Where Are We At?

The extended illness time (EIT) survey has closed and we had a strong majority of nurses in the bargaining unit participate in the survey! **THANK YOU! YOUR VOICE MATTERS!** Based on the survey results your ONA team continues to say NO to this take away!

“As Providence nurses, we are exposed to illnesses and injuries everyday. PTO and EIT are our safeguards to protect our patients, our families, our communities and ourselves. And that’s why we are standing together across Providence.” Joint statement issued by the ONA Nurse Leaders at Providence meeting on Monday, Feb. 4, 2019.

Your ONA bargaining team met with nurse leaders from the other ONA represented Providence facilities in Oregon on Monday, Feb. 4, to discuss the EIT & PTO proposals and our survey results.

**Upcoming Bargaining Dates**
(scheduled so far):

- Feb. 11, 2019 (Monday)
- March 11, 2019 (Monday)
- March 22, 2019 (Friday)

*Bargaining is usually 9 a.m.-5 p.m. in HCC8; however, times and locations may vary so contact a bargaining team member if you plan to attend.

Your **ONA Bargaining Team:**
- Sabra Bederka, RN, Critical Care Services
- Richard Botterill, RN, Emergency Room
- Rudolph Francis, RN, Critical Care Services 2K
- Beth Gately, RN Surgical Services/Operating Room
- Christine Bernier, RN, Emergency Room
- Kristin Harman, RN, Respiratory Cardiology 2R
- Kim Martin, RN, 5R Medical Unit

**PPMC Administration Team:**
- Dan Mueller, Labor Attorney
- Jennifer Gentry, Chief Nurse Executive
- Jeannie Mikulic, Director of Human Resources
- Patti Langdon, HR Business Partner
- Jason Plamondon, Nurse Manager 2R
- Camilla Collins, Director of Nursing, Critical Care/ED
- Michelle Campbell, Nurse Manager 5K, IRU, and IVT Team

It’s Time to Demonstrate Our Support and Resolve.

We will be wearing stickers on Monday, Feb. 11 in support of bargaining.

Email a photo of nurses on your unit wearing stickers to Newman@OregonRN.org
We held our ninth bargaining session on Thursday, Jan 17, 2019 where we exchanged proposals with Management. We met again for our tenth bargaining session on Thursday, Jan. 24, 2019. Your ONA team has continued to say NO to Management’s proposal to freeze extended illness time (EIT) accruals at the end of 2019 and phase out EIT by the end of the calendar year 2020. Here is why we are continuing to say NO:

**PRO CON on the EIT, PTO, STD proposals**

<table>
<thead>
<tr>
<th>Reasons why we think Managements proposal is bad:</th>
<th>Reasons why some might like the proposal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• LOSS of EIT- accrued benefit</td>
<td>• Not everyone has accrued a lot of EIT, or has used their accruals</td>
</tr>
<tr>
<td>• LOSS of our paid time off to care for a family member</td>
<td>• Employer would pay the premium for STD (currently costs approximately $30 per pay period for nurses who purchase it through UNUM)</td>
</tr>
<tr>
<td>• Reductions to PTO accruals (especially for .9 FTE) *this is especially concerning for units who experience a lot of low census</td>
<td>• Can potentially utilize more than 26 weeks per year (if 2 separate STD claims in one year get approved by Sedgewick. Meaning you could have more paid hours than the current EIT cap of 1040 hours</td>
</tr>
<tr>
<td>• Increase wait time from 24 hours (to access EIT) to seven calendar days (to access STD)</td>
<td>• Parental leave</td>
</tr>
<tr>
<td>• EIT is paid at 100% of pay. STD is paid at 65% of pay (and TAXED if the employer pays the premium)</td>
<td></td>
</tr>
<tr>
<td>• Current STD option is untaxed and cost is approximately only $30.00 per pay period</td>
<td></td>
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<tr>
<td>• Have to deal with SEDGEWICK</td>
<td></td>
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<tr>
<td>*Nurses routinely report negative experiences with this third party administrator</td>
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</tr>
<tr>
<td>• Oregon HB 3087 is likely to pass in the 2019 legislative session, ensuring paid family and medical leave (PFML). Providence is offering up something they will be required by law as a reason this is a good plan.</td>
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</tbody>
</table>
**Know Your Rights: Wearing ONA Buttons at Work Q&A**

**Q: Are we allowed to wear ONA buttons at work?**

A: Yes. By law, you are allowed to wear union buttons while on duty. People wear lanyards, stickers, photos, and pins that have personal, religious, and sports messages—union buttons are no different.

**Q: Can management discipline me for wearing an ONA button?**

A: No. It is illegal for management to punish employees for wearing buttons in support of ONA or issues that we are working on as a union. Employees are protected by the National Labor Relations Act’s (NLRA) “Protected Concerted Activities” clause.

**Q: What do I do if management asks that I remove my button?**

A: It is illegal for management to ask nurses to remove their ONA buttons. If a manager does ask you this, notify him/her that you have the right to wear your button/sticker at all times during your shift. Report details of any management/supervisor request to an ONA representative (officer, bargaining team member or ONA Labor Relations Representative) immediately.

**Q: Can I wear my button in patient care areas?**

A: Yes. Employees have the right to wear their ONA buttons visibly. Should a manager ask you to remove your ONA button while in front of patients, notify him/her that you have the right to visibly wear your ONA button/sticker at all times during your shift. Report to an ONA representative if a manager or supervisor has any conversation with you about it.

**Q: What do I answer when patients or their families ask about the button?**

A: The truth: that we are in contract bargaining and we want ensure that we maintain fair wages, benefits, working conditions for nurses and that we can continue to give our patients the best care possible.

**Q: Where can I get more information about how the law protects employees?**

A: The National Labor Relation Board’s website covers all the laws that protect employees engaging in union activities. You can find more details at www.nlrb.gov/workplace_rights/.

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**Summary of Where We Are At**

<table>
<thead>
<tr>
<th>Topic</th>
<th>ONA’s Proposal</th>
<th>PPMC Proposal</th>
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</table>
| **Article 2 Definitions** | • Clarification of Charge & Relief Charge  
• Definitions for Fellowship & Residency                                      | Management proposed changes to definitions of Charge & relief charge and Fellow & Resident |
| **Dues Article 3**     | • Transfers will either join ONA or pay a fairshare fee was brought into the contract.  
Nurses who promote out of the union and return will either join ONA or pay a fairshare fee was brought into the contract. | • TA (Tentative Agreement) to Transfer language  
• No to Promotions                                                            |
| **PTO Scheduling Article 5** | • Increase accruals  
• No cap on accruals  
• Reduce years of service to get the higher accrual rates more quickly  
• 3 scheduling periods instead of 2 for vacation  
• Clarify PTO utilization calendar  
• Remove 40 hour threshold for PTO during medical leave  
• Not required to use PTO if using STD (short term disability)  
• Clarify notice of resignation is 2 weeks                                  | • NO to ONA proposals  
• Proposed new PTO accrual rates/system to go along with the proposed removal of EIT |

Continued on page 4
## Where We Are At (continued from page 3)

| Article 6 Holidays | • Add MLK day, and Veterans Day. Dropped proposal for Easter  
• Surgical Services should not have to use PTO when closed on holidays | • NO to ONA proposals  
| Article 7 EIT | • Clarify usage after hire (six months or 90 days)  
• Remove waiting period to access EIT | • Freeze EIT accruals in 2019 then  
• Eliminate EIT in 2020 and replace EIT with a STD plan & parental leave.  
| Article 9 Scheduling | • Clarifying that nurses may voluntarily work more than three 12 hour shifts in a row (but not mandatory)  
• Unit based scheduling clarification- any shift on a unit can do unit based scheduling  
• Discuss task force approval language  
• Dropped proposal to make language easier for managers and nurses to understand | • TA on more than 3 consecutive 12 hour shifts being voluntary  
• NO to shift language for unit based scheduling  
TA to Task force language  
| Article 10 Floating | • Not require a nurse to float to more than 2 distinct patient assignments per shift | TA  
| Article 11 Staffing Committee | • SRDF’s go to co-chairs  
• Update meeting frequency to reflect current practice (every other month)  
• All nurses time paid on the committee  
• Education goes to all affected employees (not just nurses) | • Management proposed to eliminate PNCC from receiving the SRDF’s  
• Proposed to change name of HSPC to HNSC  
• TA to remove advance request to attend HNSC  
• TA to removing requirements to be on committee  
• Proposed term limits remove from contract and defer to charter  
• No to updating meeting frequency  
• Increase co-chair paid hours to 16 hours quarterly.  
• Dropped two take away proposals  
| Article 12 Employment Status | • Discipline may be removed after 2 years  
• Discipline will not result in disqualification from participation in Clinical Ladder  
• Exit Interviews will be offered (on paper) and shared with Task Force | • No to all proposals  
| Article 13 Restrooms and Lockers | • Each unit will have a mechanism for mail delivery (mailboxes of file cabinets) | TA  
| Article 14 LOAs | • Remove requirement to use PTO before EIT | No  

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### Where We Are At

(continued from page 4)

| Article 15 | Health Insurance | • Add prophylactic treatments  
• Medicare bridge  
• Incentive dollars should be automatic; participation (in Choose Well) is voluntary and retro for 2018  
• Other changes in Appendix D | • Proposed a new EPO plan as a third option in 2020 (similar to what PSVMC got)  
• Proposed Short Term Disability (to replace EIT) that will cover 65% of pay after a 7 day waiting period |
| Article 16 | Retirement Benefits | • Increase Employer matching contributions by 3% | • No to all proposals |
| Article 17 | Association Business | • Nurses on ONA business will give notice when possible  
• Bargaining team paid (same as PSVMC)  
• Seniority list provided 3x a year | • Management agreed to ONA’s proposal in section C—Nurses on ONA business will give notice when possible.  
• Management made a counterproposal on the bargaining team time, but said no to paying the ONA bargaining team (same as PSVMC).  
• Management agreed to provide the seniority list three times a year. |
| Article 19 | Grievance Procedure | • Return to current contract language (no changes) | • TA to return to current contract language- no changes |
| Article 20 | Professional Development | • Nurses will be relieved to do healthstreams/mandatory education during regularly scheduled shifts  
• Remove 2 scheduling request period requirement for education time  
• Need to discuss the PTO/Ed time cut off times (chart) | Management said NO to the ONA proposal that nurses will be relieved to do healthstreams and mandatory education during regularly scheduled shifts.  
• TA to remove the two week timeline |
| Article 21 | PNCC | • Keep Current Language | • TA to return to current language- no changes |
| Article 22 | Seniority | • Consistency in leaving/returning to bargaining unit- managers have same seniority rights as nurses who leave (and return in 12 months) and other employees who worked for Providence prior to becoming an RN  
• Seniority lists 3 x a year  
• Clarify fellowship and residency job postings – moving to Article 2 definitions | • Management agreed to some consistency here on seniority on return to the bargaining unit within 12 months  
• Management proposed may post vacancies that are only available to external new grads  
• Management proposed nurses in fellowship may not use seniority to bid on another position in dept for 1 year  
• Management agreed to provide seniority lists 3 times a year |
| Article 23 | Reduction in Force | • Return to current contract language- no changes | • TA |
| Article 24 | Low Census | • No mandatory low census | • No |
| Article 27 | Duration | • 3 year contract- December 31, 2021 | • Management proposed a 4 year contract |
## Where We Are At (continued from page 5)

### Appendix A

- 4% per year for 3 years
- Add all missing steps
- Add step 32
- Charge RN diff increase to $4
- Relief charge RN diff increase to $4
- Eve shift diff increase to $3.50
- Noc shift diff increase to $6.25
- Per Diem diff increase to $6.00 / $7.25
- Weekend diff increase to $2.50
- Extra Shift diff - remove language about waiving this incentive
- Preceptor diff increase to $2.50
- Preceptor diff paid for all students who need to precepted
- Add a Float diff
- Add a Bilingual diff
- Add a BSN diff
- Add a MSN diff

### Appendix B Standby on Call

- Increase stand by on call pay to $6.00

### Appendix D Medical

- Update all the dates
- Premiums go to zero in 2019
- Health Incentive money will be automatic and retro to 2018. Participation in programs will be voluntary
- Remove spousal surcharge
- Add MOU on health insurance option (same as PSVMC)

- Management proposed 1% for each year of a 4 year contract

- No

- Management said No to ONA proposals
- Proposed a new EPO plan as a third option in 2020 (similar to what PSVMC got)

## Are You Interested in Being a Contract Action Team (CAT) Member?

As negotiations are beginning we need nurses, preferably from each unit to be Contract Action Team (CAT) members. The CAT members will be the go-to for contract negotiation updates and progress, dispersing information to their unit, answering questions and handing out the bargaining update newsletters. It is not a huge commitment.

We will be having CAT meetings every two to three weeks to keep you informed about proposals, tentative agreements and how things are going with bargaining.

If you are interested in being a member of CAT, please email Jaime Newman Newman@OregonRN.org or Sue Phillips, RN, on 8 South.

## Want To Be A Member of PNCC?

Are you passionate about improving nurse practice issues? The Professional Nursing Care Committee (PNCC) would be a great committee for you!

The PNCC is a committee comprised of direct-care nurses and has many important responsibilities within the hospital. One of the most important duties of this committee is to review professional practice issues and makes recommendations to administration and help put systems in place to improve the safety or practice of nursing. Some of the other duties this committee is responsible for include: reviewing staffing concern complaints, review education expenditures that aren’t approved and review with administration the floating requirements if there are any proposed changes to them.

This committee is important in addressing practice concerns in the workplace and needs strong nurse leaders.

If you are interested in being on this committee, please contact Jaime Newman Newman@OregonRN.org or Sue Phillips, RN, on 8 South.