ONA nurses at Providence Seaside Hospital (PSH) met with management for negotiation sessions on Feb. 1 and 21. The issues that separate nurses and management are significant and of great importance to many of you. Disagreement on key issues like limiting low census, paying nurses for time and one-half for daily overtime, and cross-training are preventing the two negotiating teams from bringing a proposed agreement to you for a vote.

The teams are still significantly separated regarding wage increases, retirement contributions, and several of our differentials. We have made progress on some items which you can review below. To learn about the status of all the proposals, click on the ONA/PSH Proposal Tracking Form.

**Economic Issues**

To attract and retain the best nurses from the Portland area we need wages that
keep pace with the Portland area. We are still 4-4.5 percent behind Providence facilities in the Portland metro area, including Newberg. Those facilities have received additional increases as of Jan. 1, 2017. See the above table for a breakdown of where our proposals stand in comparison to the Hospital’s.

**Low Census Option**

Nurses at PSH averaged 139 hours of low census per full-time nurse in 2016 for a total of 9,393 cancelled hours. That’s approximately 7 percent of your hours that you don’t get to work. Not good, but not all units are affected equally. Nurses on the Medical Surgical Unit who work at least 0.6 FTE had a total of 3360 low census hours in 2016 or an average of 210 hours per nurse. Those nurses saw 10-17 percent of their expected income cancelled due to low census or staffing shortages that prevented patient admissions.

We currently have no limit on mandatory low census. We do have the low census option, which provides one hour of guaranteed work for every three hours of extra shift that a nurse works. In other words, if you pick up three extra shifts, you get one shift that can’t be cancelled. Unfortunately, the low census option only works well for nurses on units that have a lot of extra shifts and few low census hours. Many nurses on those units already have the maximum 250 hours in their low census banks and get little opportunity to use them. On other units, there are fewer extra shifts and lots of low census. Those nurses struggle to build any sort of low census bank.

We proposed that PSH put any excess low census option hours earned by nurses in a general bank that other nurses could use in lieu of excessive low census. After being cancelled one shift in a pay period, nurses would have access to the general low census bank. This would provide relief from excessive low census on units that typically don’t earn many low census option hours. PSH didn’t agree. Instead, they’ve proposed that we trade the low census option for daily overtime.

(Continued on Page 3)
Daily Overtime

Getting daily overtime (OT) is something we’ve been requesting for a long time. Currently we only receive overtime on a weekly basis, for hours over 40. About 60 percent of our nurses work 36 hours per week. When a 36-hour nurse works daily overtime during the week, the first four hours are at straight pay. With daily overtime, all of these nurses would get time and one-half pay for the first four hours of daily OT that they would not have received before. If they miss a shift during the week, the time and one-half benefit expands to the first 12-16 hours of daily OT. About 30 percent of our nurses are 0.8 FTE or less. All of these nurses would get time and one-half pay for at least the first eight hours of daily OT that they would not have received before. Full time nurses would get daily OT in weeks in which they did not work all of their shifts, but we would have to give up low census option.

Does the low census option really work for most of our nurses or just a few? Would daily overtime or a cap on mandatory low census be of more value to nurses than our low census option? Please let us know what you think.

Scheduling of PTO

PSH has proposed a major change in the way vacation is scheduled. Currently we bid once per year. Bids submitted by March 1 are considered by seniority for vacations from June 1 through May 31 of the following year. We get the results back by March 31. PSH wants to break that up into four scheduling blocks of three months each. We would bid for vacation four times per year, two months in advance of each three month block. Results would come back six weeks in advance of the block. But wait, there’s more…

Limits on Vacation During Prime Time

PSH wants to create two “prime time periods”: a holiday period from Nov. 20 through Jan. 5 and a summer period Memorial Day weekend through Labor Day weekend, during which nurses would be limited to two weeks of PTO use. Our team strongly opposes this proposal. Most nurses like to use more vacation in the summer and holiday periods. PSH says they want to help more nurses get vacations during these time periods. We quickly pointed out that our survey showed that 85 percent of nurses believe PTO scheduling is not a significant problem, so we don’t see a need to limit nurses’ choices.

Possible Cancelation of Vacation When Nurse Lacks PTO

PSH has proposed a rule against converting an approved vacation request to unpaid time off when the nurse lacks sufficient PTO to take the vacation. They want to be able to require re-approval of the time off when nurse does not have sufficient PTO at point of use. PSH says that nurses should not normally be off without pay. We don't agree. Often the reason nurses don't have sufficient PTO at the point of use is excessive low census between the date of the request and the point of use.

No Unit-Based Approaches to Vacation

Our current contract encourages each unit to use an interactive and collaborative process to resolve vacation conflicts. PSH wants to delete that language. They say their proposed rules will eliminate the need for a unit-based approach. We disagree. We think most units have been very successful in adopting procedures every nurse can live with.

Holiday Rotation to Supersede Seniority

PSH wants to impose a holiday rotation system. They say it would be based on a combination of nurse preference and what holidays were worked in the preceding two years, but it’s unclear how that combination would work. That’s concerning. The
rotation would supersede seniority for vacation selection. In addition, nurses scheduled off on the holiday would have preference for the weeks immediately preceding and following the holiday. So if it’s your turn to work a holiday, everyone else has preference for the two-week block surrounding it. We don’t want to carve holidays out of seniority-based requests.

The current system rewards longevity with the hospital. As you gain seniority, your selection options get better and better. Again, we haven’t heard from our junior nurses that this is a significant problem.

Cross-Training

Cross-training is a way for nurses to learn to competently care for patients on a second unit. Cross-training ensures that all our units have the staff they need when they need it. Cross-training also helps nurses avoid mandatory low census. If there is a need on another unit, a cross-trained nurse can be floated there in lieu of low census for nurses on the cross-trained nurse’s home unit.

We’ve had some concerns that PSH is not moving forward with the cross-training plan developed jointly by our bargaining unit and the previous PSH administration. That plan allows each nurse one to two orientation shifts, plus the use of low census option shifts if available, to obtain sufficient competency on a different unit to be considered for full cross-training. PSH is telling us they want to alter Section 1.10 of the contract so that they don’t have to follow the previously agreed-upon cross-training plan. They want to have complete discretion to decide which units need cross-trained nurses and which nurses will be selected to be cross-trained.

So far we’ve disagreed. All of our units need cross-trained nurses to increase availability of qualified staff. Lack of staff can close a unit, resulting in more low census. We want to stay with current selection criteria which allow more nurses to enter cross-training process.

Schedules

PSH wants to post four-week rather than monthly schedules. They say it’s easier for schedulers to work in blocks of two pay periods rather than in months. Some nurses have told us that they schedule most things in their lives, such as child care, civic organizations, clubs, in months rather than four-week blocks. We’ve been scheduling in months for years.

ED Scrubs

PSH hasn’t agreed to restore the right to use hospital scrubs for Emergency Department (ED) nurses. ED nurses care for patients before we know whether they are contagious. Nurses can’t wear personal protective equipment all day long. The should not be responsible for decontaminating scrubs or comingling contaminated scrubs with personal and family laundry.

Pension

PSH hasn’t agreed to any improvements in the retirement contributions they make on behalf of nurses. We’ve proposed that they increase the contribution rate to the service plan from 3 percent to 5 percent of wages in years five through nine, and from 5 percent to 6 percent in years 10 through 15. Many of our senior nurses have expressed both a desire to retire and a financial inability to do so. The cost of retiree health insurance has also grown significantly.

Offsite Training

PSH refuses to guarantee a full day of pay when they send nurses off-site for training in lieu of our regular shifts.

Discipline

We’ve asked the hospital to inform nurses of their right to representation whenever a discussion with a manager or supervisor may lead to discipline. ONA would then provide representation within 72 hours of the employer’s request. So far, PSH won’t accept any obligation to warn a nurse.
that a discussion may lead to discipline

Available Shifts

We’ve proposed that in-unit nurses have first priority for open shifts on their unit. So far there’s been no movement from management on this issue.

Mandatory Education

Currently our contract allows nurses to take the courses needed to obtain required credentials and certifications at the hospital, or at other Providence facilities and Providence-preferred education providers, without charge. PSH has proposed that nurses must take only the courses offered by the hospital, or pay all fees, unless there is no course offered at the hospital within three months of the certification or credential expiration date. PSH says they have made a great investment in providing all courses in-house and when nurses use outside providers it wastes that investment. We didn’t agree. We had to tell them that often their course offerings are held on dates that conflict with nurses’ work schedules or personal lives.

Health Insurance

We proposed increasing Providence’s annual contribution to health reimbursement and health savings accounts from $700 to $1,150 for an individual and from $1,400 to $2,300 if covering dependents. Many nurses report difficulty affording high deductibles and coinsurance. Providence doesn’t want to improve our health benefits. In fact, Providence wants to be able to change our health benefits mid-contract. The Hospital would make no guarantees regarding the benefits provided.

Where Do We Agree?

We’ve been able to come to a tentative agreement with PSH on the following issues:

Section 1.9. Increase the experience requirement to work as a charge nurse from six months to one year with the Hospital or one year of outside experience as a charge nurse.

Section 6.6. With two weeks’ notice, the hospital will release from otherwise scheduled work with pay one of the nurses designated by the Association to attend new employee orientation (NEO).

Section 7.2. Provide for consideration of mitigating circumstances that may warrant repeat, rather than elevation, of disciplinary steps.

Section 7.3. Any work plan shall have a limited duration and shall state such duration.

Section 9.2. Any advanced disciplinary action within the past 6 months, including written warning or greater may bar transfer of an otherwise qualified nurse.

Section 9.2. The determination of which an applicant has better experience and qualifications for a position will not be arbitrary or capricious.

Section 10.5. Add witnesses to those who can report behaviors that undermine mutual respect, including bullying. Results shared are limited to a statement of whether the investigation supported the allegation.

Section 15.5 & 6. Allow use of PTO & EIB after 90 days.

Section 17.2. Hospital to pay travel time, attendance, mileage, registration and materials when requiring outside education.

Section 16.7. Increase the length of jury duty leave pay from two to four weeks.

Section 19.2. Maintain a low census log available to nurses on each unit.

App. B, Section B. Increase from 8 to 10 hours the amount of allowed rest time between call shift work and next regular shift. Make the right to rest the nurse’s decision.
What is a Unit Representative?
ONA Unit Representatives are nurses who help other nurses navigate employment at their facility. ONA Unit Representatives help new nurses get acclimated to life on the job, answer questions about employment and contract issues, organize unit nurses around issues of concern, disseminate information about ONA activities, and assist nurses with contract and disciplinary issues.

Our contracts recognize the value of all nurses’ right to come to each other’s mutual aid and assistance. You can turn to your Unit Representative for assistance in a wide variety of situations concerning your career, your unit, or nursing in general.

No one knows what you’re going through like the nurse who works on your unit!

We’d like to have more Unit Representatives to support the needs of our membership. We’d like to have a unit representative available on each unit and every shift! If you see the need on your unit and want to help, please reply today.

Friday, March 17, 2017
10 a.m. to 2 p.m.

Columbia Memorial Hospital
Conference Room A
Astoria, OR

Morning refreshments and a lunch are provided.

If you are interested in attending the training session, please contact ONA Labor Relations Representative Sam Gieryn at gieryn@OregonRN.org.