session, with the hopes that the mediator will help us find solutions that have not yet been apparent. We continue to express to Providence that there is no contract agreement until we meaningfully address clinicians’ concerns around productivity.

We then bargain on August 9 alongside PPMC and PSH in the hopes of reaching full contract agreements for all three units.

If you have any questions, please contact your ONA labor rep, Gabriel Erbs, at Erbs@OregonRN.org.

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