In this issue
We Propose Better Insurance – Pages 1-2
With You We Can Win – Page 1
Nurse Survey Comments, ONA Nurse Lobby Day– Page 2
Reigning in Low Census– Page 3
Yes on 97, ONA Elections, Why Don’t We Get Daily Overtime Pay? – Page 4

We Propose Better Insurance and Pensions for Nurses

Following the lead of our brother and sister nurses at Providence Portland Medical Center (PPMC) and Providence Home Health and Hospice (PHHH), we proposed better health insurance and pension benefits for nurses at Providence Seaside (PSH) at our first negotiations meeting with administration Oct. 26. Our current contract expires Nov. 30, 2016. While our bargaining survey results have not been finalized, we’ve heard from nurses at other Providence facilities that they’re struggling with the high out-of-pocket costs in our current medical benefits plan, and we’ve heard the same thing from many of you personally.

Specifically, we proposed that Providence increase the amount of money that they contribute to our health reimbursement account (HRA) or health savings account (HSA) by $450 per year for an individual, and by $700 per year for those covering dependents.

(Continued on Page 2)
We Propose Better Insurance and Pensions for Nurses  (Continued from Page 1)

*We think this is fair.* Under this arrangement, nurses would still pay up to $1,850 per year in out-of-pocket expenses, as well as co-pays for medical visits and prescription drugs, plus our share of the monthly premium.

We’re concerned that a non-profit health services company with nearly $6 billion in unrestricted cash reserves would continue to provide outside customers a better deal on insurance than they provide to their own employees. Bus drivers with the Amalgamated Transit Union, classified school employees and rural teachers at Oregon Education Association and Oregon School Employees Association, Service Employees International Union (SEIU) 503 members who are state employees, and other groups on those plans all get a better deal from Providence Health Plans.

We also know that some of our nurses who have provided significant service to Providence would like to retire but haven’t built up the kind of retirement benefits that would allow them to do so. We’d like to make it easier for all of our nurses to retire when the time is right for them.

We also proposed that Providence improve our retirement plan by shortening the length of time it takes to get to the higher contribution rate levels in the Service Plan. Under the current Service Plan, Providence contributes an amount equal to 3% of each nurse’s earnings into a retirement fund. That amount increases to 5% after 10 years and to 6% after 15 years. We agreed with nurses at PPMC that this level of funding would not provide a reliable post-employment income for nurse, given the volatility of the stock market and rising cost of health care. We proposed that nurses begin to receive 5% after five years and 6% after 10 years.

**Service Plan Retirement Contribution Rates**

<table>
<thead>
<tr>
<th>Current</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9 years = 3%</td>
<td>0-4 years = 3%</td>
</tr>
<tr>
<td>10-15 years = 5%</td>
<td>5-9 years = 5%</td>
</tr>
<tr>
<td>Over 15 years = 6%</td>
<td>Over 10 years = 6%</td>
</tr>
</tbody>
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Nurse Survey Comments

“It’s not the cost per pay period that bothers me, it’s the cost of actual care that ends up being ridiculous. We need better coverage with less out of pocket costs, especially when we’re going to our own Providence hospitals. Our current benefits package is shameful.”

“We are health care providers and we should have the very best insurance coverage since we work with people that are extremely ill.”

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**SAVE THE DATE: 2017 ONA NURSE LOBBY DAY**

ONA invites you to join nurses and nursing students from around Oregon to lobby on important nursing and health policy issues and meet with your legislators.

Hundreds of nurses will rally at the Oregon State Capitol in Salem on **Tuesday, February 14, 2017** to advocate for our patients and advance Oregon nurses’ practice.

It’s vital that we have nurses represented in the key decisions that are made about our priorities and key bills that will come up in the 2017 session.

Early registration for ONA members is now open.

Visit [www.OregonRN.org](http://www.OregonRN.org) for more information and registration.
Reigning in Low Census

Some of our nurses lose significant pay and use up much of their paid time off (PTO) due to low census. Hospital data requested by ONA reveals that in 2015 nurses went unpaid for over 5,100 scheduled hours due to low census. Almost half (2,370) of those unpaid scheduled hours fell on just 15 medical/surgical unit nurses, who on average lost 158 hours of pay in 2015. The Hospital was unable to tell us the total number of low census hours because they do not track such hours when the nurses use PTO to cover the low census hours. So we don’t know how much PTO nurses had to burn due to low census.

We made several proposals designed to reduce the impact of low census on nurses.

We proposed that any nurse who gives the Hospital three months of notice of their intent to cross train for a unit on which they are qualified to work will receive up to 32 hours per month cross training. This can be accomplished in lieu of low census, but more importantly, will allow such nurses to fill in on other units when census on their home unit is low. Nurses may cross train for any unit and as many units as they are qualified to work on.

We proposed that prior to placing a nurse on low census, the unit manager shall offer to float the nurse to units requiring the assistance of an additional RN.

We proposed that if a nurse has a bank of low census option (LCO) hours (Appendix A, Section J) that exceeds the limit, the excess hours will be placed in a general bank that any nurse may use when they are experiencing excessive low census and have no LCO hours of their own.

LCO hours allow a nurse to continue working, in lieu of low census, on education, performing chart audits, special projects, working in another department (for which she/he is qualified), cross training to another nursing department, or other assigned duties within her/his scope of practice and abilities. Nurses earn one LCO hour for every three extra shift hours they work. Unfortunately, on some units nurses earn a lot of LCO hours because there’s always plenty of work and extra shifts on the unit. Those nurses rarely get an opportunity to use their LCO hours. On units experiencing a lot of low census, nurses work extra shifts less frequently and thus earn few LCO hours. Our proposal allows nurses on units that have a lot of low census to draw on the excess LCO hours earned by nurses on other units. For details on when you would be able to use the excess LCO hours, see the proposal tracking form on the ONA/PSH webpage.
Why Don’t We Get Daily Overtime Pay?

What?! **PSH is the only Providence hospital in Oregon that does not pay daily overtime when a nurse works beyond their regular shift (of eight hours or more)**. To earn overtime pay at PSH, nurses must exceed 40 hours in the week. That means that part-time nurses rarely earn overtime even when they work well beyond their shift on a given day. Even 12-hour shift nurses do not earn daily overtime when they work beyond their 12-hour shift. They too, only earn overtime when they exceed 40 hours in the week. We proposed that PSH nurses would receive overtime pay for all hours in excess of their regular shift.

Daily overtime pay has two purposes. One is to properly compensate a nurse who puts their personal life on hold to work extra hours at the request of the Hospital. The other is to discourage the employer from relying on overtime as a method of staffing the Hospital.

It’s time for PSH nurses to get the fair treatment received by all other Providence staff nurses.

Oregon Nurses Association (ONA) is proud to endorse **Measure 97 this November** – the ballot measure that would hold some of the largest corporations accountable to working Oregonians. Measure 97 asks some of Oregon’s largest companies – including the likes of Comcast, Wal-mart and Monsanto – to invest in Oregon’s communities by changing the tax code to ensure that C-corporations with over $25 million in in-state sales pay their fair share in corporate taxes.

By law, the estimated $6 billion in revenue Measure 97 would generate would be allocated to public education, senior services and health care. Part of this funding will help fill the anticipated gap in Medicaid funding to keep thousands of Oregonians on the Oregon Health Plan, extend care to uninsured children across the state, and help provide Oregonians with health services like school nurses and basic public health programs.

In advocating for our patients, nurses understand that Oregon schools should be fully funded, all seniors should have services to stay safe and independent, and everyone should have access to quality, affordable health care. But none of that can happen when Oregon has the lowest corporate tax rate in the country.

To learn more and get involved in the Yes on 97 campaign, contact ONA’s political organizer Chris at Hewitt@oregonrn.org or by calling 503-293-0011.

**ONA 2017 ONA Elections**

Put Your Leadership into Action—Serve in an ONA Elected Position!

By deciding to run for an ONA statewide elected position, you make a choice to invest in your future and the future of nursing.

Whether serving on a committee, cabinet, or the board, ONA leaders have the capacity to influence public policy, professional nursing standards and the advancement of the association. In a leadership position, you will help ONA and the nursing profession remain strong.

**2017 ONA Statewide Election Positions Open**

Vice President/ANA Delegate

Treasurer

Director (4)

Cabinet on Health Policy (4)

Cabinet on Education (3)

Cabinet on Nursing Practice & Research (2)

Cabinet on Human Rights & Ethics (1)

Cabinet on Economic & General Welfare (1)

Nominating Committee (3)

ANA Delegate Alternate (2)

NFN Delegate (3)

January 20, 2017 is the deadline to self-announce candidacy for the statewide ONA elections. If you are interested in running for one of the open leadership positions, please complete the Talent Bank & Consent to Serve Form here.

For more information, please contact Kathy Gannett at 503-293-0011 or 800-634-3552 ext. 309.