Tentative Agreement Reached!

On Monday, Nov. 30, we entered our twelfth bargaining session, three of which were mediated sessions. After nearly 14 hours of negotiations, we reached an agreement on our contract! Here are the highlights. This is not a comprehensive list of the changes.

A new low census bank to help offset low census hours:
“Nurses will be provided with the opportunity to earn hours to use in place of taking a low census. Provided the nurse has worked their full weekly FTE (including MDO hours but not to include LOA, paid time off or other non-worked hours), hours may be earned on the following basis:

- One (1) hour for every three (3) hours of the following, with manager pre-approval:
  - Committee Participation
  - Elective in-service education
  - Other opportunities as identified by the manager

- One (1) hour for every two (2) hours worked in another department as:
  - Helping Hands
  - Hours worked on additional shifts
  - Constant observers

If the nurse has accrued these “banked” hours and the rotation calls for the nurse to take a low census shift, she/he may choose to apply the banked hours to avoid taking the equivalent low census time, on an hour-for-hour basis……”

Break relief nurse language, which includes a minimum of one position posted to help with break relief coverage:
“Providence Newberg Medical Center (PNMC) recognizes the value of Resource Nurses to assist with patient care activities and to support nurses with the provision of safe and high-quality care. Resource Nurses will also

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assist with the provision of meal and break relief coverage, support staffing needs due to changing patient conditions and fluctuations in patient volumes, and help limit diversion or delays in patient care and admission/transfer/discharge. The Resource Nurse will not be the initial solution for day-to-day staffing needs.

The Medical Center intends to post and fill at least one (1) Resource Nurse position..... The above referenced position will be posted within ninety (90) days of the initial Task Force discussion."

◊ **Improvements to the healthy work environment language:**

Includes language regarding the new Oregon Workplace Fairness law and allows representation at any investigatory meeting regarding a harassment claim, whether facing discipline or not.

◊ **Improvements to the employment status language:**

Changes the term discipline to corrective action. Changes proper cause to just cause, which is the legally recognized term in labor law.

◊ **Improvements to floating language:**

Added language regarding training for nurses who crosstrain.

◊ **A new short-term disability program and improved access to EIT**

Both the new benefit and the improved access will commence on March 1, 2021.

◊ **A new paid time off (PTO) plan and PTO scheduling changes:**

Some nurses will have an increase in the PTO accrual rate due to the new 5-tiered PTO structure. For nurses that stand to lose PTO, there is a supplemental agreement to keep them whole. This is the same PTO plan that Providence facilities agreed to last year.

We removed the PTO request schedule from the contract since most units have been using an alternative process for PTO scheduling. Your unit-based practice council will be consulted for changes regarding the number of nurses allowed off at a time for PTO. We added language to allow more flexibility with prime time (Nov. 20-Jan. 5, Spring Break, Memorial Day to Labor Day) PTO requests.

We were successful in fending off management’s request to require nurses to request the entire block of time they wanted off versus the shifts you normally work.

◊ **A new health and safety agreement:**

Includes prompt review of unsafe conditions brought to their attention and to take whatever corrective action they deem necessary.

◊ **A 3-year contract with 2% raises each year (a total of 6% in raises):**

The across the board raises are scheduled for Jan. 1, 2021, Jan. 1, 2022 and Jan. 1, 2023, respectively.

◊ **An added wage step to the contract:**

A new step 7 will be added to the wage table.

◊ **Increases to the charge nurse, evening and night differentials:**

Charge: $3.50 (was $3.25)  Evening: $2.50 (was $2.10)   Night: $5.75 (was $5.70)

◊ **Improvements to the incentive shift language:**

Removes the requirement that you cannot have PTO within the same pay period to qualify for incentive pay, changes it to within the week.

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♦ For per diem nurses:
  Decreases the hourly requirement of more than 48 hours in a pay period to 24 hours in a work week to qualify for incentive pay.

♦ Improvements in task force participants and language:
  Allows more of our ONA officers to participate so our hospital is better represented.

♦ Improvements to professional development language:
  Added language to assist nurses having difficulty completing mandatory education.

We fended off several concessions along the way, although not entirely. The vision insurance will become voluntary in 2022, although management was trying to implement this in 2021. The nurse will then be responsible for the vision premium, but the employer will provide the plan coverage. Management wanted to remove the details regarding our medical, dental and vision plans in Appendix D but we were able to find agreement on keeping these details up to date with the 2021 plan information.

We will be launching an electronic vote in the next week. Only ONA members are eligible to vote. If you are not a member, now is the time to sign up so that your voice is heard! You can do so here, or go to www.OregonRN.org/Apply.

Please keep an eye on your email for the voting link in the next week!

ONA Nurse Leadership Institute - Build Your Leadership Skills

Are you interested in taking your career to the next level? Apply today for the Oregon Nurses Association’s Nurse Leadership Institute (NLI). This free, year-long program is designed to help you improve your leadership and communication skills. Join a dynamic group of people who want to make positive change in health care through politics, practice and labor. In 2021, the NLI will focus on equity in nursing and health care during a series of monthly classes, a group project and a mentorship opportunity.

Space is limited, to learn more and complete your application, visit:

www.OregonRN.org/NLI
Bargaining Update - Providence Newberg Medical Center (PNMC)

Nurses Out Front: The Future of Nurse-Driven Health Reform

Nurses have not always been full partners in making decisions about health care reform despite their extensive frontline experience.

- What are nurses’ health reform priorities?
- How can nurses influence health policy?

If you are looking to make a difference, log on to an upcoming discussion on Friday, Dec. 11, 2020, hosted by Oregon Health Forum (OHF) and sponsored by Oregon Nurses Association (ONA). The event will also cover addressing systemic inequities and how they will shape future policy.

Click here to register for this free event today!
www.oregonhealthforum.org/2020/10/01/december-3-2020-nurses-out-front-the-future-of-nurse-driven-health-reform/

Completing the Staffing Request & Documentation Form (SRDF)

WHY FILL OUT THE SRDF?

The Oregon Hospital Nurse Staffing Law defines “safe patient care” as “…nursing care that is provided appropriately, in a timely manner, and meets the patient’s health care needs.” Inappropriate nurse staffing can lead to patient care needs not being met.

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 within 48 hours. The SRDF can be found online at OregonRN.org/SRDF. 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 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