Providence Seaside Hospital
Bargaining meeting 3/28/23- (in rebuttal to previous clinic nurse wage proposal):

Clinic nurses and Hospital nurses should be compensated equally:
Per Vanessa the Union Rep at SE1199NW in Seattle WA for Swedish/Providence contract: Providence’s contract for the clinic nurses is through the Swedish First Hill contract for RNs. There is NO DIFFERENCE in pay scales or separate contract for clinic nurses. The standard of a separate pay scale for clinic nurses is based on an archaic and misinformed perception of what clinic nurses do. This is changing.
Adventist Tillamook Clinics and CMH Clinics now have one pay scale for all RNs, finally recognizing the actual work that a Clinic RN does. Working on the coast there are less resources and one is expected to wear more hats than in the city, this is a known experience. This also applies to clinic nursing. Henceforth it is presumable that the North Coast clinic nurses work just as hard as the Providence/Swedish Clinic RNs in Seattle that have parity/ no separate pay scale through Providence.

The skills and duties of all nurses are similar and comparable:
- Three ER nurses that became clinic nurses at the coast verbalized at this job “I am busier here than I was in the ER”.
- Specialty Clinic Nurses at the Coast are hired as Resource nurses, which means they are pulled wherever needed between areas including Urology, Cardiology, Wound Care, Walk in Clinic, and Virtual Clinic. Please keep in mind that a “float/resource RN” in the inpatient setting receives a pay differential for the same title and being pulled between areas, but they are compensated for their expanded knowledge base and responsibilities.
- In Cardiology: There are three clinics in two States, with two versions of EPIC we help support. We are required to be ACLS certified, which was recently needed on when a patient went into Torsades de pointes. Neither inpatient Med/Surg, or IVT are required to have ACLS, but they have the higher pay scale. The Clinic RNs in Cardiology perform Stress Tests, which are also done at Providence St. Vincent’s and those RNs are compensated at a much higher level for the same skill set. At CMH the RN is also paid 30% more for this same job. Cardiology Clinic nurses schedule, order and give instructions for the Cardioversions and Transesophageal Echocardiograms. We also work as Patient Navigators, understanding Medicare, assisting patients obtaining medications, and coordinating care across the Providence System, sometimes in both states.
- In Wound Care: Word has gotten out about Lynell… Even a provider has come up to me and stated that “CMH used to be the place to get wound care, and now it’s here”. Enough cannot be said about the services and need of wound care that Lynell and the team perform. Lynell is regularly consulted by providers and sees patients that other places have given up on, expecting to remove limbs, etc. Those patients show healing and positive outcomes that were once believed impossible. Wound care is literally her labor of love and she has an extraordinary
expertise and wide versed updated best practice approach to care. Lynell is a
“Clinic Nurse”.
-All Clinic nurses are expected to do triages, either in person, or on the phone as
in Cardiology. “Triage nurses” are also paid a higher wage than our pay scale.
-Virtual Visits for PPMC and PSV are facilitated by the Clinic Resource RN. This
service saves patients a trip to Portland for a pre-op visit. We also have
Neurology patients we see and support through this service.

**Patient care workload in the clinic setting is significant.**
-We are frequently double/triple booked, taking triages on top of this, while
managing the Cardiology inbox.
-Clinic RN ratios are on average 2-3 RNs that day for a 5,000 patient practice
managing calls, refilling prescriptions, doing in person appointments, and taking
triages. Many times the calls and clinic visits are able to keep patients from going
to the Emergency Room, or judiciously sending patients if they are in an acute
crisis.

**Retaining staff is far less expensive compared to recruitment and training.**
Over the last two years only 3 out of 13 RNs stayed in their position within the
clinics. There have been 10 other RNs that have left, most citing better pay. The
percent of turnover is higher in the clinics than in any other department at PSH,
yet the reason continues to be ignored. When an RN applies to a clinic job (we
know of 5), that have gotten as far as the pay and scale and then declined the
position.
This brings concerns about the future vision for Warrenton “Basecamp” and
clinic.
If this model includes RNs, the pay scale needs to be the same as inpatient
nurses in order to retain and recruit the talent and experienced nurses that vision
includes.

The current pay scale and step cap for clinic nurses is not sustainable and most
importantly does not reflect the requirements or responsibilities of the role we
provide. We ask to be recognized for our integral role and contribution in a fair
and equitable way, to no longer be considered a “second rate nurse” by a
separate contract. **Compensating all nurses equally is in the best interests of
the organization, nursing staff, and patients alike.**