SUBJECT: Productivity Arbitration Decision

Just over two years ago, management unilaterally implemented a new productivity metric for Home Health RNs that radically increased workload, especially for Mental Health, Palliative Care, and Wound Care RNs. Since that time, we have deployed every strategy available to us to overturn this unfair, unsafe, and unethical directive. We delivered a petition with more than 85% support requesting the metric be rescinded. We filed an Unfair Labor Practice (ULP) complaint with the National Labor Relations Board (NLRB), and we filed a grievance that we escalated all the way to arbitration.

We have now learned that the arbitrator has sided with management, finding that nothing in our current contract prevents management from unilaterally implementing new productivity metrics, no matter how unrealistic they may be. Now that our contract is open for negotiation and the no strike clause contained within it has expired, we have an additional and powerful avenue to address unrealistic productivity metrics—we can negotiate a fair productivity metric or resort to a strike if necessary to secure this and other contract gains.

Management claimed in the arbitration that, “...it appears that the Association is attempting to achieve in arbitration what it failed to achieve in negotiation. The underlying subject of the grievance at issue reflects those discussions during negotiations for the 2019-2022 Agreement in which the Association attempted but failed to successfully achieve a Memorandum of Understanding (MOU) that would have provided for clear additional credits for different visit types, complex nursing functions, problematic patient interactions and other incidents.” It is now clear that we must secure these wins in this round of negotiations. We now know that we cannot count on management to be reasonable or collaborative. We now know that they will ignore the input of the Professional Nursing Care Committee (PNCC), Task Force, and hundreds of frontline nurses. The only way to roll back the existing metric and prevent management from introducing more impossible metrics, is to secure enforceable contract language that clearly establishes a reasonable metric. We know management will not give on this easily, so we must be prepared to take collective action—rallies, pickets, and potentially a strike.

It is clear to us that this arbitration decision has emboldened management. Already, they are insisting that Mental Health and Palliative Care RNs who were being allowed to schedule four patients a day move to meet the 5.5 requirement. As we escalate our contract campaign to win on productivity, there are a few immediate actions you can take to protect your own workload and practice:
(1) Record all hours worked, including faithfully recording all overtime.

(2) If your visits for a given day will require overtime, call your core leader, inform them of this, remind them that “Excess work will be by mutual consent, except that a nurse may be required to remain at work beyond a nurse’s scheduled workday (Article 5.F)”, and ask if you are being required to remain at work beyond your scheduled workday to work mandatory overtime. If they say no, tell them you will need to be downloaded a patient to avoid overtime. If they say yes, ask them to document this requirement in writing over email.

(3) If your core leader is unclear or unresponsive when asked about mandatory overtime, put your question in writing and copy your Director (Kristin or Corrinne for Home Health and Jennifer for Hospice).

(4) Record all factors—visit complexity, travel, education, computer issues, etc.—that impact your productivity. You may need this information if management attempts to institute disciplinary action for failure to meet productivity. We do have strong contract language that prevents discipline if these factors are in play, and we will fight each and every instance of inappropriate discipline.

While these measures will help protect you against some of the immediate impacts of the productivity metric, to truly win on this issue, we must win at the bargaining table. Take these actions to ensure we do:

(1) **Join the Contract Action Team (CAT)** to help keep ONA-PHHH members informed and united throughout bargaining. Reply to this email indicating interest or reach out to CAT Coordinator Maria Opie. If you cannot commit to being a CAT Leader, **connect with your CAT Leader** (they’ve been texting you!) to let them know you’re receiving messages and ready to act when called upon.

(2) **Attend our next All Nurse Unit Meeting** this Thursday, January 26, 1630-1730 at the following link: [https://us06web.zoom.us/j/85683994000?pwd=NlF4MWtsMzVNRnR2SIFkSktEOG1XUT09](https://us06web.zoom.us/j/85683994000?pwd=NlF4MWtsMzVNRnR2SIFkSktEOG1XUT09). Passcode is ONA if needed.

(3) Start preparing for the possibility of a strike. Pick up an extra shift, set aside a little extra in savings, and actually record and get compensated for your overtime. All of these actions will help ease the financial burden of a potential strike and ensure you are financially ready to stand strong if it is necessary to strike to secure a fair contract.

Please note: If you had intended to join us for the petition delivery today, management cancelled the bargaining session, so the petition delivery is postponed. If you didn’t receive a text message about this, we don’t have a good number on file for you. Contact your labor rep to rectify this! You can also visit [OregonRN.org/update](http://OregonRN.org/update).