Carly DeWeese resigned her position as ONA bargaining unit chair effective Monday, Aug. 30, 2021. Carly leaves the position to dedicate more time to caring for her ill mother.

During her tenure as ONA Chair, Carly fought fiercely on behalf of nurses. Carly has been active in negotiations around expansion into Washington, in the fight against unrealistic productivity standards, and in a number of grievance hearings.

Carly also worked to connect Home Health & Hospice nurses with the larger organizing and bargaining efforts across Providence. As she steps down, Carly transitions her duties to Pam Bacon, ONA Vice-Chair.

Carly’s resignation creates a vacancy in the ONA Chair position. PNCC Chair Maureen Cooper-Gaines has nominated Jamie Aguilar, current Membership Chair, to the position of Chair. Jamie has accepted this nomination, creating a vacancy in the Membership Chair position.

Accordingly, we are now calling for nomination of ONA members interested in serving as either Chair or Membership Chair. Nominations will remain open until 11:45 p.m. on Thursday, Oct. 7.

If more than one nomination is received for either position, we will hold an election shortly thereafter. If only one nomination is received for each position, that nominee will be appointed to the position.

If you would like to nominate yourself or another nurse for either position, you can do so using this nomination form:

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

**Ratification of Agreement Around Work in Washington**

Your ONA leaders recently reached a tentative agreement (TA) on our Memorandum of Understanding (MOU) governing work in Washington.

The MOU will only go into effect if and when it is approved by the ONA membership. Use these links to find further information and the platform for voting on ratification.

Closes Thursday, Sept. 9 at 11:45 p.m.

- Tentative Agreement on Work in Washington (link)
- Email Summarizing Tentative Agreement (link)
- Ratification Vote (link)

www.surveymonkey.com/r/PHHH-WA-MOU
Retention Bonuses & Shift Incentives: Why Won’t PHHH Negotiate?

Providence recently announced a $1000 bonus for full-time nurses with prorated amounts for part-time nurses and per diem nurses who have worked more than 20 hours per week.

This bonus is paid out in two installments, with the first $500 paid in the September 4 paycheck. While $1000 is nice, this bonus is well below the retention bonuses other health care systems are offering.

For example, OHSU is offering $5000 retention bonuses for full-time nurses. Furthermore, the bonus is much smaller than the recruitment bonuses being offered new nurses. Better retention bonuses are a key piece of shoring up staffing within Providence Home Health & Hospice (PHHH).

We have attempted to negotiate more competitive bonuses that better reflect the valuable contribution PHHH nurses are making. In addition to retention bonuses, we have drafted a proposal that would provide us with incentive bonuses comparable to those received by hospital nurses.

Specifically, we propose incentive bonuses that provide an additional $335 per eight-hour shift (and scaled for other shift lengths) for incentive shifts worked. This incentive would be in addition to overtime (if applicable) and the regular contractually agreed to incentive shift pay. This bonus is being offered in hospitals across Providence, but we have been excluded.

The result is that fewer extra shifts are picked up and more patients go unseen. In this time of extreme understaffing, we should do everything in our power to incentivize additional shifts and ensure patients receive the care they need.

Disappointingly, management has thus far refused to engage in negotiations, despite their legal obligation to do so. We have filed (another!) unfair labor practice against Providence Home Health & Hospice management for this refusal to negotiate.

We are also joining with nurses across the Providence system to apply pressure to bring Providence to the table around staffing. Several Home Health & Hospice nurses joined in our Day of Action on September 1 to show support for securing safe staffing!

We will continue to provide opportunities to pressure management to come to the table to negotiate important provisions to improve staffing.

Like the new Facebook page for Providence nurses: www.facebook.com/ONANursesUniting
Vaccine Mandate

Oregon’s new vaccine mandate for health care workers is effective Oct. 18, 2021. By now you should have received information as to the timeline for receiving vaccination or submitting your medical or religious exemption to vaccination.

The vaccine mandate provides an opportunity for ONA to negotiate around the impact of the new rule. For example, some ONA bargaining units are negotiating for better PPE access or increased leave available for vaccine reactions.

The opportunity to bargain does not extend to the mandate itself—that’s the law now—but it does provide an opportunity to negotiate the best possible conditions for enforcement of the new mandate.

We have issued a demand to bargain to PHHH management and hope to be at the table soon to negotiate implementation. Please reach out if you have ideas or feedback on these negotiations.

Treasurer’s Report

Our fiscal year ended June 30, and the end of year report had no surprises. Member dues were the sole source of income, and the bargaining unit incurred no expenses during the fiscal year. Due to the fact that none of the budgeted funds were spent, we enter the new fiscal year with a surplus of $1800.

These funds will continue to be available to bargaining unit members for education and supply reimbursement (see right panel) and other bargaining unit expenses as needed. Per our approved budget, we continue to set aside $3000/year in order to pay stipends to Executive Team members for their time during contract negotiations that will begin in the Fall of 2022.

Reimbursement Available!

Your ONA Constituency Association (CA) will reimburse members up to $100 per calendar year for continuing education credits and your bargaining unit will reimburse ONA members up $50 for professional expenses annually!

This can include continuing education, equipment expenses not reimbursed by Providence, books or other materials specific to your practice. To apply for reimbursement from the CA go to www.OregonRN.org/278.

To be reimbursed from the bargaining unit, please email a copy of your receipt and certificate of completion (for continuing education) to michael.port@providence.org along with your mailing address.

Please utilize the CA funds first. Reimbursements are available to ONA members in good standing and will be available ongoing as our budget allows.

In May of 2020, the Executive Team approved a budget to help guide our finances for the next several years. Income and expenses will be monitored on an ongoing basis and adjustments made as necessary. If you have any questions regarding your bargaining unit finances, please contact me at michael.port@providence.org

Michael Port, RN, CHPN
Hospice Access

Financial Report for Fiscal Year Ending June 30, 2021

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Beginning balance 7/1/20</td>
<td>$9322</td>
</tr>
<tr>
<td>Income (member dues)</td>
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<tr>
<td>Expenses</td>
<td>$0</td>
</tr>
<tr>
<td>Ending Balance 6/30/21</td>
<td>$14,116</td>
</tr>
</tbody>
</table>
August PNCC Meeting Minutes

PNCC Meeting Minutes
Aug. 12, 2021
1430-1630

LOCATION: Video: Microsoft Office Teams

ATTENDANCE:
Present: Maureen Cooper-Gaine, Amy Gonzalez, Joy Choy, Tiffany Eder, Steve Lowry and Ashley Bromley
Guest: D’Leah Cruz (MHRN/PCRN supervisor), Liz Spooner (LPN)

Reflection Maureen
◆ Topic: PNCC work is an import safety net for Providence

OSBN Complaint Filed
◆ Status update from Ashley

PCRN Waitlist, guest D’Leah Cruz
◆ Working on:
  • Decision tree to educate MD and staff
  • Prioritizing essential services
  • Increase use of video conferencing
  • Strategic plan to address LOA and PTO

◆ Waitlist
  • Has flaws: Lacks triage system, is based on date, attached to zip code
  • Eliminate waitlist and use patient list instead
  • PCRN may need to do own triage and if unable to see for 10 days then goes back to supervisor to triage

LPN Supervision, guest Liz Spooner
◆ Liz explained role and responsibilities
  • How to identify RNCM (RN case manager)
  • Chain of command if RNCM not available

◆ Concerns
  • Case managers are not identified in EPIC
  • Unclear if RNCM has already met with patient
  • Chain of command is unclear
    ▶ Who to contact if RNCM unavailable?
    ▶ Who are the RN resource supervisors (if supervisor is PT)?
  • Scope of practice
    ▶ POC
      ➢ OK to enter next INR and next FC date change but per Susan Murtha: LPNs cannot do updates to plan of care
  • Communication inconsistent
    ▶ Reports/updates
    ▶ Updates to POC such as next INR (In basket, phone call, information in visit note)
  • Acuity too high, care too complex

◆ Plan
  • Request meeting with management- consult with Susan and Twilla on who to invite
  • Need clinical guidelines, policy and procedure

PNCC Business
◆ PNCC to consider delegating issues to different Providence work groups
  • Next meeting explore work groups and their goals/function

Next meeting
Sept. 16, 2021
via TEAMS 1430-1630