Virtual Bargaining Continues

On Tuesday, May 19, your Oregon Nurses Association (ONA) bargaining team held our second session of negotiations virtually with Providence Newberg Medical Center (PNMC) administration.

Over the course of the day, PNMC administration gave us six proposals:

♦ Removal of the Breaks and Meals Committee. ONA proposed the same removal last week, but that was in light of our proposal on break relief nurses. PNMC administration said that we could discuss these issues in task force. It has been difficult to fully staff this committee.

♦ Removal of the Healthy Work Environment Committee. We are carefully considering this proposal. PNMC administration said there haven’t been any reports of nurses enduring an unhealthy work environment in the last year. They said we could also discuss these issues in our Task Force meetings.

♦ They countered our Health and Safety proposal, only partially accepting our proposal. We clarified that the furloughing of the security guard this past weekend was a mistake and were told that we will have a security guard at all times moving forward.

♦ They countered our negotiating team pay proposal, however largely accepted our negotiating team scheduling language.

♦ They proposed a paid time off (PTO) plan that mirrors what was agreed to at multiple Providence facilities last year. In addition, they removed the PTO scheduling table as every unit has voted on an alternative request off process now. They also added that the two-week prime time off maximum does not have to be contiguous. The proposal stated that this would be implemented in January 2021, however they said they believe it is feasible to start the new program as soon as three pay periods from now, along with the new extended illness time (EIT) usage program and short-term disability plan. They are currently working with HR to see if these new plans could be implemented by late June 2020.

♦ They proposed amendments to the EIT plan. While this new plan somewhat follows what many other Providence units agreed to last year, it does not give the same amount of time for nurses to use their EIT for their own health condition. Under their proposal, EIT usage would end for your own medical condition at the end of 2021. EIT would be available to care for family members soon, however only for family members in 2022. This EIT would top off the short-term disability payment, which pays 65 percent. Management assured us that most people do not have much EIT accrued.

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They sent these numbers on May 20, 2020:

- 58 RNs have between 0-100 EIT hours
- 23 RNs have between 100-200 EIT hours
- 24 RNs have between 200-300 EIT hours
- 4 RNs have between 300-400 EIT hours
- 5 RNs have between 400-500 EIT hours
- 4 RNs have between 500-600 EIT hours
- 2 RNs have between 600-700 EIT hours
- 2 RNs have between 700-800 EIT hours
- 2 RNs have between 800-900 EIT hours
- 1 RN has between 900-1000 EIT hours
- 1 RN has between 1000-1100 EIT hours

We have been pointing out that some nurses need the new short-term disability plan either now or in the very near future, however the nurses who have hundreds of hours accrued do not see the immediate need for it.

We need the added benefits that we proposed, such

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as a real low census cap and break relief nurses, in order to offset the loss of EIT over the next few years. We also asked if EIT could be donated to fellow nurses. They said they would get back to us on the EIT donation question.

We gave them eight proposals:

- Adding a sentence to Article 14 – Leaves of Absence, so that low census hours would count towards the calculation of the Oregon Family Leave Act/Family Medical Leave Act.

- Editing Article 12 – Employment Status, changing “discipline” to corrective action and “proper cause” to just cause. In addition, we added that Providence transfers would have their probation period waived.

- Clarifying the Holidays language so that night shift nurses would receive holiday pay for all holiday hours worked, rather than only receiving it for shifts where the majority of the hours fell on the holiday. This should spread the holiday pay out to more nurses. It was supported by the majority of respondents in our bargaining survey.

- Amending Article 20 – Professional Development so that all continuing education would be performed off the nursing floor in a distraction free environment. They assured us this was the practice, so we want it reflected in the contract.

- A new agreement on what demographic information ONA needs in order to properly represent us.

- Notification of new RN positions that are created where administration has determined that they don’t belong in the ONA bargaining unit.

Several amendments to Appendix A, wages:

1. Across the board increases of 2.75 percent on 10/1/20, 2.5 percent on 10/1/21 and 2.5 percent on 10/1/22

2. Add all missing steps to the wage scale – 7, 11, 14, 17, 19, 23 and 24

3. Removal of the 700 hours requirement for step increases. Clarifying that all nurses would receive a wage step increase annually.

4. Increase differentials for parity with other Providence contracts: Charge RN to $3.50, Evening shift RN to $2.80, Night shift RN to $5.75 per hour.

5. Improvements to the incentive shift section, removing “when designated as an incentive shift by the Medical Center” and clarifying that preplanned PTO wouldn’t prevent incentive shift pay from occurring in the week, rather than the pay period. For per diem nurses, amending that incentive shift pay would occur in excess of 24 hours worked in a week. For all nurses, removing paid hours not actually worked and being called into work on standby as a means to prevent nurses from receiving incentive pay.

- A contract expiration date of December 31, 2022. This lines up with their EIT proposal.

Our next planned session is on May 27 at 12 p.m. Our team plans to prepare before that. Please take the time to thank our ONA officers for the time they have committed to getting us a good contract during these difficult times. Stay safe and healthy!
Completing the Staffing Request & Documentation Form (SRDF) During the COVID-19 State of Emergency

SRDFs & COVID-19

Many processes within hospitals have changed since COVID-19 came to Oregon. With the current state of emergency, it is not required that the hospital follow staffing plans or the Oregon Hospital Nurse Staffing Law.

However, it continues to be crucial to collect staffing data from within our facilities. The SRDF collects many data points in addition to whether the staffing plan has been followed, and we encourage all members to continue filling out SRDFs when an unsafely staffed shift occurs or patient care is impacted.

To make filling out an SRDF as accessible as possible, the online form is mobile compatible, and a computer is not required to fill it out.

The information gathered in SRDFs allows ONA to track staffing data and provide information to hospital wide staffing committees. It also provides valuable information to labor representatives about how specific units are staffed, and can be used to assist with OHA complaints.

How to Fill Out the SRDF

If you work a shift with insufficient nurse staffing, you should complete the following steps:

1. Notify someone in the chain of command;
2. Ask for additional staff;
3. Ask for a response in a reasonable period of time, (e.g., minutes, hours) and;
4. Complete the SRDF as detailed below.

The nurse should complete the SRDF at the end of the shift or as soon as is possible. The SRDF can be found online at OregonRN.org/SRDF. This version is web and mobile compatible.

A PDF copy is automatically emailed to the nurse and to ONA, and it is the nurse’s responsibility to forward a copy of the completed form to the nurse manager, PNCC chair, and staffing co-chair. The SRDF should be completed even if the problem is corrected quickly.

Questions about the SRDF process?

Email SRDF@OregonRN.org

ONA COVID-19 Resource Center

Throughout the COVID-19 pandemic, ONA is dedicated to keeping nurses and our communities safe. One key aspect of this work is providing up-to-date information and guidelines related to COVID-19.

Reopening Elective Surgeries

ONA has published a position statement regarding Oregon’s plan to reopen elective surgeries, along with a document that outlines the common questions to help guide nurses through the reopen process.

These documents and other practice guidelines can be found at www.oregonrn.org/covid-guidelines.

Declining an Unsafe Assignment

ONA has issued guidance to our members on declining unsafe assignments for COVID-19 patients when lack of PPE, safe staffing levels, or breakdown of triage protocols put your health at risk.

Share Your COVID-19 Stories

We invite everyone to share your stories about how COVID-19 has impacted your practice, your workplace and your life. Your stories will help educate officials, elected leaders, the media, and the general public about what is really happening in our health care system.

Share your stories today to help in the advocacy efforts as we push for safer conditions for nurses, health care workers and patients!

To learn more about all of these issues and to stay up to date on the work being done and to take the COVID-19 Workplace survey, visit:

www.OregonRN.org/coronavirus