Elections Are Coming!

Remember that your Oregon Nurses Association (ONA) Providence Portland Medical Center (PPMC) officer elections start next week on **Monday, July 6** at 8:00 a.m., running through **Sunday, July 12** closing at 3:15 p.m.

ONA will email out the link to vote online. If you do not get the email call ONA at 503-293-0011. Remember also that we will not be holding in person voting this year due to the COVID Pandemic, the voting will be online only.

If you are not receiving emails from ONA, please contact us at news@oregonrn.org

Extra Shift Contract Language

by Sabra Bederka, Chair

In the wake of the COVID-19 pandemic, the hospital has been ever more cognizant of the budgetary impact of nurses working overtime, both incremental daily and extra shifts.

It has come to our attention that there has been some confusion, by both staff and management, about how overtime and extra shifts will be awarded and compensated. With regard to extra shifts, the contract language in Appendix A, Section M – Extra Shift Differential on pages 66-68 remains in effect.

- **Subsection 1** – describes the differential and the ways in which the extra shift qualifies.
- **Subsection 2** – speaks specifically to the Per-Diem nurses and how they qualify for the differential.
- **Subsection 3** – describes the awarding of extra shifts PRIOR TO the schedule being posted (see Kronos calendar). The extra shifts here are not subject to the differential and are awarded according to the algorithm in this subsection.

- **Subsection 4** – describes the awarding of extra shifts AFTER the schedule has been posted (see Kronos calendar). All shifts, of at least 4 hours, are paid the extra shift differential if the parameters in subsections 1 and 2 are met, and are awarded according to the algorithm in this subsection.

Please read this section and, if you have questions, or feel that a mistake has been made in the posting, awarding, and/or compensation of these extra shifts, please reach out to a steward, officer, or our labor representative prior to filing a grievance. Often, we can get the matter settled without going through the lengthy and cumbersome grievance process. However, we always retain the right to file one if it is appropriate and will encourage you to do so.
Low Census Contract Language

by Sabra Bederka, Chair

In negotiating our last contract, your bargaining team secured caps to Mandatory Low Census, as well as staffing practice changes to help mitigate the impact and frequency of Mandatory Low Census.

To address the impact of Mandatory Low Census (MDO), we secured caps. The MDO does not in any way affect Voluntary Low Census – if you want the shift off, you may request it by signing up on the Wants Off list, no limits. The language about caps to MDO is in the contract in Article 24 – Low Census, Section A.6 on page 54. It states “No nurse will be asked to take mandatory low census beyond a cap of twenty four (24) hours per scheduling period, and not to exceed one hundred sixty eight (168) hours in a calendar year, with the exception of emergency situations.”

With the COVID-19 “State of Emergency”, we recently have experienced some confusion with regard to these cap limits. While the contract language states that caps will not be exceeded except in emergency, the declaration of an emergency does not allow the hospital to suspend this contract provision. As a result of the confusion, we have submitted, and won, a few grievances around the fact that nurses have been given MDO over the cap limits, while other nurses on the same shift have been allowed to work.

We are currently in talks with leadership to clarify the misunderstanding about the caps and to ensure that these contract safeguards are followed. In order to help with this process, the contract calls for nurses to notify their managers when they have hit these caps, Please make sure that you are doing this in writing.

If you feel that you have subsequently incorrectly exceeded these caps, please reach out to a steward, officer, or our labor representative prior to filing a grievance. Often, we can get the matter settled without going through the lengthy and cumbersome grievance process. However, we always retain the right to file one if it is appropriate and will encourage you to do so.

Another safeguard we secured to address the impact of Mandatory Low Census was to secure the agreement that, prior to being given a Mandatory, the hospital will attempt to provide an alternate assignment for the nurse.

This language is in the contract in Article 24 – Low Census, Section A.9 on page 56. It states “The Medical Center will provide an alternate assignment (e.g. alternate patient care assignment, Health Stream mandatory education, chart audits, department projects) within nursing services to the nurse prior to any mandatory low census. The nurse may choose voluntary low census in lieu of the alternate assignment.” What this means is, if there is something else that the nurse can do, and which they are qualified to do (float, be a sitter, be a CNA, resource), they will be offered that assignment rather than being given the Mandatory. If there is no other assignment available, the hospital will give the mandatory.

The big thing here is that if the nurse declines this alternate assignment, this now becomes Voluntary Low Census, and does not count towards the cap. The hospital offered you something and you voluntarily declined. If you feel that any of the preceding issues apply to your circumstance, please reach out and we will work together for a resolution.

Professional Nursing Care Committee Call for Members
by Richard Botterill, Vice Chair

The professional nursing care committee (PNCC) is defined and authorized under Article 21 of our contract.

The committee is comprised of up to eight RNs, scheduled to meet one of two times per month (not to conflict with the routine duty requirements), with each member entitled to two paid hours per month at straight time.

The purpose of the committee is to consider matters which are outside of the grievance process and should include improvements to patient care and nursing practice. Recommendations from the committee will be reported to our Chief Nursing Officer.

At this time, we are looking for RNs interested in contributing to the consideration and recommendation of such improvements.

If interested in participation, please contact Richard Botterill at Richard.Botterill@Providence.org.