

July 23, 2018

ONA

Oregon Nurses Association
Bargaining Unit Newsletter

Providence Willamette Falls Medical Center (PWFMC)

Newsletter for Nurses

ONA/PWFMC Executive Committee

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Jay Formick, RN,
Med/Surg

Vice President:

Sarah Amar, RN,
Birthplace

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Med/Surg

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Med/Surg

Grievance Chair:

Virginia Smith, RN,
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Nicole Hudson, RN,
ED

Member at Large:

Jonathan Houser, RN
CAPU

ONA Labor Relations Representative

Karly Edwards

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Important ONA Nurse Resources

Membership Services	Government Relations
Membership Application	ONA Calendar
Professional Services	OCEAN-CE Online

Oregon Nurses Association
18765 SW Boones Ferry Road Suite
200 Tualatin OR 97062

1-800-634-3552 within Oregon
www.OregonRN.org



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Who Decided it was Acceptable for Nurses to Be Put On Call? By Don Bard

While not all nurses are impacted by mandatory day off (MDO) or call time, most of us are aware that it happens and have conformed to the idea that it is acceptable in our profession. For those of you who don't understand what MDO is, I would be happy to sum it up for you. When your unit is slow and doesn't need all of the scheduled nurses, some of them are placed on call for their scheduled shift and paid about 10% of what they would be making if they were at work. The nurse must be readily available for the entire day or night and be on their unit within 45 minutes of being called in. While this has become a standard practice in a lot of hospitals as a means of decreasing operating costs while still having the ability to support a surge in census, it should not continue to be accepted in our profession. Do police officers get sent home with essentially no pay when there's not enough active crime, with the expectation that they will jump back in their car when crime picks up? No! Do EMS workers lose hours and take call at a fraction of their normal pay? No! I cannot think of any other profession in any other sector of work where MDO with forced call time are acceptable.

Nurses have been forced to take MDO for a very long time at PWFMC and while it is

not a prevalent issue on some units, it is a major problem on others. I work in the ICU and my wife works in Birthplace and on these two units there is a substantial amount of call time due to fluctuating census and acuity. It has become normal to only expect to be paid for 60-80% of your scheduled hours regardless for the reasons why the census is low or what decisions are being made by people that we have never even met. As many of you know, there have been big changes made in the ICU over the past year that have undoubtedly impacted our acuity, census and ultimately our call time and livelihood. These recent events have really amplified the issue of MDO on our unit and brought



ICU Nurses at our first grievance meeting regarding MDO: Tara Peddicord, Don Bard and Sara Leland

Who Decided it was Acceptable for Nurses to Be Put On Call?

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light to the problem in its entirety.

Throughout this journey we have realized that decisions can and will be made that are out of our control. When these decisions directly impact how much we are working and our livelihood it creates a feeling of powerlessness. This feeling has ultimately led to several staff members leaving the ICU and many others looking for more stable work in other departments with less call or at places like Kaiser where nurses are guaranteed all of their hours and aren't forced to take MDO. We have

moved forward with a grievance to shed light on this issue in hopes to change the culture in this hospital, at Providence and in our profession as a whole. We want everyone to come together on this issue and recognize that for years we have been treated in a way that would not be acceptable in any other profession. We are educated professionals who are simply asking to work the hours we were hired to work. With all of this being said, I'm still left wondering who decided it was acceptable for nurses to be put on call?

Negotiations Timeline

This Fall ONA and Providence will negotiate a new contract to address issues nurses have brought to our attention, such as the current MDO burden. Curious how the process works? We put together a brief timeline to help understand what our calendar looks like and we encourage everyone to be a part of the process. You can be involved by attending membership meetings, negotiation sessions and making sure your voice is heard by wearing buttons or signing petitions on issues that are important. If you would like to hear more ways to be involved, feel free to email our ONA labor relations representative Karly at Edwards@OregonRN.org.

July – Surveys sent out to members on important issues (didn't fill one out? Contact Virginia and we'll get you a paper copy!)

August – Unit meetings with your bargaining representative. Our bargaining team is Virginia Smith, Jay Formick, Sharon Candioto from Med-Surg, Sarah Amar from Birth Place, Nicole Hudson from ED and Jon Hauser from CAPU. We are particularly interested in

making sure to set meetings with units that don't have an elected bargaining representative such as Surgical Services units, where Virginia is meeting with Sharlene. From the information gathered from our surveys and talking to nurses, we will begin to draft proposals.

September – Present bargaining proposals to nurses at a general membership meeting for feedback.

October – We hope to meet with management sometime in October for our first bargaining session.

December – Our contract expires at the end of December, although historically negotiations have extended beyond expiration.

Also good to note is that Providence Portland, Providence Milwaukie and Providence Seaside will all be having negotiations during this time period as well.

Questions? Feel free to check in with one of our bargaining representatives or Karly at Edwards@OregonRN.org!



Online Continuing Education



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