On Feb. 27, 2018, your bargaining team started the negotiations process at Providence Newberg Medical Center (PNMC). Your elected negotiations team (pictured above), Jocelyn Pitman, our Labor Relations Representative and seven different representatives from PNMC administration were present. We began the session with reflections, setting ground rules, and then quickly moved into the proposal process.

Our team gave PNMC administration three proposals in the morning session and three in the afternoon session totaling six proposals. PNMC Administration did not counter any of our proposals, because they said they were not “black and white” enough to address. PNMC Administration also did not make any proposals.

In the morning, our team made proposals to the Paid Time Off (PTO - Article 5), Extended Illness Time (EIT - Article 7) and Equality of Employment Opportunity (EEO - Article 4) sections of the contract.

Here are some of the highlights of the PTO article. We added that the unit’s respective staffing committee member would be part of the decision making for the amount of nurses whom can be on PTO at one time, and when that amount can be increased or decreased. We stated that education leave should not be part of this equation, since this leave is

“Trade unions have been an essential force for social change, without which a semblance of a decent and humane society is impossible under capitalism.”

Pope Francis
considered separate. We also added language that allows for an alternative process for time off requests and holiday rotation, which would be concluded with a secret ballot vote. Lastly, your team added language requiring that the rationale for PTO denials be put in writing and that the scheduler/unit manager can look at alternative dates for approval.

In the EIT article, we removed the word “extended” in the title. We asked for family leave to be a reason to use your illness bank and that the bank could be used for your own illness of one day or more. We removed a lot of the language that requires hospitalization and/or surgery in order to qualify for this benefit. We also removed the three shifts (or 24 scheduled hours) requirement before accessing EIT. Your team believes that nurses should be able to access their illness leave if they are sick or a family member is sick, however the employer presented us with a policy that further limits the use of EIT, such as requiring that all PTO be exhausted before accessing EIT when caring for a family member. We are looking into this further.

In the EEO article 4, we added language to the “Equality of Employment Opportunity” section. This is the area that protects nurses against discrimination. We removed the word “sex” and replaced it with “gender.” We also added marital status and political affiliation to these protected classes.

We have had issues with harassment in the facility, so we looked at other Providence contracts and decided to largely borrow from Providence Seaside Hospital’s contract, requiring that the employer investigate any harassment issue that has been reported. We specifically spelled out that sexual harassment will not be tolerated. Due to the fact that some nurses whom have reported illicit behaviors were not allowed to have union representation when being interviewed by Human Resources (HR), we specifically added language to allow representation if it is requested.

In the afternoon, we made proposals to the Staffing article (11), Low Census (Article 24) and Hours of Work Overtime and Breaks (Article 8).

In the staffing article, we updated the staffing law language to be current and that the parties “agree to adhere” to the law, verses simply acknowledging it. We also added a line that requires adherence to the staffing plans that are voted on, since this was a big issue in the Med/Surg unit last October 2017.

In Low Census, we changed the order of call off to:
1) Volunteers, with the earliest request for time off given preference
2) Agency, Traveler or ShareCare nurses
3) Nurses who are being paid overtime or incentive shift
4) Per Diem nurses (same as before)
5) Remaining nurses in accordance with unit’s low census system (same as before)

We also advocated for an 8-hour cap of low census per nurse per pay period. We added language about how long nurses have to be called back in after being put on standby (30 minutes plus travel time). For the units where a 30-minute requirement is a condition of employment, we asked for a call room to be available.

We also made it explicit that nurses will be notified of lack of work at least 2 hours before the start of their shift, that any hours where a nurse is subsequently called back will be paid at the call back rate (time and a half) and that low census hours will count toward the calculation of Family Medical Leave Act (FMLA)/Oregon Family Leave Act (OFLA). HR assured us that the low census hours do count towards FMLA/OFLA, however we know that this has been an issue for at least one nurse.

Lastly, we handed them our amendments to Article
8, Hours of Work - Overtime and Breaks. Mainly, our new items proposed are:

- Allow overtime to occur at 36 hours
- Provide qualified and competent break relief for each department on each shift. This was a very recent win at Tuality Community Hospital. Missed breaks are a regular issue here at PNMC. In the Intensive Care Unit (ICU), we have had a problem not having qualified, ICU trained staff available to relieve us for breaks.

The proposals will be available on the PNMC’s webpage on ONA’s website (http://www.oregonrn.org/PNMC). Please take a look!

We put a lot on the table this week for consideration. In order to achieve a strong contract, we need your involvement! We invite you to come to our next session to observe, March 16, 2018, at 10 a.m. in the Dundee Room. In the meantime, please contact us with any questions you may have.

Please take a moment to thank your bargaining team for advocating for you and your colleagues!

Don’t Miss Important ONA Emails

ONA wants to make sure all members receive timely communications, ensuring you have the most up-to-date information on your contract, bargaining issues, upcoming votes, nursing research, practice issues and workplace policies. If you are not receiving ONA emails, we can help.

First, check to make sure ONA emails are not being filtered into a junk, spam or clutter folder. Many email providers, like Comcast, Yahoo and Gmail, have built in Spam/Junk filters or blockers. The filters are intended to prevent you from getting junk mail or spam, but it can also unintentionally block emails you want to receive. If ONA emails are in one of these folders, flag them as “not junk” and add News@OregonRN.org to your safe sender list.

If there are no ONA emails in those folders and you still aren’t receiving ONA emails, there are various causes listed to the right.

You can fix most problems by simply emailing ONA at News@OregonRN.org with your name, personal email address and the name of the facility you work at in the body of the email.

We will update our records to ensure you don’t miss future ONA emails.

Common Reasons for Not Receiving ONA Emails

1. **Mislabeled**: Emails from ONA are being flagged as junk or spam by your email service provider.

2. **No Email**: ONA does not have an email on file for you.

3. **Bad Email**: ONA has an incorrect or outdated email on file.

4. **Blocked**: Due to several failed delivery attempts, our system has stopped attempting to send emails to your email address.

5. **Opted Out**: You have opted out of receiving emails.

6. **Work Email Filters**: Some health care systems filter out ONA emails so nurses don’t receive ONA-related emails. This is why we encourage nurses to use their personal email addresses instead of work

Fixing Problems to Receive ONA Emails

1. **Check your junk/spam/clutter folder for ONA emails**: Flag ONA emails as “not junk/spam” and add News@OregonRN.org to your safe sender list.

2. **Email ONA**: To fix reasons 2-6, simply email ONA at
ONA invites you to bring your voice and perspective to the ONA Convention and House of Delegates (HOD), held April 18-20, 2018 in Bend.

The HOD is ONA’s primary governing body. As a delegate, you will hear from ONA’s Board of Directors, Cabinets, Constitution Associations and other leadership groups and discuss and vote on resolutions, amendments and other initiatives.

We need both experienced and first-time delegates to join us in Bend for ONA’s 2018 House of Delegates, so sign up now!

Delegates pledge to register for and attend ONA’s House of Delegates on Friday, April 20 but delegates and other nurses are invited to register to attend ONA’s continuing education days, April 18-19. The CE days will include continuing education workshops, sessions, hands-on learning and community service opportunities centered around nurse advocacy.

Travel, lodging and education reimbursements may be available. Please see your bargaining unit or constituent association rules on how to apply for reimbursement.

Questions? Contact ONA Chief of Staff Whitney Wong, at Wong@OregonRN.org or 503-293-0011 ext. 1325.

**What if every Congressperson was a nurse?**

*It would be just like ONA’s House of Delegates!*  

---

**Becoming a Delegate is Simple!**

**DEADLINE FOR NOMINATION:** March 6, 2018

Follow these three simple steps*

**Step 1:** Go to the ONA website:  

**Step 2:** Complete your Delegate Nomination Form

**Step 3:** Register to attend ONA’s HOD and Convention

*If there are more delegate submissions than open seats, an election may be held to determine delegates.*

www.OregonRN.org/Delegate