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Oregon Nurses Association  
Bargaining Unit Newsletter

Providence Willamette Falls Medical Center (PWFMC)

# Bargaining Update #2

## In this issue

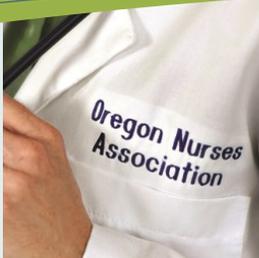
Management's Initial Responses and Proposals: Pages 1-2

Management Asks Nurses to Roll Dice on Health Care Benefits: Page 2

Lack of Rest Periods Shocking: Page 3

Two New ONA Proposals: Page 4

What are the Rules on Travel Time Pay: Page 5



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## MEMBERSHIP MATTERS

For a Better Bargaining Unit and a Stronger Voice for PWFMC Nurses

# Management's Initial Responses and Proposals

Our team met with Providence Willamette Falls Medical Center (PWFMC) management for a second round of negotiations Wednesday, Nov. 30. Management responded to most of our proposals made at the first session and made some proposals of their own. We also offered a few new proposals, including establishing a new clinical ladder program for PWFMC.

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.

Notable areas of potential agreement included the idea of a float pool for PWFMC. Management agreed to our proposal to the extent that they want to develop a float pool within the next two years that would be operational 24 hours per day. They agreed with us to delay a new nurse floating as helping hands until they have worked 500 hours on their unit. Management also agrees that our current cross training and low census agreements will be renewed.

We were disappointed that management did not give more serious consideration to more of our offers. Management ignored the very concerning problem of denied rest periods and meals, including proposals we made to ensure nurses have safe and adequate relief coverage (see the article "Lack of Rest Periods Shocking at Primarily 12-Hour Shift Medical Center" on page 3).

Despite a very favorable regional economic outlook for Providence, management completely disregarded any potential to improve health care or retirement benefits for nurses (see the article "Providence Ship is Hard to Turn" on page 3). Other interests of nurses, such as earlier access to extended illness banks, also were dismissed by the management team. Such "big ticket" items will not be won easily.

Management also failed to take seriously some very reasonable proposals to help nurses better understand their paychecks, to improve compliance with mandatory overtime legislation and to ensure that nurses floating as helping hands have supervision that is appropriate to the

*(Continued on page 2)*

## Management's Initial Responses and Proposals (continued from pg. 1)

tasks they are assigned. Also, management basically ignored other very reasonable proposals, such as allowing nurses to give more advance notice of priority PTO requests.

The deadline for initial proposals is our next session, scheduled for Friday, 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 the status of all the proposals that have been made in bargaining thus far, go to your ONA/PWF webpage and click on the [Proposal Tracking Form](#). You'll also find a link to [Bargaining Update #1](#) if you missed it.

### Management Asks Nurses to Roll the Dice on Health Care Benefits

The PWFCM 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 actually delete Appendix C – Health Insurance from the contract. Providence is essentially saying they want PWFCM 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 HSAs or HRAs.

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. Those contracts expire at the end of 2017. There were no significant changes to the health plans in those contracts. More importantly, the benefits are guaranteed for the life of the contracts in appendices just like our Appendix C.

Providence told us that in 2018 they want to double the out-of-pocket maximum for health plan members who go out-of-network when an in-network provider is available. This could cost some nurses an additional \$6,600 annually if they prefer an out-of-network provider to the providers available to them in -network. We'll work with nurses at Providence Portland, Providence Seaside, and Providence Home Health and Hospice, all of whom are negotiating now on the same issues and we'll expect the same guarantees those nurses receive.

### Other Providence Proposals

- ◆ Eliminate management obligation to provide contract and form explaining membership obligations to new nurses.
- ◆ Discontinue paying standby pay during the portion of a standby shift when nurses is actually working.
- ◆ All schedules to be posted electronically.
- ◆ Grant vacant shifts to on-call nurses ahead of part-time nurses. Currently part-time nurses have first right to extra work, so long as there is no overtime.
- ◆ Seniority date (for nurses hired after 1/1/87) to be the date nurse starts in bargaining unit position rather the date a nurse starts working for PWFCM as a nurse in any position. Hire date as on-call would not be relevant.
- ◆ Employer to provide seniority list biannually rather than quarterly.
- ◆ Allow Medical Center to reclassify to full-time any 0.8 FTE nurse who works 3 extra shifts in same unit, job and shift in 3 schedule periods in a row or 0.6 FTE nurse who works 6 extra shifts in same unit, job and shift in 3 schedule periods in a row.
- ◆ Cap annual hours which nurses accrue PTO at 2,080 for all nurses. 2,080 cap currently applies only to nurses hired after 4/19/11.
- ◆ Nurse working a traded shift to cover denied PTO would no longer be eligible for extra-shift pay

Let us know what you think of Providence's proposals. Send your email to Sharon Candioto at [scandioto@comcast.net](mailto:scandioto@comcast.net).

## Lack of Rest Periods Shocking at Primarily 12-Hour Shift Medical Center

Some fairly shocking data surfaced in our bargaining survey regarding rest periods and meals for nurses. Almost half of nurses say they get their meals 50 percent of the time or less! For rest periods the situation is even worse, as 76 percent of nurses say they receive their allotted 15-minute breaks 50 percent of the time or less. Ninety percent of nurses cited acuity, inadequate staffing, or inadequate skill mix as reasons for not taking their breaks.

With better than two-thirds of our nurses working 12-hour shifts, rest breaks are extremely important to ensure safe patient care. Mistakes due to fatigue are known to increase on 12-hour shifts compared to shorter shifts. Nourishment and rest breaks are critical to making sure our patients are safe.

Two main themes emerged clearly from the reasons cited by nurses in the survey for not taking rest and meal breaks:

First, the “buddy system” is not working. Nurses do not want to over-burden their buddy with their patients in addition to their own

group. Taking a break means the nurse who is going on break leaves her/his buddy in charge of both groups of patients; this can be up to 12 patients, depending on the unit.

**“My buddy has a high acuity group and is unable to take on additional patients for my break.”**

Second, the increasingly higher acuity and workload associated with our patients makes it very difficult to have a safe handover to an otherwise occupied nurse when tasks and monitoring are time sensitive, frequent, and rely on the continuity of assessment and subsequent cares. In order to avoid omission or inconsistent care, nurses will sacrifice taking a break or meal if the relief nurse is unable to devote their full attention to their patients

We’ve made several proposals to ensure that nurses get all of their meals and breaks, all of which have been rejected without any meaningful counterproposal by the Providence management bargaining team.

These proposals include:

- Allowing alternative time for rest periods when they are missed, including combining rest periods with meal periods. This is currently available to 12-hour shift nurses only.
- PWFCM will make every effort to provide appropriate relief so that rest periods may be taken. “Appropriate relief” means a nurse trained to care for the patients of the nurse they are relieving.
- Relief nurses will have no other patients assigned to them while providing break relief. No nurse shall be assigned more patients than allowed under the unit’s approved staffing plan.
- When PWFCM fails to provide appropriate relief for rest periods, the employee will be paid an additional fifteen (15) minutes.

We’re dismayed that Providence rejects these proposals and has no answer to the fact that nurses just aren’t getting the meals and rest periods they need and which are guaranteed under the contract.

## Providence Ship Is Hard to Turn

On major issues that affect Providence’s bottom dollar, 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.
- Increase their contributions to our health savings and health reimbursement accounts.

Our brothers and sisters at Providence Portland,

Providence Seaside and Providence Home Health and Hospice are also bargaining now over some of these same issues. How important are these issues to you?

Please email our ONA representative Sam Gierny at [Gierny@oregonrn.org](mailto:Gierny@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.

## Two New ONA Proposals

Our bargaining team made two additional proposals worth special note at this second bargaining session. Management has not yet had an opportunity to respond to these proposals.

### Clinical Ladder

Nurses at Providence St. Vincent Medical Center (PSVMC), Providence Portland Medical Center and Providence Milwaukie Hospital all have agreements with Providence that they are committed to the professional development, satisfaction, recruitment and retention of nursing staff through a clinical ladder program.

Clinical ladders are proven to bring about the best working conditions, patient care and benefits to hospitals and the communities they serve. We proposed that a clinical ladder program be developed at PWFMC to allow staff nurses to develop and explore other professional areas to the mutual advantage of the nurse and the medical center.

Our proposal is based on the program in existence at PSVMC and would include the establishment of a Clinical Ladder Board, made up of ONA members, who would develop a set of goals and criteria which nurses would meet to attain up to four levels of professional development and service to the medical center. A 6-person Clinical Ladder Review Board, made up of equal numbers management and ONA representatives, would approve the program and any subsequent changes. Differentials would be awarded as each level is attained, beginning at \$1.75 and topping out at \$6.

### Proper Credit for Call-in From Low Census Standby

Currently, hours worked on call-in from low census standby are not counted when determining whether a nurse is entitled to overtime pay later in the week. That means a full-time nurse can be cancelled from a regular shift and placed on standby, called in to work the entire canceled shift, and then could work an extra shift later in the week, which would not be overtime, because the call-in shift would not count. The problem is language in Section 11.8 of our contract which prevents any hours for which time-and-one-half is paid (such as call-in from standby hours) from being counted when determining weekly overtime. We proposed to make an exception for call-in from low census standby hours similar to that which exists for holiday hours, which are also paid at the overtime rate but do count toward weekly overtime.

#### Providence Management Bargaining Team

- ◆ Dennis Westlind, Providence Regional Labor Negotiator
- ◆ Julie Smith, PWFMC Human Resources Partner
- ◆ David Monego, PWFMC Director of Nursing
- ◆ Angela Camagna, PWFMC Nurse Manager
- ◆ Nanette Berg, PWFMC Nurse Manager

**SAVE THE DATE: 2017 ONA NURSE LOBBY DAY**

**February 14, 2017 ◆ Salem, OR**



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](http://www.OregonRN.org) for more information and registration.

# What Are the Rules on Travel Time Pay

We've made a proposal to guarantee 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 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.

# Nurse Staffing Advisory

## Know Your Rights around Scheduling and Overtime

Oregon's Hospital Nurse Staffing Law and its rules are now clear, yet some hospital administrators are misinterpreting the law. In fact, some hospitals may be trying to use the law to change nurses' schedules. It is important to remember that **a hospital cannot unilaterally change nurses' work schedules except through bargaining.**

Attempts to change nurses' schedules based on a misinterpretation of Oregon's Nurse Staffing Law are not productive and contribute to frustration, decreased morale and a lack of trust between nursing staff and hospital administrators. Knowing your rights under the law allows you to challenge incorrect assumptions and improve your workplace.

### The Nurse Staffing Law and Call Schedules

In hospital units where mandatory call is typical, some nurses choose to work schedules that include a regular shift plus a call shift within the same 24-hour period. This allows nurses to manage their work-life balance and prevents them from working one day on, one day off rotations. These schedules can also ensure nurses aren't required to take call on their day off.

Unfortunately, some hospitals are interpreting the law and its rules—particularly nurses' right to a 10-hour rest period after working 12 hours—as a threat to consistent scheduling on these units. For this reason some hospitals are considering—and in some

cases threatening—to unilaterally eliminate these elective work schedules. These hospitals' interpretations of this issue are flawed in that they fail to consider the history of nurses choosing to work these schedules.

The law prohibits hospitals from forcing nurses to work hours that may be unsafe for patients and nurses. However, historic schedules that work well for nurses and their facilities can continue under the new law, provided nurses voluntarily choose those schedules.

**Oregon's Hospital Nurse Staffing Law and its rules allow a nurse to work more than 12 hours in a 24-hour period—including call time—if the nurse volunteers to do so.** And hospitals must bargain with nurses before changing nurses' schedules.

### The Nurse Staffing Law and Overtime

Another issue that has been misinterpreted at some hospitals affects overtime. When a nurse works more than 12 hours in a 24-hour period, the staffing law states the nurse is entitled to a 10-hour rest period. **While ONA encourages nurses to take this rest period, nurses can choose to voluntarily waive their rest period and continue working.**

When a nurse chooses to take their rest period, it is the hospital's responsibility to provide appropriate staff to cover the rest period.

In each facility, unit-based and hospital-wide staffing committees should work to develop scheduling practices that comply with the law, support nurses' rights to adequate rest breaks and ensure the hospital can staff the unit appropriately.

If you have questions about Oregon's Hospital Nurse Staffing Law and how it works in your facility, please contact the direct-care nurses on your staffing committee or contact ONA by phone at 503-293-0011 or email [practice@oregonrn.org](mailto:practice@oregonrn.org).

You can also visit [www.OregonNurseStaffingLaw.org](http://www.OregonNurseStaffingLaw.org) for more information.

