

Bargaining Proposals and Updates

Prior to meeting with the PMH management team, we had discussions surrounding many proposals:

- Article 6, section F which concerns variable staffing language.
- Article 2, section F which defines a charge nurse and section M which defines a variable shift nurse.
- Article 8G, compensation for a per diem nurse and 8H which proposes a differential for resource nurses.
- We are also wanting to change to a fair share entity, as all other Providence Hospitals in Oregon are.

At 1:00 p.m. we met with the management team.

We started off the negotiations with Julie Davison speaking to the proposal regarding incentive call pay for Surgical Services. We feel that it is important for the OR nurses not to be assigned extra call at management's discretion. When people call in sick or are on leave there are call nights that are not being covered.

We believe that by offering incentive pay, nurses will be enticed into picking up that extra call shift. Our sister facilities offer this benefit to their nurses. This has been an ongoing grievance extending over 18 months and we are determined to reach a settlement, as being assigned extra involuntary call shifts causes distress in nurses' lives.

MANAGEMENT PROPOSALS

Article 7: A 2 percent raise per year, BUT also proposed withholding a step raise if a nurse has had any corrective action within the preceding 12 months.

Also, in a distressing conversation, human resources (HR) representative, Theresa Osburne felt that a newly hired nurse whose previous experience that was not in a hospital environment should not be given credit for that experience as a nurse, and not started on the step taking into account that experience!

Article 8: A \$0.05 increase for evening shift differential, \$0.05 increase for night shift differential, \$0.25 increase for charge nurse differential, per diem differential in lieu of benefits to remain the same.

Article 9: Keep standby pay at \$4.50 per hour.

Article 10: Proposed an increase in extra shift (incentive premium) minimum hours back up to four hours (we successfully had it reduced to three hours at our last bargaining two years ago).

Clinical Ladder MOU (Appendix C): Increase each level by \$0.10 and create a work group.

PTO/EIT

No big surprise here. The hospital proposed a massive and complicated system for freezing and

continued on page 2

Your ONA/PMH Bargaining Team: Tracey Parris, Donna Abbott, Renee White, Katie Nelson, Marie Teela, Peggy Elia, Paul Kylo (ONA Labor Representative), and Tom Doyle (ONA Legal Counsel), Alexis Keller (not present), Maggie Schein (not present)

PMH Management Team: Lisa Halvorsen, Theresa Osburne, Jessica Monego, Craig Norton, Chris Hatch, Sasha Meyer, and Dennis Westlind (PMH Legal Counsel).

Guest: Julie Davison, RN from PMH Surgical Services (Operating Room)

Bargaining Proposals and Updates (continued from page 1)

eventually replacing extended illness time (EIT) with a short-term disability plan paid at 65 percent that would be taxed on top of that. They failed to produce the presentation that was given to all other Providence facilities explaining the details on how this is going to be implemented.

Your bargaining team, along with its legal counsel, will be looking at this proposal very closely and comparing this the other Providence facilities. We have many nurses at PMH who have over 500 hours of EIT and this is a massive take away of an EARNED benefit!

EXTRA SHIFTS

Proposed take away: Extra shifts will not be counted as eligible for the extra shift differential if the employee is scheduled to be on paid time off (PTO) that week – even if PTO is planned far in advance before the extra shift scheduling period is open.

BARGAINING UNIT PROPOSALS

Article 2: Change in language surrounding the definitions and responsibilities of charge nurse and variable shift nurse, including charge nurses not carrying a patient load if working on a unit with more than six beds.

Article 6: The hospital agreed to our proposal of posting schedules four weeks in advance.

New Language, Variable Shift Schedules: The hospital will not require a nurse to switch between shifts with a greater than an eight-hour difference in start time more than once every scheduling period. The hospital will allow a minimum of 48 hours break between shift with a greater than an eight-hour difference in start time. Would also like variable shifts defined as day variable, night variable, day/evening variable, evening/night variable, or rotating.

Article 8: Increase certification differential to \$3.00 per hour, \$3.50 per hour for evening shift differential, and \$7.00 per hour for night shift differential. We also added language that addressed nurses who are given a mandatory day off (MDO'd) that they would still receive their differential for the shift they were scheduled to work. Increase charge nurse differential to \$4.00 per hour and preceptors to \$3.00 per hour. We also asked for a weekend differential of \$3.00 per hour for all hours worked.

We are asking that per diem nurses receive \$5.00 per hour in lieu of benefits. We also proposed that language from Hospital Policy 3611251 (Staffing: Per Diem [On-Call] Staff) be included in the contract which states that per diem nurses be available “a minimum of two shifts per month, including a weekend shift, and work at least two holiday shifts per year, one winter and one summer (Surgical Services staff exempt)” so that it could not arbitrarily be changed by management.

Article 23: We are asking that the Nursing Task Force be included in the decision-making process of a disciplinary action being removed from a nurse’s record. In the last session, the hospital did move toward our language in regard to discipline being removed from a nurse’s record after four years, but only at the sole discretion of HR and the Chief Nursing Officer (CNO). Currently, discipline stays on a nurse’s record indefinitely.

Appendix A: Adding certifications that apply to a Resource Nurse. We are also working with the hospital to create a “Universal” section, where those certifications can apply to any unit.

STAY TUNED!

The hospital states they will have more information and be able to make a proposal for an amendment to Appendix A that surrounds SANE nurses after the next session in late July.

Our next bargaining sessions will be July 24, July 30, and August 27.

We are hopeful that our contract negotiations will be wrapped up by the end of August. Stay tuned for updates!

You are welcome to come to our bargaining sessions – you can stay as long as you like, or are able. We appreciate your support during our negotiations.

UPCOMING BARGAINING DATES

JULY 24

JULY 30

AUGUST 27