BARGAINING PROPOSAL SUMMARY
JANUARY 2, 2022

Article 11 and Appendix A - Wages
Our proposal: Our wage proposals include a market increase of 10% in the first year, then 5% each year after that (so 15% wage increase in the first year of the contract). We have also proposed a step increase each year. We have proposed increases to all existing differentials, including new differentials for Resource and Endo nurses, and a retention bonus of $10,000 for all nurses at PWFMC.

Hospital’s response: They have said they plan on making their counter proposal on Jan 10th.

Our position: Make no mistake: our economic proposals bring us up to what the market bears. Providence by far has the lowest wages, step increases, and PTO accruals when compared with the major hospital systems in Oregon. Providence also has the highest health insurance costs for their employees as compared to other health systems. Meanwhile, Providence has been profitable during the pandemic. Providence makes money off of us by underpaying us and over charging us for health benefits. It is time we tell Providence we are not willing to settle for less any more—it’s time for them to invest in us.

Article 12 - Health Insurance
Our proposal: We have proposed dramatic decreases in health insurance costs—decreases in premiums, out-of-pocket max, and a lower deductible.

Hospital’s response: They have said they plan on making their counter proposal on Jan 10th.

Our position: We deserve better health insurance—period.
Article 14 – Scheduling

Our proposal: we are asking for per diems to only have to pick up 3 shifts instead of the current 5 in a 4-week scheduling period. This is fairly standard across the Providence system (PSVMC is only 2 shifts). We have proposed clear and unambiguous language about call shift scheduling for OR, PACU, and Endo. We have also proposed new language defining scheduling for variable nurses in order to establish some predictability for variable shift nurses.

Hospital’s response: they have rejected all of the surgical services call scheduling language, adding that having an open and undefined call schedule practice allows for the three departments to “meet the needs of the community we serve.” They also rejected the variable scheduling proposals, citing that according to them, the variable nurses “prefer the flexibility” of wildly differing and unpredictable shift start times. They also maintain they want per diem nurses to pick up SIX shifts in a 4-week scheduling period. The hospital also rejected our proposal for the 6/2 scheduling program, citing it is “too difficult to operationalize” and that we are “too small” of a hospital to implement the scheduling program.

Our position: We called the hospital out during negotiations that their position on call schedules and variable scheduling is profoundly inaccurate—the nurses want limitations on call expectations and predictability in their schedules. Their position on all these is bold assertion on their part that ease of scheduling and patterns that create work-life balance for us is not important to them. They want maximum flexibility and availability from us, while we need to have agreements from them about how we are scheduled for work. We are not widgets to be moved around on a calendar—we deserve scheduling practices that allow for adequate rest between shifts and reasonable expectations for shift commitments to our hired positions.

We are back at the table on January 10 at 10:00am
Article 16 – Staffing and PNCC
Our proposal: We have proposed strong language regarding staffing requirements to follow unit-level nursing plans, maintaining minimum staffing during rest and meal breaks, and abide by the nurse staffing laws.

Hospital’s response: The hospital has rejected entirely all of our staffing proposals, stating they feel our current language in 14.3 has “served the hospital well.” They have also said that relying on the Oregon health Authority (OHA) is sufficient to hold the hospital accountable to following the nurse staffing laws. The hospital did express interest in revitalizing the Professional Nursing Care Committee (PNCC), which we of course would be agreeable to. The PNCC has been dormant for over two years now, mostly due to Covid, and it would be a great benefit to the nurses at PWF to get it going again.

Our position: As the last two years have clearly demonstrated that we cannot rely on the OHA to hold the hospital accountable, and strong contract language is key in being able to ensure we have safe staffing and effective recourse when the hospital violates our nurse staffing plans.

Article 19 and Appendix B – Seniority, Helping Hands, Cross Training, and Extra Shifts
Our proposal: we proposed simplifying our seniority definition to say your seniority date is the date you were hired at the hospital as a nurse. We have asked for time spent on a unit to be a factor in granting a position on that unit. We have also asked for our current practices for double pay for last-minute extra shift vacancies to be in the contract. In connection with Article 19, we have asked for improved language to our helping hands, cross training, and call-off order language, including a low census cap.

We are back at the table on January 10 at 10:00am
Hospital’s response: they have agreed to our seniority definition, but they have rejected most of our other proposals. They proposed a non-starter low census cap of one shift a pay period that is mandatory low census only (volunteering to stay home doesn’t count). The bombshell they dropped on December 6th was their proposal to have ALL nurses be helping hands (current language is in 19.5) with NO option for a waiver. Waivers would move to the accommodation process through HR, which is a dead-on-arrival proposal. In addition to this, they have said their agreement to low census cap is contingent us agreeing for all nurses to be helping hands. The hospital said it was “painful” for them to see nurses sit at home on call when there is work in the hospital “they are qualified to do.”

Our position: we have worked hard to establish the current helping hands language, and it aims to ensure nurses are not put in positions outside of their hired position and training. The hospital says it pains them to have nurses go home on low census when there are departments that are short staffed—but the key concept they are not seeing is that the nurses at PWF are not a float pool for itself. One department’s inability to properly staff itself with qualified and trained nurses and staff is not solved by pulling excess staff from another department. We are not the solution for the hospital’s failings. This is a blatant throw-back to the old “A Nurse Is A Nurse Is A Nurse” stance from hospital administrators who are using budgets instead of appropriate staffing as their yard stick for success.

Article 21 - PTO
Our proposal: we’ve made a number of proposals here, including removing the expiration on EIT. We have asked for the STDI to cover 100% of wages while on leave, and that it be available for non-FMLA approves personal leaves. We have proposed dramatic increases to our PTO accruals, here they are:

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Accrual per Hour Worked†</th>
<th>Accrual per Year***</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 3 years</td>
<td>0.1064 0.1602 hours</td>
<td>488 333 hours</td>
</tr>
<tr>
<td>1 to less than 5 years</td>
<td>0.1132 0.1698 hours</td>
<td>440 355 hours</td>
</tr>
<tr>
<td>1 to less than 10 years</td>
<td>0.1197 0.1794 hours</td>
<td>224 373 hours</td>
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<tr>
<td>0 to less than 15 years</td>
<td>0.1314 0.1986 hours</td>
<td>246 412 hours</td>
</tr>
<tr>
<td>5 or more years</td>
<td>0.1389 0.2178 hours</td>
<td>266 453 hours</td>
</tr>
</tbody>
</table>
Hospital’s response: they have said they plan on making their counter proposal on Jan 10th.

Our position: We asked for rates that not only bring us up to the market when comparing us to Kaiser’s and OHSU’s time off accruals, but increases that bring us to the top of market. Our argument is that with the Extended Illness Time (EIT) takeaway from last contract, plus the difficulty in accessing the Short-Term Disability Insurance (STDI) “benefit” and during times of low census, we need PTO accruals that can cover those needs.

**WHAT DOES THIS MEAN?**

They ended our last session that they are “taking this seriously,” which is hard to hear when it is not shown in their actions. All of the hospital’s responses were centered on whether or not our proposals fit with the “operations” of the hospital. The key factor the hospital does not seem to understand is that THE NURSES ARE WHAT MAKE THE HOSPITAL OPERATIONAL. Their proposals so far are a stark revelation that they only want maximum flexibility to establish how they can use us across the hospital, with no real consideration for the impact on our licenses, our patients, or our ability to maintain safe practice. It is painfully obvious they do not understand our every-day experience as nurses working through the worst health crisis of our careers, and how our proposals aim to create working conditions that will foster retention, dedication to our patients, and our ability to practice to the standards of our profession. We are not asking for the moon—we are showing the hospital what is necessary to ensure we are taken care of so that we may take care of our community and do our jobs. They are out of touch and it is up to us to show them what the hardship of our profession demands from them now.
WHAT WE NEED FROM YOU

- Please talk with each other about how this impacts you and what you are willing to do to fight for what we deserve. We are allowed to discuss our working conditions with each other at work and out on the floor. If anyone at the hospital makes an attempt to silence you, that is against the NLRA, and please report it to one of your Bargaining Unit Officers or CATs immediately.

- Please tell us your Sedgwick stories and let us know if you are willing to make a statement to the hospital to show them how our health benefits are difficult to access, expensive, and otherwise burdensome. Additionally, please let us know if you are willing to share any story you have about how lack of PTO has negatively impacted you, any payroll nightmares, scheduling issues, or any other negative experience you have had as Providence nurse. These are the stories we need to show the hospital why our proposals are important to us. Your stories can either be written or in person. If you are willing, please let one of your Bargaining Unit Officers or CATs know ASAP!

- We will be sending a mid-negotiations survey in the next few weeks that we need your feedback on—please make sure your contact information is updated at the ONA website in order to make sure you get the survey link. Here is the ONA membership link: [INSERT LINK HERE]

- Wear your ONA gear on bargaining dates!

- If you want to attend a negotiation session as an observer, contact Virginia Smith, your Bargaining Unit President at PWF, to get the details and links!

UPCOMING DATES

NEXT NEGOTIATION DATES—ALL SESSIONS ARE VIA MICROSOFT TEAMS AND ZOOM

JANUARY 10
JANUARY 20
FEBRUARY 2
FEBRUARY 16

Please let Virginia know if you want to attend a bargaining session as an observer!
Text or call: 503-312-7809
virginiadsmithrn@gmail.com