

April 13, 2017

Providence Milwaukie Hospital (PMH)

BARGAINING UPDATE #1



ONA Executive Committee:

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Laurie Nilsson
Med/Surg

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Med/Surg

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Kris Martinez
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Catherine Nelson
PACU

Negotiating Committee Members

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Surgical Services

Marie Teela
ED

Tracey Hylton
Senior Psych

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Negotiations Begin April 25!

Our current contract expires May 31 of this year. Our ONA/ Providence Milwaukie Hospital (PMH) Negotiations Committee met Saturday, March 18 and Sunday, April 2 to review your answers to our bargaining survey questions and finalize our proposals for improvements to our contract, including wage increases, improvements to nurse staffing, scheduling, consistency of work, and many other conditions affecting nursing and your employment at PMH.

Many thanks to nurses who have already taken the bargaining survey. Your participation supports us in our efforts to achieve a fair contract for nurses at PMH and guides us in determining what proposals to make and what proposals from Providence to accept or reject. If you have not yet taken the survey, there is still time to do so, but please do it soon, so we can know what you think as we open negotiations with PMH.

Remember, we are bargaining for all staff nurses at PMH, even those who have not yet signed up for ONA membership. So please fill out the survey either way. And please consider

joining our local ONA bargaining unit. Your membership shows PMH that nurses stand united in their efforts to obtain a fair contract, fair compensation, and working conditions that allow us to provide safe, quality patient care.

DID YOU KNOW?

All staff nurses at PMH are entitled to the same quality representation and service from ONA, whether or not they join ONA and pay local membership dues. Currently, over half of staff nurses at PMH are ONA members. Please consider joining as we head into negotiations with Providence. [Click here](#) to download or print a membership application.

Take the ONA/PMH nurse bargaining survey!

[Click here](#)

(Survey takes about 20 minutes)

Your Negotiating Committee

Our ONA/PMH Negotiations Committee includes our ONA Labor Relations Representative, Sam Gieryn, our five member Executive Committee (ONA floor nurses at PMH), and one additional nurse representative from most units not currently represented by a member of the Executive Committee.

Please feel free to speak or correspond with the members of the Negotiations Committee about any concerns you have about our contract, wages and benefits, and working conditions at PMH.:

- **Marie Teela** (ED)
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union. ONA representation has also improved our professional voice in the workplace by giving us more authority over education, practice, scheduling, and staffing plans. The right to a voice in the direction of nursing care at PMH is embedded in our contract.

Predictability of work schedules and assignments has been secured. Contract language guaranteeing no changes in work schedules once posted, premium pay and incentives when nurses to work standby, call-back shifts, weekends, nights are all guaranteed. Vacations, once granted, cannot be rescinded. Educational leave and funding, and many other rights and benefits NOT provided by law have been successfully negotiated over the years.

What Does a Fair Contract Mean to Us?

Nurses don't usually form unions just to get better wages and benefits.

Those things are important, but it usually takes more. The tipping point is usually when working conditions in a hospital prevent nurses from giving their best to their patients. Whether its poor staffing, lack of supplies, equipment, or procedures don't work, nurses want changes when patient care suffers. And when nurses' voices are routinely ignored, they form unions.

PMH nurses felt strongly that way when they formed the ONA/PMH bargaining unit back in 2001. A group of dedicated nurses educated their coworkers on the benefits of having a nurses association with the legal right to bargain with their employer, and what that might mean for patient care. They were successful in winning a vote to work together as a professional union. Those nurses went so far as to conduct a brief strike to win a first contract that brought immediate improvements to wages, benefits and patient care. Today, ONA members at PMH keep striving to make PMH the best place in the state for both nurses and their patients.

We've accomplished a lot over the years.

We've brought wages at PMH nearly in line with the top facilities in the city, and this in a state with the 4th highest wages in the nation, due largely to ONA nurse advocacy and the fact that nurses at most acute care facilities in Oregon are represented by ONA or another

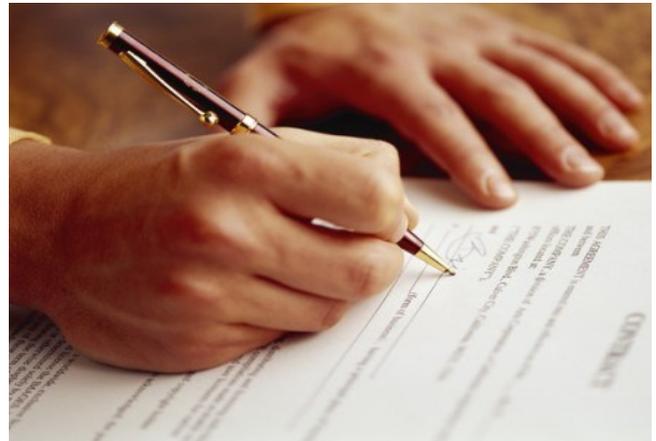


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What Does a Fair Contract Mean to Us? *(Continued from page 2)*

But there is much more to be accomplished.

- Nurses in many departments know that nurse staffing at PMH is often inadequate for us to do a complete job of caring for our patients.
- Educational and psychosocial support for patients' families is often impossible to accomplish, without more staff support. Medications and other orders are often delayed.
- On some units, our nurses are placed in unsafe situations due to PMH's insistence on ramping up nurse to patient ratios to the maximum allowed under unit staffing plans.
- We need more teeth in our contract to ensure that staffing is adequate so all nurses can regularly receive their meals and breaks, and so other nurses will not be forced to take a double load of patients in order to accomplish that.
- Charge nurses should be free of individual patient assignments so they can manage the unit and support floor nurses. They should have more authority to call in staff and limit admissions as necessary to protect the patients and nurses on the unit.
- House supervisors need to be available 24/7 so that patient care concerns and problems can be addressed in real time.
- PMH needs to replace upholstered furniture, broken counters and formica that are infection control issues, and properly outfit seclusion rooms to provide for patient and nurse safety.
- Many of our nurses need some limit on the number of shifts hours that can be cancelled.
- More cross-training needs to happen so that more nurses can float to units in need, rather than losing shift hours due to low census.
- PMH should recognize and pay for more nursing certifications so that nurses can get the education the hospital needs to provide the best patient care.



Job Description Changes

Most of you have probably heard at least something about proposed changes to registered nurse job descriptions. There were a number of items needing clarification or modification, and ONA has been working with Providence on this over the last several weeks.

Many of the changes just involved streamlining the many job descriptions that have been in use throughout the Providence system. Another group of changes involves slightly differing job descriptions for new grad ("Resident") and new to specialty ("Fellowship") RNs.

For each of these groups, the Resident or Fellow job description will apply for a year, after which

time the "Acute Care RN" job description will apply.

Other changes that concerned ONA but have been resolved either through clarification of intent or modification are as follows:

Licenses: *"Unencumbered RN license in state(s) of hire, and wherever care is delivered."*

Providence is confident that this language protects RNs from, for example, vulnerability to an allegation of practicing without a license after doing follow up care by phone with a patient who is now out of state.

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Job Description Changes

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Based on the clarification of intent with this language and the fact that no such charges have been brought before an Oregon RN before, ONA agrees.

Job Summary: “...other duties as assigned and may be considered essential functions of the position.”

Providence has assured us that essential duties will be articulated in advance in either the RN's job description, the RN's unit's on boarding checklist, or its current competency checklist.

This commitment satisfies the concern ONA raised that things could potentially be brought up in real time and labeled as “essential functions.”

Experience: Charge nurse job descriptions ask for a, “Minimum of one year staff nurse experience required and three years preferred.”

The original change required only one year of experience, which may be necessary in a rural hospital with a smaller pool of available nurses, but wouldn't make sense in more of an urban hub environment. Under normal circumstances, a new

grad with only six months of unprecepted experience would be a safety liability in a charge position.

The change to one year required with three years preferred assures that experienced RNs will have preference for charge positions.

Unit-Specific Certification Requirements (such as Resuscitation/ACLS):

The removal of ACLS and other requirements formerly articulated in job descriptions will not mean an elimination of the requirement until there is a replacement strategy in place. There are ongoing discussions between nursing leadership, staff RNs, and ONA about how we will ensure ongoing competency and skills in any given unit.



Important ONA Nurse Resources

[Membership Services](#)

[Professional Services](#)

[ONA Calendar](#)

[Membership Application](#)

[Government Relations](#)

[OCEAN-CE Online](#)

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