PRODUCTIVITY UPDATE:
We’re Heading to Arbitration!

After months of pushing back through both the grievance process and an unfair labor practice complaint, we are heading to arbitration over productivity! Arbitration is the process by which our union can take a grievance to a neutral, trained third party for consideration. The decision of the arbitrator is final and binding upon the parties, meaning the arbitrator can force the employer to rescind the new productivity metrics if they rule in our favor.

Back in January 2020, when the new productivity metrics were imposed by management, we filed a grievance arguing that their imposition was a violation of provisions of our contract. At the same time, we demanded to bargain over management’s attempt to unilaterally change this mandatory subject of bargaining. After initially agreeing to meet to bargain, management refused to respond to our proposal on productivity, and we filed an unfair labor practice (ULP) complaint with the National Labor Relations Board (NLRB). While our ULP was under consideration by the NLRB, we continued to pursue our grievance through all four steps of our internal grievance process. At each step, management denied our grievance and refused to engage in a collaborative process to resolve the dispute surrounding productivity.

After denial at the final step, we took our grievance to the ONA Labor Cabinet for consideration for arbitration. ONA/Providence Home Health & Hospice (PHHH) Executive Committee Vice-Chair Pam Bacon presented the merits of our grievance to our colleagues on the ONA Labor Cabinet, and they approved our grievance for arbitration. We are beginning the process of selecting an arbitrator and preparing our case. The arbitration process is slow and rather legalistic, so we can expect this to drag on for some time. However, the arbitration process is powerful because we are finally having our grievance heard by someone from outside of Providence who has the authority to require Providence to follow our contract. Should we disagree with the result of arbitration, we have the ability to return to our ULP for consideration.

WHAT HAPPENS IN THE MEANIME?

In the meantime, we continue to be in a bit of limbo around productivity metrics. Management has not rescinded their metric, but they also are not reporting out productivity results to nurses. We have been assured that management cannot and will not hold nurses accountable presently or retroactively to productivity metrics not met during this period where they are being contested through arbitration. You should continue to provide quality, thorough care to your patients without fear that failing to meet a disputed productivity metric will result in discipline.

If you feel you are being disciplined or otherwise pressured around productivity, please reach out to an ONA officer.
ONA/PHHH Executive Committee Elections

Jamie Aguilar, ONA/PHHH Bargaining Unit Chair

In our last newsletter, we announced the resignation of Carly DeWeese and made a call for nominees for chair of the ONA/PHHH bargaining unit. Jamie Aguilar (Home Health Access) accepted nomination to the chair position. No additional nominations were accepted, and Jamie has been appointed as our ONA/PHHH Executive Committee Chair. Jamie comes to this position with great experience as the ONA/PHHH Membership Chair. Please welcome Jamie to her new role!

David Neves, Membership Chair

In accepting nomination to the chair position, Jamie vacated her previous position as membership chair. Nominations were opened to fill the position, and David Neves (Home Health Access) accepted nomination. No additional nominations were accepted, and David has been appointed as ONA/PHHH’s Membership Chair. With experience in both the field and access, David will be a great asset to the ONA/PHHH Executive Committee.

ADDITIONAL LEADERSHIP CHANGES

Your ONA/PHHH Executive Committee is composed of seven officers each with distinct duties. While all seven of the existing officers wish to continue on the ONA/PHHH Executive Committee, several have identified positions that better suit their talents and expertise. Since simply switching roles isn’t a process outlined in our bylaws, the following officers are vacating their existing positions:

- Pam Bacon (Vice-Chair)
- Maureen Cooper-Gaine (PNCC Chair)
- Amy Gonzalez (Grievance Chair)

Each of the three have accepted nomination to newly vacated positions:

- Pam Bacon (Grievance Chair)
- Maureen Cooper-Gaine (Vice-Chair)
- Amy Gonzalez (PNCC Chair)

Additional nominations to all three of the vacated positions — Vice-Chair, Grievance Chair, and PNCC Chair — will remain open through Friday, Dec. 10, 2021. Please make nominations here: www.SurveyMonkey.com/r/2021PHHH-EC-NOMCTS. If additional nominations are accepted, we will run an election shortly after the close of nominations. If no additional nominations are accepted, each of the existing officers will be appointed to the new positions.
Support Striking Kaiser Nurses

On Thursday, Nov. 4, Kaiser Permanente nurses represented by the Oregon Federation of Nurses and Health Professionals (OFNHP) declared their intent to strike beginning Monday, Nov. 15. OFNHP members overwhelmingly voted to authorize a strike at Kaiser Permanente facilities in Oregon.

This strike authorization is a direct result of hospital management refusing to negotiate in good faith around patient safety and staffing issues. The primary issues relate to lack of adequate staffing, which has reached crisis levels at Kaiser and in other healthcare settings. Instead of presenting proposals to solve the staffing crisis, Kaiser executives have offered low wages and a “two-tiered” system that would mean new workers would make much less than their colleagues. This would accelerate the ongoing staffing crisis, ensuring dangerous conditions in hospitals and clinics around Oregon.

As a nurse in Oregon, you may be approached by agency recruiters to work on a temporary basis at one of these facilities or, if you currently work per diem at any of these facilities, you may be asked to pick up shifts during the strike.

WE STRONGLY URGE ALL NURSES IN OREGON TO NOT CROSS THE PICKET LINE OR WORK IN ANY CAPACITY AT ANY OF THE STRIKING FACILITIES.

ONA members fight for safe patient care and any strong contract for healthcare workers is our fight too. We want to ensure that OFNHP gets the strongest contract possible so we can leverage their success in our future negotiations. Everyone in our state must have access to safe, quality care.

Please stand in solidarity with our fellow union nurses and commit to not crossing any picket lines, as we, your ONA/PHHH Executive Committee have done.

Please consider donating to the strike solidarity fund at www.gofund.me/a0824fb1 and look for other opportunities to provide mutual aid.

 THEIR FIGHT IS OUR FIGHT!
Unfair Labor Practices By PHHH

The NLRB has found merit in our ULP complaint against PHHH management for interference in the election certified wound and ostomy nurses (CWON) held to join our ONA bargaining unit. CWONs joined our union by a unanimous vote, so management’s attempts to dissuade them were ultimately unsuccessful. Nonetheless, having this interference on record will help prevent similar attempts by Providence for future groups who may choose to unionize.

Our CWON colleagues are in ongoing negotiations to set the terms and conditions of their employment through contract negotiations. Any ONA/PHHH nurse may observe these negotiations by providing at least 24 hours’ notice to our ONA Labor Representative, Ashley Bromley, at Bromley@OregonRN.org.

CASELOAD REVIEWS

We have heard from several nurses whose caseloads are creeping up to unsustainable levels. Please note that our contract provides protections around unreasonable caseloads, namely:

“Home Health and Hospice will work collaboratively with nurses when determining appropriate caseloads. Caseloads will be prorated or adjusted for nurses working less than a 1.0 full-time equivalent. Caseloads may be adjusted for patients located outside a nurse’s regular territory, and other circumstances impacting the nurse’s workload and/or patient care. Nurses who are experiencing difficulty meeting patient care needs due to the acuity or complexity of the patients assigned, travel time, or required documentation, will inform their supervisor and/or manager. The supervisor or manager will work collaboratively with the nurse to adjust the nurse’s caseload appropriately.”

Your direct supervisor should be meeting with you at least monthly to review your caseload. If that review is not happening, reach out to your supervisor to set up a time and bring up your concerns around your caseload. If your direct supervisor is not an RN, you can also request that your supervisor’s RN clinical manager “buddy” be involved in this conversation to help inform the conversation. If you are not successful in setting up a caseload review or do not feel the process is genuinely collaborative, reach out and let us help. You have a right to a reasonable caseload that accounts for travel, acuity, and complexity.

Upcoming Sessions:
- Thursday, Nov. 11, 8 – 10 a.m.
- Wednesday, Nov. 17, 8 – 10 a.m.
- Wednesday, Dec. 1, 8 – 10 a.m.
- Thursday, Dec. 9, 8 – 10 a.m.
- Thursday, Dec. 30, 8 – 10 a.m.

All sessions are held via Microsoft Teams. A link will be provided to you. CWONs are currently working to negotiate reasonable productivity standards, and their negotiations will set the stage for negotiation of our full contract next year.

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

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