Mediation Dates Set

Our Oregon Nurses Association (ONA) negotiation team and Providence Medford Medical Center’s (PMMC) hospital administrative team will meet with the Federal Mediator March 19 and 20. Due to the fluidity of this process we are unable to have observers attend. We expect that there will be an initial meeting with both groups and the mediator to identify the remaining open issues.

The teams then move to separate rooms for the duration of the mediation. Our ONA team has been provided the Main Lobby Conference Room and the administrative team will be in the Caritas Room.

Typically, the session starts in the morning and continues until an agreement is reached. You can show your support by wearing green and or black scrubs on March 19 and 20 as well as your ONA buttons and ONA car signs.

What Issues Are Still Open?

We still have several issues open for this contract negotiation including scheduling, staffing, floating, break relief, health benefits, Paid Time Off (PTO) accrual, wages, step advancement, differentials and duration. We have heard clearly from you that scheduling is a priority for this contract negotiation. Nurses want to have control over their lives which includes input and consistency with scheduling. Patients deserve to have nurses who are well rested and not working burned out, stressed out, or exhausted due to poor scheduling practices. The hospital has stated that it must have the ability to change your schedule to meet operational needs regardless of impact.

Our suggested solution is to hire up and then RETAIN our nurses. Reducing turnover would benefit everyone. Hire enough staff to meet the operational needs at capacity which would then allow the ability for staff to provide great care for patients, safe coverage for breaks, less floating, as well as use some of the accrued vacation time. Patients don't want a different nurse every 4 hours, a chaotic inpatient experience, or nurses constantly handing off report and disrupting their care. They want continuity of care and available, qualified nurses who are ready and able to safely care for them. That means using break relief nurses. That also means not having free for all floating practices, where the hospital now expects nurses to be ready to float with 30 minutes or less notice and provide little to no orientation for nurses prior to floating. Better scheduling practices would also reduce the need for floating, working short staffed, and
traveler use. Offering a competitive wage (July 1 2018 we will again be 5 percent behind the wage scale at Asante Rogue Regional Medical Center) and benefit package gives us the opportunity to attract and retain great nurses. Following the approved staffing plans according to the Oregon Nurse Staffing Law will also support providing great care for our patients. This is Providence, we can do better and we have the resources to do better.

Another priority we heard from the survey is that Providence needs to offer similar PTO accrual rates for staff in Medford as they do for staff in the Portland area. We all follow the same policies and procedures, have the same insurance coverage (with less access to specialty in network providers locally) and are held to the same behavioral standards. The hospitals response to increasing the PTO accrual for nurses is that then they would have to increase it for all Medford employees and that would be expensive. Compared to the Portland area staff, we earn less pay and have less access to Providence benefits and specialty providers, and should not get as much vacation time. How exactly does that reflect the Providence Mission?

What Were the Hospital Proposals at The Last Session?

Providence Medford Medical Center continues to propose language that gives them full control of your schedule and is primarily based on operational needs.

- The hospital also proposed increasing charge differential to $3 per hour
- Preceptor to $1.60 per hour
- Evening differential to $2.15 per hour
- They have proposed across the board increases of 1.5 percent effective the first full pay period after ratification (no retro)
- 1.5 percent effective first full pay period following April 2019
- 1.5 percent effective the first full pay period following April 1, 2020, while also increasing the hours required for step advancement from 650 hours to 1040 and adding evaluation criteria as well (pay for performance).
- They have proposed significantly complicating extra shift differential sign ups and payout, rather than just striking the 72 hour rule
- They propose having unlimited ability to post and fill “variable” shifts in each unit, which allows for maximum scheduling flexibility
- No changes to current PTO accrual rates
- No additional language regarding Unit Based Practice Councils
- Proposed increased out of pocket maximums for out of network providers compared to 2017
- A completely different earning program for health incentive program than was in effect in 2017

What Happens If We Don’t Reach an Agreement at These Mediation Sessions?

We plan to make the most of this opportunity to reach an agreement during the two days of mediation. If we are unsuccessful in reaching an agreement during that time we will reach out to the bargaining unit for guidance of the next steps for the team.