

What's At Stake?

Wages, Differential, and PTO

Topic	ONA Proposal	Providence Proposal	At Stake
Contract Duration	• 2 yr contract	• 3 yr contract	• Common Contract Expiration & Alignment
YR. 1 Raises	 PPMC Proposal for year 1 Steps 1-22 Added steps 23 - 29 Step 30 at \$82.11 	 System Leading Wages at 11.4% Average Increase in Year 1 No Additional Steps Step 30 at \$79.33 vs. OHSU \$83.06 	• Approximate Pay Parity at Steps 25 and above and filling in "ghost steps" with no raises year 22-24 and 25-30
YR. 2 Raise	• 5.5% raise	• 4% raise	Wages that nearly keep up with OHSU RN's 6% raise
YR. 3 Raise	No third year proposed - Contract would expire 1/1/27	• 4% on 1/1/27	Knocking PPMC out of contract alignment with other Prov Caregivers
Night Diff	\$10 Entry\$12 After 2 yrs	• \$10, up from \$6.50	Recognition for differences in skill/experience
Extra Shift	\$40.00 per hourEligibility per weekly hours	• \$20/hour	OHSU is top of market with \$46/hr CNI
Standby	\$10.00 per hr.\$16/hr for excessive & short notice Standby	\$8.00 per hr.No incentives for excessive/short notice	Prov Standby remains among the lowest in the region
Per Diem Diff	• 10% and 15% after 30 years	• \$5.00/hr & \$6.00/hr after 30 years	Current differential doesn't even cover cost of PTO
Preceptor Diff	\$3.50/hrApplies when precepting students	• \$3.25/hr, current application criteria	• \$0.25/hr and application
Float Pool Differential	• \$7.00/hr	• \$3/hr	OHSU has metro area standard at \$9.00/hr
Additional PTO	Add 24 hrs. PTO accrual each yr. (down from original proposal for 36 hrs)	No Change to current contract	Providence PTO Benefits are lowest of any metro area union system, as well as Legacy



Staffing

Topic	ONA Proposal	Providence Proposal	At Stake
Staffing Ratios for Units with Statutory Ratios	Restore reasonable ratios on units where patient assignments have been increased	No ratios - Maintain increased patient assignments on many specialty units	 Quality Patient Care Caregiver Satisfaction Constant Turnover & Precepting
Staffing Committee Authority over Plans	Consistent with OHA Enforcement, Staffing Plan must be approved by HNSC	 Finally, for the first time, allows HNSC to consider some 3:1 ratios/assignments for med/surg units 	 Still does not include acuity/intensity or staffing grids
Enforceable Staffing based on Acuity & Intensity	 Acuity Included in Staffing Plans Staffing Levels According to Acuity 	 Acuity not included in staffing plans EMR Acuity as single tool 	Sustainable & Enforceable staffing levels rather than a constant battle over resources
Break Relief RNs	 Defines Break Relief Positions No Units Sharing Break relief Delegates Authority to UBC 	 Allows Break RNs to have patient assignments Shared Break RNs 	• Establishing Safe & RN Led/Unit Based Solutions to Break Coverage

Health Benefits

Topic	ONA Proposal	Providence Proposal	At Stake		
Individual Health Benefits	\$450 deductible\$800 Out of Pocket Maximum	\$1150 Deductible\$3300 Out of Pocket Maximum	Plan remains at the bottom of the market for Metro HC workers		
Family Health Benefits	\$900 Deductible\$1600 Out of Pocket Maximum	\$2300 Deductible\$6600 Out of Pocket Maximum	Plan remains at the bottom of the market for Metro HC workers		
Additional Health Benefit Changes	 End spousal surcharge Provide Opt-Out Incentive. Offsets Aetna Changes 	No Counter proposal on health benefits	Makes plan affordable for families who depend on Prov's HC Coverage		
OR					
Aetna/CVS Impact Fund	 Fund to mitigate additional out of pocket expenses for drug copays, out of network expenses and changes due to switch to Aetna 	• No Proposal	Additional support for disruptive plan changes		

Our power to win on top priorities is based on our unity, commitment, and our irreplaceable work.