We let you know after our last session that administration gave us a proposal for ICU and OB nurses to take on an additional 24 hours of call per week on top of their normal FTE. That would have meant that full time nurses would be committed to the hospital up to 60 hours per week! Currently these departments do not have mandatory call. We held a meeting on Sunday, Jan. 27 and had a great turn out. Every nurse we spoke to in ICU and OB said no, we aren’t going to do that! We brought that resounding answer back to the bargaining table on Monday, Jan. 28. By the end of the day, management revised their proposal and took this request completely off the table! That couldn’t have happened without you speaking up!

In Other News, Management Countered These Articles:

**Article 7 - Employment Status** - Here are the highlights:

We made some traction in the area of 7.2 – Corrective Action and discipline. They proposed: “Unless doing so could reasonably interfere with the integrity of the investigation, the nurse will be informed of the general area of concern prior to the investigatory meeting with the involved nurse”.

We pointed out that their language revisal in 7.8, which discusses mandatory education was regressive based upon what they offered in their previous proposal. We hope that they come back to the table with the original proposal, that allowed nurses to take Health Stream and other mandatory education when not caring for patients.

**Article 10 - Other Conditions**

Regarding time records, management proposed: “Errors not discovered in initial review will be corrected subject to applicable times period”. They are referring to differing legal time constraints for wage and hour rules. We think they language should reflect the intent better.

Healthy Work Environment: They did not accept our proposal to add, “The Hospital will also share with the nurse the specific findings from the investigation” We had a robust discussion around this.

**Article 11 - Professional Nurse Care Committee (PNCC)**

They did not accept our add of having the Association help establish the committee. We made it clear that the reasoning is so that we can govern a democratic process, the committee cannot be handpicked.

They did not accept our proposal to create a Clinical Ladder program with three tiers.

EIT Survey

Have you taken the EIT survey? If not, please take it [here](https://www.surveymonkey.com/r/2019ONA-PSH-EIT-Svy). It takes just a few minutes and your voice is important, so we know how to counter their proposal!
They did not accept our ask to have four nurses on the PNCC, they reverted to current contract language, allowing three.

**Article 17 - Education**

We made some headway on 17.8. They proposed: nurses who have received financial assistance from a Hospital program not addressed in this contract and who either do not complete the program or who voluntarily quit Hospital employment within two years of employment… will refund to the Hospital the reimbursement amount, prorated based on actual months worked for the Hospital. Nurses will be notified of this obligation prior to starting the program.

Cross Training: We have not made progress on the voluntary cross training program as of yet.

**We Countered Article 8:**

**Article 8 - Hours of Work**

- Here are the highlights:

  We held strong on our language that nurses will be scheduled their FTE and that nurses will not have blended shift lengths unless it is voluntary.

  In the previous session, management tried to take away our ability to combine breaks and lunches. We pointed out that this works well, especially in the ED. We stuck to our proposal that this should not be unreasonably denied.

  We stuck to our proposal of overtime being honored when we work beyond our scheduled shift length. We did add that education hours would be compensated at above 40 hours (considering our previous HealthStream/Mandatory Education agreement).

We clarified that “Overtime will only be required when the Hospital exhausts all alternatives to relieve the nurse per the staffing law.”

Our no mandatory low census language was stuck to.

We accepted their six-week schedule language, as nurses have explained that this is not an unreasonable request. We also added that nurses have three weeks prior to the schedule period to turn in requests for days off.

Regarding requests for days off without the use of PTO, we proposed that nurses can submit for a maximum of 10 days off per a six-week schedule.

We added language: “All open shifts are designated as incentive shifts” and that we can bump a share care or agency nurse up to two hours prior to the start of their incentive shift, since other Providence nurses are able to do that.

**What’s next?** Your bargaining team will be meeting with other Providence bargaining teams to go over next steps for Providence’s EIT/PTO/STD proposal. How you respond to our EIT survey greatly impacts our next steps so please make sure to fill it out!

Currently we do not have dates(s) secured for our next bargaining session but we are actively working on that. We will keep you posted! As always, please don’t hesitate to reach out to one of your bargaining team members with any questions you may have.