Happy New Year

As we kick off the new decade, we want to highlight the work of the last year and announce some changes coming in 2020.

This is a build year for St. Vincent

2020 is an opportunity for ONA at Providence St. Vincent Medical Center (PSVMC) to recruit and train stewards to provide education to all nurses about our union, staffing protections and how to win a strong contract.

Providence Bargaining with ONA

In late 2018 and 2019, Providence Portland Medical Center, Providence Milwaukie Hospital, Providence Willamette Falls Medical Center, Providence Home Health and Hospice and Providence Seaside Hospital negotiated their contracts. They all reached agreements in late spring. Although our contract does not expire until the end of 2021, this work shows us the importance of organizing, coordinating and leveraging power.

PSVMC is one of the first to trial the new Staffing Law process when impasse is reached.

Grievance was filed for lack of a charge nurse in CVOR. The cardiovascular operating room (CVOR) nurses, tired of the pressure and frustration of safety concerns, stepped forward and filed a grievance in late 2018 challenging their unit’s practice of not having a designated charge nurse in the unit 24-7, only during the daytime hours. ONA asserts that the contract requires a charge nurse, regardless of the time of day, for patient safety. That grievance is scheduled for arbitration on Wednesday, Feb. 12, 2020, and we should have an opinion within 60 days, if not sooner.

The housewide staffing committee fails to approve CVOR’s staffing plan with a relief or charge for all hours. The HWSC reviewed the CVOR unit’s plan on multiple occasions, the vote split evenly on lines of staff RN and management, and the group finally declared impasse in summer 2019. After that a mediator was assigned through the Oregon Health Authority (OHA). We have completed the initial intake meeting and are now waiting to schedule the first mediation. Click here for more information about the OHA process under the staffing law when impasse is reached.

ONA Demanded to Bargain Over RQI and Training Time for ACLS, BLS and PALS

In May 2019, the announcement was made that nurses would no longer have the training time that was formerly provided away from patient care for ACLS, BLS or PALS. They were asked instead to find time during shifts to complete the online training modules, and both the opportunity to complete the training and announcements about this change, were disjoined and confusing. We demanded to bargain over this change in work conditions and had meetings throughout the fall and winter.

We are pleased to report we are close to reaching an agreement about this program, and are waiting on a response from administration to our proposal that the survey on Healthstream be more expansive and designed to solicit relevant RN feedback.
St. Vincent Officers Team Changes, New Stewards and Trainings Completed

Josh Gilliam (outpatient eye) resigned as an officer and two new officers joined the team, Megan Fong, CVOR and Danielle Heyl, CICU. We have a full officers’ team. Our local bylaws set out the election and appointment process and are on our bargaining unit webpage at [www.OregonRN.org](http://www.OregonRN.org).

The council grew with 10 new stewards approved by their units, bringing us to a total of 37 stewards.

The goal is to have a minimum of one steward per unit and shift; there is no limit the number of stewards that may serve.

Grievance Reports

Grievances are the agreed upon method we use to enforce our contract with PSVMC. In 2019, we had a total of 16 grievances.

In 2019, the majority were resolved, with a few outstanding. For the size of PSVMC, we do not have a large number of grievances and are able to work out many issues collaboratively in our monthly labor management taskforce meetings.

Types of Grievances and Outcomes:

**Disciplinary Grievances.** These are grievances filed after a nurse was given a corrective action or termination and believes it violated the Proper Cause protection of the contract.

- Termination grievance – one pending.
- Disciplinary grievances: seven filed, three pending and four settled (three nurse disciplines were removed, one nurse withdrew grievance).

**Compensation Grievances**

- Lost certification pay settlement. The association grievance for nurses who lost cert pay settled with 33 nurses paid their missing certification from Sept. 2018 - the date reinstated. Another seven nurses who had separate grievances were paid back pay for lost cert pay.
- Denial of extra shift if the nurse clocked out early. Three nurses agreed to work shifts of four hours or more, left early to save unit resources, and were denied the premium pay. Providence asserts they were required to work a minimum of four hours. The contract states a nurse must agree to work a shift of four hours or more, but does not require they work the entire shift. These are all at step 2 after the employer denied their claims at step 1.
- Denial of extra shift when nurse used paid time off (PTO) for part of a shift during the same week. The nurse worked two extra shifts in a week but because she used two hours of PTO, the system did not pay her premium pay as she was promised when signing up. This grievance is pending at step 1.
- Call back on premium/extra shift. A nurse agreed to be on voluntary call-back on an incentive shift and this converted the call-back to time and one half only, not incentive. Nurses should be aware if low censused on an extra shift and agree to be on call, if called back it will not be incentive. This grievance was settled.

**Practice, Contract / Policy Grievances**

- Floating mandatorily greater than once per shift. Three nurses in critical care filed a grievance after they were required to float more than one time on a shift, which we have all agreed in taskforce, violates the contract. Grievance is at Step 1.
- CVOR grievance for charge RN. Pending, arbitration Wednesday, Feb. 12.
- Preceptor policy grievance. Resolved that nurses who are not new hires, but need additional precepting, will not be limited in access.
Reached Written Agreements Ensuring Nurses May Reduce Their FTE and Improving Low Census Process

We reached a number of agreements with PSVMC to clarify the contract. Standouts are that a nurse may reduce their FTE by 0.1 (with administration’s approval) and agreed to clarify the low census process to protect a full-time nurse who has not worked their FTE from low census when another nurse is working more than their FTE. All agreements (also called Memorandums of Understanding or “MOUs”) are available on the ONA bargaining unit webpage on www.OregonRN.org.

Still Underway: Creating a Fair, Objective and Predictable Process for Nurses Who are Transferring Shifts or Units

Prior to 2018, nurses generally bid into positions and shifts based upon seniority to reward their commitment to the employer, excluding positions requiring specialty skills and charge positions. In 2018, the contract was revised to allow the employer to determine whether skills are equal and if so, seniority would be the tie-breaker.

We understand that Jennifer Burrows, as Chief Nursing Officer (CNO), has been reviewing the decisions. We have been working with the PSVMC administrative team to create guidelines and protocols to ensure that this process is objective, transparent and consistent. The project was moving slowly, and now more so with the departure of Jennifer Burrows as CNO, but we hope to see increased interest as the new year begins.

Floating is a Work in Progress

Floating continues to be an issue with the critical care division experiencing problems, as well as reports of challenges in other units. We have been talking monthly with PSVMC management about how to improve this in our labor management taskforce and housewide staffing committee meets Tuesday, Jan. 21 to review floating and staffing plans.

Meet Julia Trist, ONA’s New Internal Organizer

We are excited to announce that nurses at PSVMC will have the opportunity to work with Julia Trist, who just started as an internal organizer at ONA. Julia has been a union organizer for approximately 10 years, working in the education, service and healthcare fields. She worked with SEIU 503 in long term care issues for CNAs and caregivers in homecare and nursing homes. Before that she was with AFT-Oregon for almost five years doing mostly internal organizing in education and previously worked at UFCW 555. Julia grew up in Eugene and has lived in Portland for the last 10 years.

ONA Convention and House of Delegates

May 18-19, 2020, Portland, OR

Visit www.OregonRN.org/Delegate for more information and to complete your delegate nomination form.
There has been some confusion about the EIT and STD programs at PSVMC. ONA Represented PSVMC nurses do not have the STD program. This is because our contract is in place until December 2021 and the EIT program is included as a protected benefit for the duration of the contract.

This was further confused because at the end of the year, Sedgwick erroneously notified a number of ONA represented nurses that they could apply for and use the STD plan. This was disappointing and frustrating to those nurses, on learning the information was incorrect.

We thought a quick overview of where we are and why is in order.

In late 2018 and 2019 bargaining at Providence Portland, Milwaukie, Willamette Falls, Seaside and Home Health & Hospice, Providence came in with a proposal to eliminate EIT and replace it with a STD program. This was not a popular proposal for many nurses, as the EIT was earned and banked for a qualifying event. For newer nurses without EIT saved or those that had used up their EIT bank, it had more value. STD also provides only 65 percent wage replacement, and can only be used for the employee, not a family member. Although unlike EIT, there is no limit or accrual for STD, so it can be accessed so long as there are qualifying events.

As bargaining progressed, Providence Portland was moving more quickly toward an agreement – which is typical. The size of the unit usually impacts the timing of the deal reached. smaller units often have to wait for the larger units to bargain before they see movement at their tables.

Eventually the compromise reached was for STD to begin in 2020. This meant a phase out of EIT, but with improved access to EIT for the next two years. At Providence Portland, a hard-fought cap on mandatory low census was bargained. Now nurses cannot be low censused more than 24 hours per four-week scheduling period, with an annual cap of 168 hours (14 12-hour shifts or 21 8-hour shifts).

In the end, all of the ONA-Providence contracts that were bargaining settled on this phase-out of EIT and STD:

- 12/31/19: EIT accruals end.
- 2020 and 2021 usage improved:
  - Nurses can use EIT bank to “top up” short term disability, paid parental leave, and workers compensation to 100 percent.
  - Use to care for family member when on approved FMLA/OFLA leave after using only 24 hours of PTO (no longer need to exhaust PTO bank to access EIT).
  - Use for illness absences of less than seven calendar days, after PTO for three missed shifts or 24 work hours – current practice.
  - For illness absences longer than seven days, can use for missed scheduled shifts, regardless of STD approval/denial.
- 2022: Can use EIT bank for qualified FMLA/OFLA leaves only, after three missed shifts or 24 missed hours

PSVMC nurses bargain in 2021. The settlements at the other Providence units have an impact on our bargaining, but we bargain independently and are not required to accept what the other units agreed to.