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Oregon Nurses Association
Bargaining Unit Newsletter

Providence Willamette Falls Medical Center (PWFMC)

Bargaining Update #6

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Encouraging Progress at the Negotiation Table

Our ONA bargaining team met with the Providence Willamette Falls Medical Center (PWFMC) administration team on April 5 to continue negotiations for our next contract. While the parties continue negotiations, the provisions of the [2015-16 ONA Contract](#) remain in effect, nurses continue to progress through the wage step system, and all current practices affecting our working conditions will go unchanged. The 2017 pay increase resulting from this bargain will be retroactive to Jan. 1, 2017, so once we get this contract finalized, the increase will be applied to all the hours we've worked since Jan. 1.

We made significant progress settling some issues specific to the nurses here at PWFMC, however issues that affect multiple Providence facilities, like wages, health insurance, and retirement are still being negotiated at Providence Portland Medical Center (PPMC), Providence Home Health and Hospice (PHHH), and Providence Seaside Hospital (PSH). We're maintaining solidarity with PPMC

nurses on those issues, as are nurses currently in bargaining at Providence Seaside Hospital and Providence Home Health and Hospice. Those major benefits have been fairly uniform for Providence facilities in the Portland region. [PPMC nurses reached a tentative agreement](#) on Thursday, April 6. They are excited to have made significant improvements on the issues most important to them: scheduling (unit-based scheduling); low census; and keeping most incentives and differentials.

To learn more about where the negotiations are going on wages, retirement and health insurance, read [Bargaining Update #5](#).

For a look at the status of all proposals, see the [ONA/PWFMC Proposal Tracking Form](#) on your [ONA/PWFMC webpage](#). To provide input to the bargaining team or ask questions about the proposals, you may confidentially contact gieryn@oregonrn.org.

Tentative Agreements as of April 5

As negotiations progress, we will sign "tentative agreements" with Providence. Tentative agreements are agreements we reach about each section of the contract. However, a tentative agreement does not become part of a new contract until you, the nurses who are members of the ONA bargaining unit at PWFMC, vote to ratify the overall agreement. Once we've reached a complete tentative agreement on the

whole contract, we'll notify you that it's time to vote.

Current areas of tentative agreement:

- Extra shift pay will increase from \$13 per hour to \$15 per hour.
- Extra shift pay will no longer apply to shifts accepted prior to the posting of the schedule

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Tentative Agreements (continued from page 1)

- Part-time nurses who work full-time for six consecutive pay periods by virtue of picking up extra shifts may be reclassified to full-time by PWFMC.
- Increase relief charge nurse differential to \$2.10 to \$2.25 per hour
- PWFMC will post a legend of payroll abbreviations and acronyms on the PWFMC intranet.

Still Open Issues at Our Table

Section 11.3 - Standby Call Rates

Our current contract provides that nurses assigned to standby call will receive \$4.20 per hour for all hours spent on standby call. We initially asked for an increase in the standby call rate to \$4.50 per hour. Four Providence facilities in the region pay standby call at \$4.50 or more. The administration team went the other direction and proposed that nurses would not receive standby call pay for the hours they were actually called in and working.

In an effort to move negotiations along, we've now proposed just keeping the system the same. All of Providence facilities pay standby call pay for the entire call period, regardless of whether the nurse is called in.

Section 11.10 - Pay Checks

To create transparency around our paid time off (PTO) and extended illness bank (EIB) accruals, we've proposed improvements to our paycheck information, specifically that the information will include the past balance, current accrual, amount used in the pay period and final balance. So far, PWFMC has been reluctant to agree to improve our paycheck information.

Section 14.9 - Schedules

Our contract states that there shall be no deviation from the originally posted schedule. Many things that affect scheduling rights of and between nurses depend upon what the original schedule was. We've agreed to move almost exclusively to electronic scheduling, however the posting of the original schedule is important to us. Too many nurses do not have access to the original schedule because it is not being physically posted and (the wonders of technology!) the PWFMC is unable to archive the original posted schedule on the intranet so nurses can easily access it. We're asking PWFMC to commit to posting a printed original schedule on every unit.

Section 14.11 - Extra Work Procedures

Currently our contract provides that extra available shifts are awarded to regular part-time nurses before on

-call nurses. PWFMC wants to reverse that so that their on-call nurses have priority over all available extra shifts. We haven't agreed and don't plan to do so. Although most of our on-call nurses do a great job, we think it's better for patients, less expensive, and fairer to nurses who have committed to work a regular position, that part-time nurses are awarded these shifts ahead of on-call nurses.

Section 19.1 - Seniority

Currently your seniority is based on the date you were hired and a full-time nurse accrues seniority at the same rate as a part-time nurse. PWFMC proposed transitioning to an hourly based seniority system that would allow nurses who work more hours to bypass those who worked fewer hours. We didn't agree and at this session they withdrew their proposal.

One change we may make regards the seniority date of a nurse who starts at PWFMC in a non-ONA position (managerial or on-call) and then later takes an ONA position. Right now the nurse keeps the original date of hire as their seniority date. That means that some nurses who join the ONA bargaining unit bypass nurses on the seniority who are already part of the unit. Since we are bargaining for ONA members primarily, we would prefer that newly added members not bypass current ones. We're trying to transition to that but we won't agree to change the seniority date of any nurse who is already part of ONA.

Section 19.5 - Shift Cancellations

To reduce the impact of shift cancellations (MDOs) on nurse income, we've proposed that a nurse who has been cancelled for one full shift (or any combination of canceled hours equal to or greater than one full shift) in a pay period would not be subject to MDO during the remainder of the pay period. So far, Providence has been unwilling to entertain any limitations on MDOs. They believe that there are significant opportunities to work on other units as helping hands in lieu of MDO. We don't agree that there are enough opportunities to

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Still Open Issues (continued from page 2)

make up for the great number of MDOs occurring on some units.

Section 19.6 - Floating

Some nurses like to work on other units in a helping hands capacity when needed and some are participating in a very good RN Cross-Training Program here at PWFMC so they can accept shifts and take patient assignments on other units. But not all nurses like to work on other units. Some prefer to focus on their own nursing specialty. In addition, some nurses have told us that they resent being pulled out of their unit, sometimes multiple times in a pay period, to act as a sitter or nursing assistant on another unit. Some nurses feel they are often put in unsafe situations for which they were not experienced or properly trained.

We've made several proposals around this issue. First we proposed that PWFMC not reassign a new nurse to work on another unit until they have at least 500 hours of service at PWFMC. The administration team agrees with that.

Another proposal is to limit a nurse's obligation to work on other units to their first six years at PWFMC. After that, the nurse could not be required to work on another unit as helping hands. Nurses hired since 2011 have been required to accept these daily reassignments. After six years there seems to be a sufficient number of such nurses to meet PWFMC's needs but they are still strongly opposed to any further limits on daily reassignment. They've stated their concern that the pace of hiring may slow in the future, leaving them short-handed of nurses who can be reassigned. We've asked to see the rate at which new hires have been added over the past ten years to show that there has been a steady influx of new nurses.

Finally, we proposed -and PWFMC has agreed- that nurses who have compelling reasons for not working being reassigned to one or more units may seek a waiver from the Nursing Task Force.

Appendix A, New Steps

We have 41 nurses in the bargaining unit at the top of our scale, the 25 year step. None of these nurses have received a step increase since their 25th year. So far, PWFMC administration is unwilling to provide a Step 30 to reward nurses for a lifelong career in nursing. Nurses at PPMC, St. Vincent, and OHSU all receive a 30-year step increase. At this session we proposed the option of an \$1,800, 30-year bonus for full-time nurses, and

\$1,200, 30-year bonus for part-time nurses who have worked for either Providence or Willamette Falls Medical Center for 30 consecutive years.

Clinical Ladder

We asked that PWFMC encourage nurses to excel in nursing practice, research, education and leadership by creating a clinical ladder program that rewards documented achievements with higher pay. PWFMC has told us that they lack the managerial resources to administer a clinical ladder program.

Resource Nurse Pool

We've proposed that within 180 days of ratification of the new contract PWFMC would post positions for a resource nurse pool. The goal of the resource nurse pool would be to provide 24-hour coverage of at least one adequately trained nurse for the purpose of floating between departments to provide clinical support and rest and meal period coverage. Resource nurses would not be expected to take a patient assignment except when relieving other nurses. PWFMC is interested in establishing a pool of nurses who can work on multiple units, but wants to be able to assign them to a unit that needs staff where they would take patient assignments and generally be unable to provide the clinical support and break coverage we desperately need.

Other Economic Issues

To attract and retain the best nurses from the Portland area we need wages that keep pace with the Portland area. The table below shows the other wage areas currently being discussed:

Proposed Wage Increase Comparison			
Wage Item	Current	ONA	Providence
Wage Increase Year 1	N/A	3.0%	2.0%
Wage Increase Year 2	N/A	3.0%	1.5%
Charge Nurse Pay	\$3.00	\$3.25	\$3.10
Preceptor	\$2.00	\$2.25	\$2.10