House Wide Staffing Committee Openings!

The House Wide Staffing Committee (HWSC) plays a critical role in amplifying nurses' voices in our staffing plans. There are vacancies on the HWSC for both members and alternates and we are looking for interested nurses from the med/surg units to step up.

If you are interested in learning more or being considered for the committee as a member or alternate, please send an email to your Executive Officer team at aprnemail@gmail.com letting us know why you are interested in serving on the committee and what you hope to bring to the role.

If you would like more information about the HWSC, please contact a nurse member: Kial Cheperka, Co-chair (MOR), Laura Galbraith (Adult Behavioral Health), Jenn Speer (L & D), Adwoa Lynn (Med-A), Tricia Macy (AED), or Danielle Heyl (CICU).

HWSC is in our contract in Art. XVI, on pages 45-47, click here for more information.

Low Census—Know Your Rights

With Providence’s decision to end State of Emergency (SOE) pay and their new policy of flexing to volume, many nurses are reporting increased mandatory low census across the hospital. We are concerned that these cost cutting measures could have deep impacts on patient safety and nurses’ financial stability.

- You have the right to ask for the mandatory list to double check your factor calculation and placement on the list, the list should be updated every 12 to 24 hours. If you suspect a miscalculation, alert your manager.

- You have the right to request to fill available positions on another day or shift if you are mandatorily low censused (MDO’d) and management must make its best effort to honor that request.

- You have the right to request either a full shift, or a partial low census shift if you are mandated, and management must make its best effort to honor that request.

- If you are on a partial low census shift and standby is needed, you can be given the option to be on standby for the low census part of your shift, but it is not required.

- If you have requested partial shift low census but you are placed on full shift low census, you should be moved to the top of the list for voluntary low census.

Our contract devotes several pages to protections and a detailed process found in Article XVIII on pages 54-58, click here to read more.
Many full-time equivalent (FTE) nurses are losing hours to MDOs and Resource Nurses are not being offered shifts. We’re exploring every option we can to support you, including encouraging nurses to apply for unemployment benefits or pandemic unemployment assistance. If you’re being low censused or are not being offered shifts, you may qualify for either unemployment or pandemic unemployment assistance (PUA).

Here’s what you need to know:

**DO I QUALIFY?**

Find out if you qualify for either and apply as soon as possible. Benefits are not normally retroactive but due to the pandemic, after applying you can call the employment division and request retroactive benefits under a special pandemic exception. The wait times are long, but nurses have reported that calling offices located outside the Portland metro area have resulted in shorter hold times.

**UNEMPLOYMENT BENEFITS**

**Am I eligible for Unemployment Benefits?**

If you are losing hours and worked at least 500 hours last year OR earned more than $1,000 last year and worked throughout the year, you may be eligible for unemployment benefits. **For most nurses, if you were paid less than $648 in a week, you’re likely eligible.**

Note: Unemployment is not a substitute for paid leave. If you used paid leave to fill in for hours you would normally be working, unemployment benefits will not cover those hours.

**HOW MUCH HELP DO UNEMPLOYMENT BENEFITS PROVIDE?**

Benefits range from $151/week to $648/week per person. Individuals are eligible to receive 1.25 percent of your yearly earnings per week.

**PANDEMIC UNEMPLOYMENT ASSISTANCE**

**Am I eligible for Pandemic Unemployment Assistance?**

Even if you don’t qualify for regular unemployment benefits, people out of work due to COVID-19 are eligible for pandemic assistance.

**How Much Help Does Pandemic Unemployment Assistance Provide?**

Assistance ranges from $205/week to $648/week. You can receive 1.25 percent of your yearly earnings per week.

**How Do I Apply?**

Click here to apply for pandemic unemployment assistance.

**BUT WAIT THERE’S MORE!**

The federal Coronavirus Aid, Relief, and Economic Security (CARES) Act automatically adds $600 to any unemployment benefit payments for eligible weeks March 29 to July 25, 2020. **That means if you receive any unemployment benefit or pandemic assistance that week, you’ll receive an additional $600.**

**Can you give me some examples?**

Yes! Here are three examples of how unemployment benefits work in practice:

**Ex. 1** Let’s say you’re a per-diem nurse who earns $40 per hour and usually works 24 hours a week. Now you’re only working one 12-hour shift every two weeks. Here’s how your benefits would look.

Normal year earnings = $46,080 (24 x 4 x 12 x 40)
Weekly benefit = $576 (0.0125 x 46080) + $600
Unit Updates

AED/CED Merger Announced, ONA and Providence Bargain

Administration announced on May 20, 2020, that it would merge the Children’s Emergency Department (CED) with the Adult Emergency Department (AED). An open union meeting was held right after the announcement for members to share their concerns and discuss next steps. While it is an employer’s right to make these kinds of decisions, because we are part of a union, it is our right to have a voice in the process.

We issued a demand to bargain, established a negotiating team of nurses and gathered critical input from ED nurses. While we now have met three times to discuss our proposals, management has generally been wedded to its pre-developed orientation plan and announced roll out for the unit. We have achieved some gains nonetheless, with some progress around a definition of the Pediatric RN role and filling schedule holes to ensure CED nurses continue to care for pediatric patients during this transition.

There will be a joint message forthcoming and we are surveying the AED/CED nurses so we can communicate their interests clearly to the management team. If you are an emergency department nurse, please [click here](#) and take a moment to complete our survey.

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Reduced hours earnings:

Week 1 = $0
Week 2 = $480 (12 x 40)

For week 1, you’ll receive your full weekly benefit, $1,176.

The math: $576 + $600 = $1,176

For week 2 you’ll receive a partial weekly benefit: $888

The math: $576 > $480, so you do qualify for unemployment benefits.

Benefit for week worked:

576 x 0.33333 = $192
480 - 192 = $288
576 - 288 = 288
$288 + $600 = $888

Ex. 2 Let’s say you’re an IV nurse who earns $40 per hour and usually works 36 hours a week. Now you’re only working one 12-hour shift/week. Here’s how your benefits would look.

Normal year earnings = 69,120 (36 x 4 x 12 x 40)

Weekly benefit = $648 max (0.0125 x 69120 = 864) + $600

Reduced hours weekly earnings = $960

$960 > $648, so you don’t qualify for unemployment benefits, but you can still apply for pandemic unemployment assistance.

Ex. 3 You’re a med/surg nurse who earns $40 per hour and usually works 36 hours a week. Now you’re only working two 12-hour shifts/week. Unfortunately, you wouldn’t be eligible for benefits, but you can still apply for pandemic unemployment assistance.

Normal year earnings = 69,120 (36 x 4 x 12 x 40)

Weekly benefit = $648 max (0.0125 x 69120 = 864) + $600

Reduced hours weekly earnings = $960

$960 > $648, so you don’t qualify for unemployment benefits, but you can still apply for pandemic unemployment assistance.
Unit Updates (Continued from page 3)

Peds and PICU Budget Cuts

Earlier this month, Peds and PICU nurses were told they would no longer have a designated charge in each unit and would be required to share a charge nurse. They asked questions and raised safety concerns. In response, were told they will need to find other ways to reduce their budget. No decisions have been made and meetings are ongoing.

IV Therapy Day Staff is Reduced

Day shift staffing in IV therapy unit was recently reduced by one staff nurse per day. Formerly the IV RNs had five on day shift (one charge, four staff RNs), now have four on day shift (one charge, three staff RNs). IV Therapy is a mobile service unit and does not have a unit staffing plan as do most other units. We are in the process of bringing the right people to the table to discuss this situation, and what we can expect in the future when the census increases.

Steward Elections

We have a new group of Stewards stepping up! The following units will be having steward elections starting the week of June 22. If you are in one of these units, keep an eye out for the email with the vote link and make sure to confirm your new steward.

Stewards:
- CC Float Pool - Joan Irwin
- PICU - Molly McMillon
- PICU & IP Peds - Amanda Schumaker
- Labor & Delivery - Alayna Haskins
- SSU - Daniel Taylor & Sam Navlyt
- OPE - Joanne Donato
- ED - Jenn Ruiz
- ED (formerly CED) - Naomi Nagler

Black Lives Matter

ONA members will be participating in upcoming demonstrations in Portland to support the Black Lives Matter (BLM) movement and fight against police violence against in our communities of color. Click the following links to view two statements found on the ONA webpage:

- Racism is a Public Health Crisis
- ONA Calls for an End of Police Brutality & Use of Chemical Agents

ONA Providence BLM Solidarity Brainstorm Meeting

Monday, June 22
5-6 p.m.

Click here to register to attend

After registering, you will receive a confirmation email containing information about joining the meeting.

If you have any questions, please contact Gabriel Erbs at Erbs@OregonRN.org or Julia Trist at Trist@OregonRN.org.
ONA Nurses at Providence Hood River, Medford & Newberg Face Tough Choices in Negotiations

Providence Medford Medical Center nurses have agreed to extend their contract without increases until March 31, 2021, while Providence Hood River Memorial Hospital nurses, whose contract expired at the end of 2019, are still considering Providence’s proposal to roll over/extend their contract until 2021. Providence Newberg Medical Center is still in bargaining, with their fourth session held on June 16. For more information, click here to view our Providence System-Wide Nurse Update.

Grievance Updates

We only have a handful of open grievances at St. Vincent. Two are important to everyone and are about payment of extra shift premium. These have been on hold since 2019 due to pending information requests and the COVID-19 crisis. We are back on track to pursue these grievances, which we have discussed at length with Providence. From what we have heard, we expect we will need to go to arbitration to resolve our dispute.

Below are the two situations:

- Nurses agreeing to work an extra/premium shift of four hours or more but end up going home slightly before they reach four hours (e.g., goes home 10 minutes early to save unit resources). Providence is refusing to pay the premium in these cases. We believe the contract is clear that it is required to be paid at the promised extra shift rate for that shift.

- “Fragmented” Extra Shifts. This happens when a nurse reaches the 36-hour threshold to qualify for extra shift premium partially through a shift. Providence has taken the position that it will not “fragment” a shift and won’t pay extra shift premium after the 36 hours are reached.

Below is an example:

Example:

Nurse signs up for an extra shift of 12 hours on a Tuesday. Note: the nurse will never have met their 36-hour threshold before working the extra/G shift, so it will always involve looking at that shift retrospectively.

Works:

- Monday 12 hours (R/Regular)
- Tuesday 12 hours (G/Extra)
- Wednesday Misses 4 hours of a 12-hour shift and works eight hours (eight hours R/four Hours PTO)
- Saturday 12 hours (R)

Union’s position: The nurse should be paid the Tuesday G shift at eight hours premium/extra shift, and four hours at regular pay.

Employer’s Position: The Tuesday G shift will not receive any incentive pay and will be at regular pay. Any hours over 36 worked that week will receive 1.5/over-time (OT) rate only.

This language is in our contract at App. A, Section E, on pages 78-81.

NOTE: The extra shift differential when low censused, is forfeited if the nurse volunteers to be placed on standby. In that case, if the nurse is called back, they receive call-back pay (1.5 their hourly rate), but not the extra shift premium. Please be aware that when you are working an extra shift and given low census, you have three options:

1. Forfeit the extra shift pay and go on standby. You’ll be paid while you’re on standby and required to come

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to work if called and paid at the callback rate with NO premium pay.

2. Decline to be on standby. PSVMC can still call and ask if you will voluntarily return. You’ll have the option to accept the shift and you’ll be paid the extra shift differential but will not be paid for standby while not at work.

3. Enjoy your day/night.

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**COVID-19 Local & Regional Conversations Continue**

St. Vincent bargaining unit leadership continues to meet and discuss COVID-19 impacts at the local and regional levels. As the COVID-19 situation is currently shifting from surge to reopen preparations, these conversations will be moving to every other week.

These conversations have been fruitful to flag key issues to administration that frontline nurses are experiencing and make coordinated asks for protections. While we have not come to a signed agreement yet, our leadership teams continue to push for what nurses need to do their jobs and provide quality care for our patients.

If you have concerns and issues related to COVID-19 that you would like our team to bring up to administration, please contact your Executive Officer team at: aprnemail@gmail.com.

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**Don’t Miss Important ONA Emails**

**Common Reasons for Not Receiving ONA Emails**

1. **Mislabeled:** Emails from ONA are being flagged as junk or spam by your email service provider.

2. **No Email:** ONA does not have an email on file for you.

3. **Bad Email:** ONA has an incorrect or outdated email on file.

4. **Blocked:** Due to several failed delivery attempts, our system has stopped attempting to send emails to your email address.

5. **Opted Out:** You have opted out of receiving emails.

6. **Work Email Filters:** Some health care systems filter out ONA emails so nurses don’t receive ONA-related emails. This is why we encourage nurses to use their personal email addresses instead of work emails.

**Fixing Problems to Receive ONA Emails**

1. **Check your junk/spam/clutter folder for ONA emails:** Flag ONA emails as “not junk/spam” and add News@OregonRN.org to your safe sender list.

2. **Email ONA:** To fix reasons 2-6, simply email ONA at News@OregonRN.org, and include your name, personal email and facility you work at in the body of the email.