We met with the Providence Seaside Hospital (PSH) negotiating team on March 1 and 23. The wage and health insurance package is still not settled; however, we expect that once Providence settles its contract with Portland Providence Medical Center (PPMC), we’ll receive at least as good of a deal as those nurses are slated to receive. We are a little behind them in the wages category, so we are still pushing for an increase in wages that will bring us up to their level. We’ve stood united with PPMC nurses in their request for improved health insurance and retirement benefits (see Update #1) and Providence’s response thus far has been to reject any improvements to our retirement, and to make no commitments about our health benefits for 2018.

PPMC nurses are currently in mediation. That means they were unable to settle the contract working directly with Providence’s negotiating team, and a skilled mediator has been enlisted to help the two teams reach a deal. We’re watching those negotiations closely and hope to be able to offer support for those nurses if necessary.

Meanwhile, we still have important unsettled issues specific to PSH slowing down an agreement here. So far the PSH has been unwilling to do anything about cancelations on some of our units.

Nurses on the Medical Surgical Unit who work at least 0.6 FTE had a total of 3,360 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’ve asked the PSH to begin cross-training nurses on these units so they can fill in some of the glaring holes in staffing on other units like the maternity services. Those units are regularly turning away patients from the community because they are not fully staffed, diverting them to Astoria and Portland. Rather than cutting staff to the bare bones to save money, Providence should be cross-training nurses to meet community needs.

We all know that busy units tend to create work for other units. But when units are closed or understaffed, patients are diverted to other facilities, resulting in poor service to our community, lost revenue for the hospital and less work for nurses.

PSH let us know that they would not accept the package offer we made at the end of the last negotiations session on Feb. 21. The deal we tried to make would have put a cap on low census cancelations for nurses in exchange for phasing out the low census option. In addition, nurses would have begun to receive overtime pay for all daily overtime and not just when we work more than 40 hours in a week. That deal would have required PSH to keep nurses working in the hospital if they had already been canceled 12 or more hours in the pay period, 24 or more hours in the month, or 200 or more hours in the year. Those nurses would then have time to cross-train to help units that need nursing staff.

We haven’t given up. We are still working to reduce low census cancelations and get more nurses cross-trained.
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 Portland metro including Newburg. Those facilities will receive additional increases 1/1/17. See the above chart for where the negotiating teams fall out on pay-related issues.

Scheduling of Paid Time Off (PTO)

PSH has proposed a major change in the way vacation is scheduled, including splitting up the seniority bidding process into four three month periods instead of just annually the way we do it now. They also want to put limits on vacation during certain “prime times of the year” (think summer and holiday season), to have a holiday rotation that would supersede seniority requests, to be able to cancel a nurse’s vacation when the nurse lacks PTO, and an end to separate unit-based approaches to vacation scheduling. For more details about the hospital’s PTO proposals, see Update #4.

PSH says that these proposals would be helpful to most nurses, but we think they are out of touch. We’ve had discussions with many of you and you have uniformly told us that you don’t think the vacation selection system needs to be changed and you don’t like the changes they are proposing. We’ve told PSH we don’t believe the nurses will ratify a contract that contains these changes.

See the table on page 3 for other unsettled issues, all of which are more thorough explained in Update #4.
Generally, nurses should apply for Federal Family Medical Leave (FMLA) and Oregon Family Leave (OFLA) whenever they or a family member have an illness that will result in more than three days of absence. For more details on eligibility for FMLA or OFLA leave, contact the Human Resources Department or ONA.

One of the key basic rights under FMLA and OFLA is that upon return to work, an employee is entitled to be restored to the position held when the leave commenced or to an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment. An employee is entitled to such reinstatement even if the employee has been replaced or his or her position has been restructured to accommodate the employee’s absence. If the returning employee is no longer qualified for the position because of his or her inability to continue to meet job requirements as a result of the leave (e.g., attend a necessary course, renew a license, practice a minimum number of hours, etc.), the employer must give the employee a reasonable opportunity to fulfill those conditions after he or she returns to work.

One of our nurses here at Seaside was concerned when her manager reassigned her to a different position than the one she held when she took medical leave. When we raised the issue through the grievance procedure, PSH agreed to return the nurse to her original position.

### Nurse Prevails on Grievance

**FMLA/OFLA Leave Includes Right to Substantially Similar Position**

<table>
<thead>
<tr>
<th>Issue</th>
<th>ONA Nurses</th>
<th>Providence Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedules</td>
<td>Continue monthly scheduling</td>
<td>Move to 4 week scheduling periods</td>
</tr>
<tr>
<td>Scrubs</td>
<td>ED nurses to use hospital-laundered scrubs</td>
<td>ED nurses to purchase and launder their own scrubs</td>
</tr>
<tr>
<td>Retirement</td>
<td>Increase employer contributions to nurses retirement</td>
<td>No changes to retirement plans</td>
</tr>
<tr>
<td>Offsite Training During Regular Shift</td>
<td>Pay nurses for full shift regardless of length of training</td>
<td>Pay only training and travel time</td>
</tr>
<tr>
<td>Investigations and Discipline</td>
<td>Warn nurse about possibility of discipline and right to representation before questioning nurse</td>
<td>Question nurse without any warnings</td>
</tr>
<tr>
<td>Open Shifts</td>
<td>Priority for in-unit nurses in filling open shifts</td>
<td>No priority for in-unit nurses</td>
</tr>
<tr>
<td>Mandatory Education Fees</td>
<td>Continue practice of allowing nurses to attend courses at other Providence facilities and Providence providers</td>
<td>No reimbursement if nurse does not attend course offered by Hospital</td>
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</tbody>
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Oregon Nurses Association | 18765 SW Boones Ferry Road Suite 200 | Tualatin OR 97062 | 1-800-634-3552 within Oregon | www.OregonRN.org
Most of you have probably heard at least something about proposed changes to registered nurse job descriptions. There were a number of items needing clarification or modification, and ONA has been working with Providence on this over the last several weeks.

Many of the changes just involved streamlining the many job descriptions that have been in use throughout the Providence system. Another group of changes involves slightly differing job descriptions for new grad (“Resident”) and new to specialty (“Fellowship”) RNs.

For each of these groups, the Resident or Fellow job description will apply for a year, after which time the “Acute Care RN” job description will apply.

Other changes that concerned ONA but have been resolved either through clarification of intent or modification are as follows:

**Licenses**

“Unencumbered RN license in state(s) of hire, and wherever care is delivered.”

Providence is confident that this language protects RNs from, for example, vulnerability to an allegation of practicing without a license after doing follow up care by phone with a patient who is now out of state.

Based on the clarification of intent with this language and the fact that no such charges have been brought before an Oregon RN before, ONA agrees.

**Job Summary**

“…other duties as assigned and may be considered essential functions of the position.”

Providence has assured us that essential duties will be articulated in advance in the RN’s job description, the RN’s unit’s on boarding checklist or its current competency checklist. This commitment satisfies the concern ONA raised that things could potentially be brought up in real time and labeled as “essential functions.”

**Experience**

Charge nurse job descriptions ask for, “Minimum of one year staff nurse experience required and three years preferred.”

The original change required only one year of experience, which may be necessary in a rural hospital with a smaller pool of available nurses, but wouldn’t make sense in more of an urban hub environment. Under normal circumstances, a new grad with only six months of unprecepted experience would be a safety liability in a charge position.

The change to one year required with three years preferred assures that experienced RNs will have preference for charge positions.

**Unit-Specific Certification Requirements (such as Resuscitation/ACLS)**

The removal of ACLS and other requirements formerly articulated in job descriptions will not mean an elimination of the requirement until there is a replacement strategy in place. There are ongoing discussions between nursing leadership, staff RNs, and ONA about how we will ensure ongoing competency and skills in any given unit.