Clarification on Kronos Code For Low Census

When you are placed on low census, either for a whole shift, for the portion of your shift before you get called in or are sent home early and those hours at the end of your shift, those hours must be captured in Kronos in order for three factors to be accounted for:

- If you want to be paid for your low census hours
- When your hours are voluntary or mandatory
- Ensure your low census hours count toward your paid time off (PTO) benefit accrual

You should see one of seven options in the pay code column for your low census hours in addition to the number of hours in the next column. This is a pay code you enter for yourself. There are three “low census” options for day, eve, and night shift in order for you to take your low census hours paid based on any differentials you get per your full-time equivalent (FTE).

These options also allow you to indicate whether your low census hours are voluntary or mandatory. If you want to take your low census hours unpaid, the seventh option is for "low census unpaid." This allows you to capture your hours and not use PTO to cover them, but is also tracks them to count toward your PTO accruals.

If you find that your low census pay code is in purple, that means someone from the staffing office entered the pay code in for you. The only way you can change it is with an exception sheet, fill one out if you see that it needs correcting.

Make sure you review your time card for accuracy for your low census hours.

Questions About Sedgwick Continue

We continue to take questions to Administration and HR regarding how Sedgwick works with employees over leaves of absence, paid time off, and job protections.

One question that has come up is what hours count toward “hours worked” and what are the minimum hours that must be worked in order to qualify for Family and Medical Leave Act (FMLA) leave of absence. HR confirmed that for FMLA time off, the federal regulation is you have to have a minimum of 1250 hours worked in a rolling 12-month period. PTO, low census, leaves of absence, and any other time off do not count toward these 1250 hours.

We have asked for the hospital to walk us through the nuanced differences and overlaps between “protected time off” and “paid time off,” and what access you have to the short-term disability (STD) benefit if denied for an FMLA leave of absence. Many of the ways we were able to access the EIT benefit have not been sufficiently replicated.
Questions About Sedgwick Continue  

(continued from page 1)

with STD, particularly when it comes to taking time off to take care of a loved one. This has been especially problematic for those who do not have any PTO, and it is especially troublesome when PTO has been depleted due to low census. Many nurses have had to take time off unpaid due to FMLA denials. This a problem, and we have been vocal about it with administration and HR.

We have also asked for clarification on how Sedgwick pays based on FTE divided by a 5-day work week instead of total hours in a week per FTE. As we currently understand it, for a 0.9 FTE 12-hour shift employee, that’s 36 hours/week. Sedgwick divides that 36 by five, on the presumption of a Monday-Friday work week and pays out for one week of leave in five 7.2-hour amounts. This, as you can imagine, has resulted in some errors in nurses getting paid correctly while on leave. There is also a question of which benefit is being used to pay employees during the 7-day waiting period for STD benefit approval, and how that time is broken down. This is especially important to know when pursuing a correction, for example, recouping PTO that has been incorrectly used when STD, EIT, or admin leave pay should have been used.

If you have any questions regarding FMLA, protected time off, and getting paid, please let one of your ONA executive committee members know so we can help.

OSHA Standards For Workplace Protections

Providence has issued the Occupational Health and Safety Administration’s (OSHA) standard for workplace safety around COVID-19, see your work email for details. Wearing a mask at all times is required and can only be taken off if at least six feet of distance is between employees and is only recommended to be taken off to eat or drink.

Many caregivers are now getting sick with COVID-19, and as we are seeing with how this virus works, there can be a prolonged period of up to a week when someone is contagious and asymptomatic.

Because of this, taking your mask off during charting or while chatting in the station is extremely risky behavior and not condoned by the hospital or your ONA executive committee.

Keep your mask on while interacting with all coworkers, for your safety and the safety of others. It remains that a mask and face shield are required while with patients, and all staff are to encourage patients to wear a mask during cares.

COVID Vaccine Updates

ONA is encouraging all staff to get the COVID-19 vaccine when it is available. Providence is rolling out a plan for all caregivers to get vaccinated if they want. Check your work email for updates and information on how to get it, including the “VAV” tool that allows Providence to take a census of which caregivers are at the highest risk for contracting COVID-19.

There are also many FAQs from Providence regarding the data and trials, efficacy, that it is not required and there is no declination process, and that you will still be required to wear PPE at work even after vaccinated. PWFMC staff will be able to get vaccinated at the Education Building at the bottom of the hill once vaccines have been allotted to us.

Cart-Gate Update

After posting our “missing union materials" flier, all of our ONA materials from the Protect People Not Profits unity rounding cart have been found. The items:

- Buttons
- Badge reels
- Badge backers
- Our Protect Patients Not Profits signs and stickers

Were in the possession of HR and returned to us in a garbage bag.

continued on page 3
Cart-Gate Update  (continued from page 2)

When we discovered our ONA swag was missing following our successful unity rounding, we confronted management and asked for them to return it, or investigate our missing items as a theft.

The hospital denied having it, discouraged us from filing a report with security, and told us that we’re not to use “hospital equipment for union activity.”

It was only after two months of asking them to address the theft or return our materials that administration admitted that a “leader” from the hospital “removed” our items from the cart.

Taking our materials and telling us we can’t use the hospital cart for union activity constitutes direct interference with our permissible union activity and violated Section 7 the National Labor Relations Act (NLRA), in which, as a collective bargaining unit, we are allowed to engage in “concerted activities for the purpose of collective bargaining or other mutual aid or protection.”

Administration attempted three different arguments to maintain their position that it was okay to take our stuff and shut us down.

- First, they tried to say we didn’t follow our agreements in Article 10 for posting union materials. The fact is we didn’t post anything during our unity rounding, and article 10 doesn’t state where we cannot post union materials. Even our action with the flier does not violate article 10.

- Second, they maintained that we’re not allowed to store union materials in “patient care areas.” Our materials were in the locked IVT supply room, which is off the patient care unit and not intended for patient access or presence at all. It is far cry to say the IVT storage room is a “patient care area.”

- The last argument they continued to state was that we didn’t follow “protocols” for using a hospital cart. We told them in November and reminded them again in our Nurse Task Force (NTF) meeting last week that there is no protocol for using a hospital cart and never has been.

Administration responded that the ONA is a “third party” and can’t just come into the hospital and use “equipment” such as a cart. We responded that the ONA is NOT a third party—we are ONA, we are the nurses who work at PWFMC and are the nurses’ union at Providence.

This statement was the most chilling in this entire saga, given its absolute dismissal for our shared goals, our collective bargaining rights and the hospitals partnership in that, and the agreements we have made with the hospital as the nurses do the work of taking care of our communities.

We have been calling for the hospital to show some integrity, not only regarding our items being removed, but for meeting with us to bargain for additional COVID protections. In response to the flier action, administration asked for a return to “mutual respect.” We responded that we can see that our flier was annoying and embarrassing for them, but that mutual respect would be shared once our missing items were returned and we had an apology for how this was handled.

Certainly, if a nurse had taken something from the hospital, and after confronted about it returned it, the nurse would be reprimanded and formally disciplined. The hospital is embarrassed over the public way we are speaking out over the removal of our union materials, but what’s more embarrassing is how it’s more important to them to silence us and refer to us as a “third party” than it is to take care of us while working through COVID with our swiss-cheese benefits. We are still demanding that Providence come to the table to work with us on tangible benefits and protections to help us stay safe while we continue to work through COVID. We are waiting for them to set a date. Please wear your Protect People not Profits buttons to as a way to show your support for a COVID MOU that supports nurses and patients.

Regarding the union activity interference, we are filing an Unfair Labor Practice (ULP) complaint with the National Labor Relations Board. CNO Lisa Halvorsen will be notified via a letter from the PWFMC ONA executive committee to demand a formal acknowledgement and apology for the removal of our union materials, and demand that the hospital engage with us in bargaining over benefits and protections related to the COVID-19 pandemic.
What are Unity Breaks?

Unity breaks are an important and popular way for union members to advocate for what they need from their employer.

Unity breaks take many different forms. When you think of a unity break, you might think of nurses gathering at a specific location and time to collectively share stories or information. Other types of unity breaks could include walking together through a facility to pass out buttons, meeting up to do a photo montage or standing outside a building holding signs and giving speeches. These breaks are a fun and energizing way to build solidarity while sending a message to management.

Unity breaks happen during non-work time and are a form of “concerted and protected activity.” Management may not retaliate or interfere.

ONA Nurse Leadership Institute - Build Your Leadership Skills

Are you interested in taking your career to the next level? Apply today for the Oregon Nurses Association’s Nurse Leadership Institute (NLI). This free, year-long program is designed to help you improve your leadership and communication skills. Join a dynamic group of people who want to make positive change in health care through politics, practice and labor. In 2021, the NLI will focus on equity in nursing and health care during a series of monthly classes, a group project and a mentorship opportunity.

Space is limited. The deadline to apply is Jan. 31, 2021. Learn more at:

www.OregonRN.org/NLI