We met with management for a second round of negotiations Monday, Nov. 28. Management responded to most of our proposals made at the first session and made some proposals of their own. The deadline for management’s initial proposals is our next session, scheduled for Dec. 16. We’ve agreed there will be no new proposals after that date, although either party can make counteroffers to the proposals that are on the table already. For a look at what’s happening with all of the proposals that have been made in bargaining thus far, go to your ONA/Providence Seaside Hospital (PSH) bargaining unit webpage and click on the Proposal Tracking Form. On the bargaining unit page you will also find a link to Bargaining Update #1 if you missed it.

PSH management made an initial wage increase offer of 1.5 percent effective Dec. 1, 2016 and 1.0 percent effective Dec. 1, 2018. They emphasized the preliminary nature of their offer, implying that they were willing to meet somewhere in the middle of the current wage offers on the table.

In order to attain wage parity with nurses at Providence Milwaukie Hospital (PMH) or Providence St. Vincent Medical Center (PSVMC), we would need an increase of 6.65 percent on Jan. 1, 2017.

Nurses at PSVMC, Providence Portland Medical Center (PPMC) and PMH all already earn 4.15 percent more than we do. Nurses at Willamette Falls (PWFMC) and Providence Newberg Medical Center (PNMC) earn 4.6 percent more. All of those facilities are likely get an increase at the beginning of 2017, further widening the wage gap. PMH nurses already have negotiated a 2.75 percent increase for Jan. 1. PSVMC nurses have also negotiated a 2.5 percent increase for Jan. 1. The other facilities are in negotiations now but usually receive their increase on Jan. 1.

This means in order to attain wage parity with nurses at PMH or PSVMC, on Jan. 1, we would need our first increase to be 6.65 percent. We weren’t so bold. We’ve proposed a 4.5 percent increase for Dec. 1 and a 3.5 percent increase for next Dec. 1.

Health Insurance

The management team rejected our proposal to increase Providence’s contributions to our Health Reimbursement Accounts (HRAs) and Health Savings Accounts (HSAs). They also made a concerning proposal to delete Appendix C – Health Insurance from the contract. Providence is
Management’s Initial Proposals (Continued from Page 1)

essentially saying they want Seaside nurses to have no contractual guarantees regarding eligibility for health coverage, the amount nurses have to pay, the deductibles, co-pays, out of pocket maximums, coinsurance rates, as well as the amount Providence pays into your HSA or HRA.

We understand that the Providence Health Plans are regional. We generally get the same benefits that nurses at other Providence facilities receive and we don’t want that to change. We also want the same guarantees other Providence nurses get. Providence has already negotiated 2017 health benefits for St. Vincent and Newberg nurses. There were no significant changes to the plans. More importantly, the benefits are guaranteed for the life of the contract in an appendix just like our Appendix C.

Providence told us that in 2018, they want to double the out-of-pocket maximum for plan members who go out-of-network when an in-network provider is available. This could cost some of our members an additional $6,600 annually if they prefer an out-of-network provider to the providers available to them in-network.

We will work with nurses at PPMC, Willamette Falls and Providence Home Health and Hospice, all of whom are negotiating now on the same issues and we expect the same guarantees those nurses receive.

Let us know what you think of Providence’s proposals. Send your feedback via email to Kaycee Berndt at kayceeluyt@hotmail.com.

Other Providence Proposals

- Post 4-week, rather than monthly schedules.
- Disallow departmental transfers when nurse has had one disciplinary action in the past six months. Current language disallows transfer when nurse has more than two disciplines in the past three months.
- Eliminate requirement to give nurses a copy of time corrections. They say the corrections can be viewed online.
- Change tuberculosis test requirement from annual to "when required by the employee health department". These have not been done annually in recent years.
- Increase length of jury duty leave pay from two to four weeks.
- Post inservice education schedules on the hospital intranet rather than on the units.
- Make cross-training or transfer training plans subject to operational needs of the hospital.
- Pay shift incentive only when the incentive is offered in advance.
- Eliminate 5-minute standby response time requirement for VBAC and high risk OB patients.

Providence Ship Is Hard to Turn

On major issues that impact Providence’s bottom line, the ship is hard to turn. Providence rejected, without any counteroffer, key proposals to improve the compensation and work environment for nurses. These included our proposals to:

- Increase Providence contributions to our retirement accounts.
- Allow nurses who have capped out their low census option hours bank to donate any excess hours earned to nurses experiencing excessive low census.
- Guarantee $200 annually to each nurse for non-mandatory education expenses.
- Pay nurses time and one-half for daily overtime, like they do at (Continued on Page 3)
Providence Hard Ship to Turn (Continued from Page 2)

every other Providence acute care facility in Oregon.

Tell nurses in advance when a meeting or discussion may lead to discipline and notify them of their right to representation.

Increase their contributions to our Health Savings and Health Reimbursement Accounts.

Our brothers and sisters at Providence Portland, Providence Willamette Falls and Providence Home Health and Hospice are also bargaining now over some these same issues.

How important are these issues to you? Please email our ONA representative Sam Gieryn at Gieryn@oregonrn.org, if you think Providence nurses should take action to show management we are serious about these issues. Type “Take Action” in the subject line and tell us which issues are most important to you and what you would be willing to do. Actions could include a rally, picket or press event that you would attend.

What Are the Rules on Travel Time Pay

We’ve been working to negotiate fair rules for situations when nurses are required to travel to obtain mandatory education. So far Providence has stated they will abide by the federal Portal to Portal Act, which sets enforceable guidelines for employee travel pay.

Here’s a look at the law Providence has agreed to follow. Please let us know if you are being treated differently.

Title 29, Part 785 of the Code of Federal Regulations
U.S. Department of Labor
Wage and Hour Division:
Hours Worked

§ 785.37 Home to work on special one-day assignment in another city.

This governs an employee who regularly works at a fixed location in one city and is given a special 1-day work assignment in another city. Such travel cannot be regarded as ordinary home-to-work travel occasioned merely by the fact of employment. It was performed for the employer’s benefit and at his special request to meet the needs of the particular and unusual assignment. It would thus qualify as an integral part of the “principal” activity which the employee was hired to perform on the workday in question; or like travel that is all in the day’s work (see §785.38). All the time involved, however, need not be counted. Since, except for the special assignment, the employee would have had to report to his regular work site, the travel between his home and the railroad depot may be deducted, it being in the “home-to-work” category. Also, of course, the usual meal time would be deductible.

§ 785.38 Travel that is all in the day’s work.

Time spent by an employee in travel as part of his principal activity, such as travel from job site to job site during the workday, must be counted as hours worked. Where an employee is required to report at a meeting place to receive instructions or to perform other work there, or to pick up and to carry tools, the travel from the designated place to the work place is part of the day’s work, and must be counted as hours worked regardless of contract, custom, or practice. If an employee normally finishes his work on the premises at 5 p.m. and is sent to another job which he finishes at 8 p.m. and is required to return to his employer’s premises arriving at 9 p.m., all of the time is working time. However, if the employee goes home instead of

(Continued on page 4)
returning to his employer’s premises, the travel after 8 p.m. is home-to-work travel and is not hours worked.

§ 785.39 Travel away from home community.

Travel that keeps an employee away from home overnight is travel away from home. Travel away from home is clearly worktime when it cuts across the employee’s workday. The employee is simply substituting travel for other duties. The time is not only hours worked on regular working days during normal working hours but also during the corresponding hours on nonworking days. Thus, if an employee regularly works from 9 a.m. to 5 p.m. from Monday through Friday the travel time during these hours is worktime on Saturday and Sunday as well as on the other days. Regular meal period time is not counted.

What is your Experience?

We’ve asked for a guaranteed $200 education expense allowance so that every nurse has an opportunity to obtain some affordable outside professional educational experiences. Currently our education expense benefit (Article 17.3) is discretionary. Managers don’t have a contractual obligation to approve expenses for programs that aren’t mandatory.

Hospital negotiators are telling us that they don’t see the need for the guaranteed benefit because nurses aren’t asking for the discretionary benefit.

What’s your experience? Have you ever requested expense reimbursement for a non-mandatory educational program or event? What was the result? We’d like to hear from you.

Share your experience with a member of the negotiating team, or email Gieryn@oregonrn.org with the subject line: Education Expenses.

SAVE THE DATE: 2017 ONA NURSE LOBBY DAY

February 14, 2017 • Salem, OR

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, Feb. 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 for more information and registration.