Providence Portland Medical Center (PPMC)
Oregon Nurses Association (ONA)
2022/23 Contract Negotiation Update

Date: 3/21/2023  Time: 1030am-5pm  Location: PPMC Social Room

ONA Executive Committee Members in Attendance:
Present: Richard Botterill (ED), Kim Martin (5R), Kristin Harman (2R), Molly Burtchaell (L&D), Christine Bernier (ED), Gabriel Wihtol (CCS), Jeanette Noah (CCS), Seth Moore (Labor Rep), Joseph West (Labor Rep), Colleen Butler (OR)

Honorary Board Member and Guest Speaker: Travis Nelson RN, State Representative (D) District 44 Representative Nelson’s district encompasses north and northeast Portland from which many community members seek care at PPMC.

Absent: Kristen was absent for the second half of bargaining due to illness.

Medical Center Representatives in Attendance:
Present: Lori Green (CNO), Camilla Collins (Director of Nursing), Briana Ekandem (Chief Human Resource Officer), Deborah Avakian (Administrative Assistant), Edina Plantico (Human Resources Business Partner), Shavon Albee (Critical Care Services), Nicole Baily (4G Nurse Manager), Dennis Westlind (Labor Attorney), Karen Gilgan (Administrative Assistant), Mandy Lesher (Clinical Ops, Mother Baby Nurse Manager)

Absent: None, all present.

Number of ONA Member Observers Present in-Person:
40 nurses entered the room to observe the bargaining process or provide testimony today.

Thank you to everyone who came to support and observe bargaining today. And a special thank you and shout out to nurses who provided testimony today. We appreciate your time and input.

Description of meeting:
945am: ONA requests to begin bargaining at 1030am. PPMC agrees.
1030am: PPMC Medical Representatives arrive.
1032am: Reflection read by Christy.
1034am: State Representative Travis Nelson RN introduced.
1035am: Rep. Nelson states “I care about nurses” and discusses how legislators care about how negotiations like these are going and how they should respond to changes in laws that impact nurses and patients.

1037am: Article 24 Low Census: PPMC presents counterproposal to ONA. PPMC agrees with ONA proposal for volunteers to be first to be called off then agency, then per diems, then regular nurses utilizing factor lists. PPMC does not agree with keeping per diems in the same factor list as regular nurses citing the fact that doing this would have to be performed manually and likely incur high risk for error. PPMC agrees to ONAs request for caps on mandatory low census. PPMC maintains their low census rate for mandatory and voluntary at $4.75/hr.

1046am: Article 10 Floating: PPMC presents counterproposal to ONA. PPMC would like to be able to float nurses out of clusters to any unit they can be oriented to in order to allow for staffing flexibility. Jeanette asks would this be mandatory to float outside of cluster? Dennis confirms that the proposal as it is written makes floating to any unit on the hospital mandatory as long as the nurse receives orientation.

1102am: Appendix C Certification and Clinical Ladder: PPMC presents counterproposal to ONA. Agrees to increase $3/hr for certification pay. PPMC accepts ona proposal to allow nurse transferring to another run it to keep certification for two years. PPMC also agrees to ONA proposal to increase clinical ladder
pay to $2/hr, $3.50/hr and $5/hr. PPMC did not agree to denials being subject to the grievance procedure despite the fact that there is a PPMC manager on the committee. PPMC contends that the committee is made up of bargaining unit members who follow a charter that they make and agree to, and that PPMC has no influence on clinical ladder processes and rules. Dennis states that the day to day operations of the clinical ladder committee is a self-policing organization. ONA requests a copy of the clinical ladder charter, which currently is not available on the PPMC intranet clinical ladder site.

1117am: New Article Workplace Safety: PPMC presents counterproposal to ONA. PPMC agrees that we want to allow nurses to have PPE but cannot agree to guarantee PPE for nurses as this is beyond their control, particularly during a pandemic. PPMC agrees to pay for all time needed to get testing related to occupational exposures.

1119am: 6/2 Retention Scheduling Program: PPMC presents counterproposal to ONA. PPMC proposes that RNs on the program will not accrue PTO. PPMC further states that all issues regarding how to administer STD, benefits, adjustment pay, extra shifts, etc will be pushed to discussion at task force. Lori emphasizing “I don’t want to implement this without the right things in place.” She further discusses that she wants to make sure HR, payroll and administration is worked out to ensure a smooth roll out.

1123am: PPMC requests that any filming today does not include management’s faces or their audio. This was announced to the room. ONA Communications is here today to film testimonies and Travis Nelson but agrees not to record management or their audio.

1125am: Travis Nelson stresses the importance of healthcare in legislation and how state governments are eager to see how they can support nurses.

1126am: Richard shares his testimony on the staffing crisis and the importance of providing a good package for nurses to attract them to our hospital and encourage retention. Richard further states the nursing staffing crisis will only be getting worse and must do everything we can to retain nurses.

1133am: Molly shares her testimony on staffing and that of a coworker in response to PPMC’s pursuit of team nursing (which at this time has been indefinitely postponed thanks to nurse and ONA complaints that team nursing and care pairs is harmful to patients and staff).

1136am: Kim shares her testimony on staffing and that of a coworker in response to PPMC’s pursuit of team nursing (which at this time has been indefinitely postponed thanks to nurse and ONA complaints that team nursing and care pairs is harmful to patients and staff).

1141am: Molly shares her testimony on staffing. Molly states since the beginning of the year she has received 100 texts from PPMC asking for help on short staffing days. Working short allows nurses to provide decent or poor care but our goal is to provide excellent care.

1143am: Seth informs Lori that in the same way she would like sustainable agreements to be made at this table, nurses also need staffing proposals to be sustainable to avoid burnout and what Providence has been offering is not sustainable. ONA asks PPMC to invest in staffing which can be a competitive advantage when retaining and attracting new nurses.

1152am: Michelle from 7S shares her testimony on nurse staffing. Lack of support and nursing staff impacts unit functionality and patient and nurse burnout. Emphasizes that we need to keep our more experienced staff here and incentivize them to stay.

1156am: Article 11 Staffing: ONA presents counterproposal to PPMC. Presents minimum staffing grid with RN to nurse ratios. ONA requests increased access via the intranet to staffing plans so that any nurse can review them easily. This does not cost the hospital anything and increases clarity. Increase paid time for staffing committee members to 36 hours quarterly. PPMC will pay a fine of $15/hr to each nurse for every nurse the unit is working short on that unit. This is to incentivize the hospital to improve staffing and compensate nurses who suffer from the trauma of working short. PPMC will provide break nurses, one for every four nurses. ONA makes it clear that this cannot wait and this is a top priority for nurses.
1200pm: Seth highlights that we understand PPMC thinks their initial wage proposal was generous but it was actually less than what PSVMC nurses are currently offered (not to mention that they are about to go into a new round of bargaining which might result in further increases in pay). Nurses would make anywhere from 50 cents to 3 dollars less than PSVMC nurses and have not received a rational as to why PPMC would do this to its nurses. CEO pay at providence has been around 9-12 million dollars a year according to the Lund Report. Providence CEO Rod Hochman made 106 times the salary of a nurse at step ten. When we talk about sustainability, Seth explains, there are other areas that should be evaluated instead of reducing nursing benefits.

1201pm: **Appendix A Wages:** ONA Presents counterproposal to PPMC. Effective 1/1/2023 All steps receive $5 increase and 5% cost of living adjustment (COLA) (retro pay). Effective 7/1/23 increase all steps by 3%. Increase steps 20-30 by 5% and add additional steps 31-36 with 1% higher rate than each step added. Effective 1/1/24 increase all rates 8% COLA. Effective 1/1/25 increase all rates 8% COLA. Charge RN differential will be $4.50/hr. Relief Charge RN differential will be $3/hr. Eve shift differential $2.85/hr (Same as PSVMC) with increase to $3.10/hr on 1/1/24. Night shift differential $6.20/hr (same as PSVMC) then increase it on 1/1/24 to $6.50/hr (best rate in Oregon Providence System. Per Diem nurse will be paid 15% of their base rate of pay. Per diems who work at least 800 hours will receive cash bonus of $1.50/hr for every hour worked. Weekend differential increased to $2/hr (Same as PSVMC). Maintain same request for double time for all overtime in excess of four hours extra shift. Per diems to be eligible for extras shift differential at 24 hours in the week. Nurses on the unit will be given preference over contract/agency nurses for extra shifts. Preceptor differential increased to $4/hr (Best rate in Providence Oregon System). Double back pay: A nurse who comes back to work within 8 hours of working will receive 1.5 times the rate of pay for subsequent hours worked (Same as OHSU). Float pool nurse differential increased to $2/hr. Maintain request for specialty role differential for ECMO/ RRT/ Endovascular nurse roles at $3/hr.

1212pm: **Appendix B Standby On-Call:** ONA Presents counterproposal to PPMC. Standby pay increased to $8.50/hr (which is the same that techs get paid). Add that the union will be notified of any changes to unit guidelines, which are subject to bargaining. Holiday standby increased to $12/hr. Voluntary call increased to $10/hr. Mandatory call increased to $20/hr. Nurses working more than 50 hours of standby in a 4 week schedule will receive $10/hr and more than 100 hours will receive $20/hr. Only staff working a scheduled shift prior to the period of mandatory standby will be mandated but anyone can volunteer. The purpose of ONA increases in mandatory call rates is to reduce the hospitals reliance on mandatory overtime and improve staffing and voluntary standby incentives.

1223pm: Dave from OR/endovascular shares his testimony regarding on call status. Discusses how he has seen that Providence used to be a place of high standards but has seen it steadily degrade. Nurses are paid significantly less than technicians to be on standby and PPMC’s actions have not demonstrated that they are interested in maintaining a good team here. Also highlights that bachelor degrees are no longer being required which is a huge drop in the quality of nursing care. Nurses are scared to see where else Providence will continue to reduce standards. Chris further explains that endovascular nurses face significant burdens with being on call. For example they are required to take 36 hours of call a week plus weekend call and must report to work within half an hour. He reports he had to take 2000 hours of call last year and this is a significant impact on quality of life that the hospital does not seem to acknowledge or care for the nurses in terms of pay or contract language.

1226pm: Colleen from OR reads a statement from Angela in the OR who could not be at bargaining in person. Discrepancy of the standby pay that Providence pays for techs compared to nurses is not tolerable and must be corrected. It is disrespectful and if it is not resolved there will be a no vote on this contract from every nurse in the OR.

1230pm: Dennis responds that they are thankful for everyone who spoke today.

3pm: Both sides agree to break for caucus and lunch.

3pm: ONA and PPMC agree to meet again around 330pm.
335pm: ONA and PPMC agree to meet at 4pm.
4pm: PPMC arrives.

**403pm: Article 8 Hours of Work Overtime and Breaks:** ONA presents counterproposal to PPMC. ONA maintains that nurses who are made to work mandatory overtime will be paid double their regular straight time rate of pay.

**409pm: Article 9 Scheduling:** ONA presents counterproposal to PPMC. ONA requests that nurses with 15 or more years can reduce weekend working hours. ONA retains 16 hours for per diem minimums for each schedule period. ONA retains current language for pattern scheduling implementation to maintain seniority practices as it currently exists in the hospital and was agreed upon in a task force meeting.

**422pm:** Seth shares with PPMC that they have reviewed the charter for clinical ladder today which explains the organizational structure of the committee. Seth points out that while PPMC claims they have nothing to do with managing clinical ladder and thus the results of clinical ladder cannot be grieved, the charter points out that managers have to give applicants permission to participate in clinical ladder and thus the hospital does have a stake in it. In addition, there are spots for serving on the committee for two hospital executives and managers. Dennis responds that he believes the clinical ladder committee prefers to operate independently without much oversight and so PPMC does not want to interfere with their operations.

**Next Negotiation Meeting Date, Time and Location:**
April 4th, 10am-5pm, PPMC Social Room