Thank you to everyone who took the time to participate in the education leave/fund survey. What we learned is that access to the time off is one of the highest dissatisfiers. We also learned that many people do not know how to access this benefit or that it exists at all.

Education leave and reimbursements are in the contract in Article 14, pages 42-44. Full-time and part-time nurses are entitled to 16 hours of paid time for education leave per year, and reimbursement of up to $475. Resource nurses that worked at least 800 hours in the preceding year have eight hours paid time, and $225 in reimbursements available. Clinical ladder nurses receive additional benefits. Find more information about the clinical ladder benefits on the ONA/PSVMC bargaining unit webpage at [www.OregonRN.org/83](http://www.OregonRN.org/83) under documents, “LOA: Clinical Ladder.”

The form to submit to Nursing Services Administration for education reimbursement can also be found on the ONA/PSVMC website under documents, “Education and Clinical Ladder Reimbursement Form.”

**ADDITIONAL MONEY AT END OF YEAR.** If there is additional money left in the education fund at the end of the year, it is prorated and paid to nurses who applied for assistance but their expenses exceeded the limit ($475 or $225; Article 14, D.2). At this time, we do not know if there will be additional funds remaining due to pending requests. The labor management task force will discuss this at the end of the year and send everyone an update.

**DENIED REQUESTS.** Nurses who responded to the education leave survey identified some of the primary reasons for not using education funds as: being too hard to schedule, reimbursement for classes is not enough and someone else getting the day approved before they did. We reviewed administration’s records of the number of denied education requests at our monthly labor management task force meeting. From the numbers, it doesn’t appear that as many requests are being denied as we hear anecdotally. The survey responses indicate that many nurses have given up on requesting time off for education leave, as they already believe it will be denied. This makes our tracking system inaccurate and harder to identify and address the problem. We will be discussing this more at the stewards’ dinner and officers meeting this month.

There were other reported reasons, and in one case a nurse submitted the form outside the two-week period and was denied even though the time off had already been approved.

Nurses suggested that Providence provide reimbursement up front or more quickly for Providence educational events, to make the budgeting process easier, to roll over unused education funds in a given year, and that national conferences and out-of-state travel be made more accessible.

Nurses on the Clinical Ladder asked about the annual cycle for access to funds. Please contact Kathy Keane, clinical ladder board member and ONA/PSVMC officer with questions about the process for receiving education funds.
Certification Pay Grievance Resolution

The association grievance we filed for nurses who did not receive certification pay between Sept. 2018 to Oct. 15, 2019 was resolved. The deadline to file a claim was Oct. 15. A total of 24 nurses submitted claims and received back-pay.

Remember, it’s important to review your timecards and make sure that you are paid correctly. Be sure to raise any questions about missing pay immediately. A manager can help you escalate. If the issue is not being escalated, or you disagree with the response, contact your local unit steward, ONA officer or labor representative. The deadline to file a grievance is 14 days after the nurse knows (or should have known) about the contract violation.

Extra Shift Differential Updates

A number of nurses have raised legitimate complaints about not receiving their extra shift differential. We have filed a grievance for one nurse. All of the grievance timelines are in abeyance while we talk it through informally with administration.

There are two different scenarios in which the differential has not been paid:

- Nurse agrees to work an extra shift of four hours, but nurse ends up working less than the four hours (e.g., goes home 10 minutes early to save unit resources). The nurse is not paid an extra shift premium for the shift.

- Nurse works twelve hours on Sunday, 8.25 extra shift Monday, 9.75 regular Wednesday (2.75 PTO used), twelve-hour regular shift Thursday, and 10.75 extra shift Friday. Nurse is paid the extra shift premium only for Friday, but not for Monday’s extra shift.

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 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.

The next house wide staffing committee (HWSC) meeting is Nov. 19. HWSC meetings take place the second Tuesday of alternating months. Staffing plans to be reviewed in November are: ADU, CVL and IMCU. You can find meeting agendas and minutes on the PSVMC nursing intranet page under “Councils/Committees” on the left-hand side and select “HWSC.” Please report any issues accessing this information to PSVMC nursing administration.

The mediation process through the Oregon Health Authority (OHA) is underway for the CVOR staffing plan, which was voted on again at the September meeting and again reached an impasse. A mediator has been appointed and we are waiting for meetings to be scheduled. We expect to have more updates later this month.
Low Census Order Change Finalized: Effective Nov. 10

At the November labor management task force meeting, we finalized and signed a Memorandum of Understanding (MOU). This modifies the contract language relating to low census for a part-time nurse that has worked their full FTE. Previously, a part-time RN could remain on shift while a full-time RN who had not worked their FTE would receive a mandatory low census. For more information, see the ONA/PSVMC newsletter from Sept. 18 on the ONA/PSVMC webpage at www.OregonRN.org/83.

This is the modified contract language (underlined words are additions; see the ONA/PSVMC contract, pages 54-55):

G. Low Census Process:

1. Low Census will be assigned in the following sequence within the cluster (and within unit in the surgical clusters) where the need for Low Census is identified in the following order:

   a. Agency Nurses (Travelers, Per Diem or Guaranteed)
   b. Temporary Nurses (A nurse employed by the Medical Center for less than 6 months)
   c. Share Care Nurses
   d. Nurses earning overtime and extra shift incentive pay
   e. Nurses earning overtime without extra shift incentive pay
   f. Nurses earning extra shift incentive pay without overtime
   f.g. Volunteers, with preference given to standby volunteers
   g.h. Resource RNs (0.0 FTE) (After working 24 hours that week)
   h.i. Part-time nurses working an extra shift without extra shift incentive pay or overtime
   i.j. Resource RNs (0.0 FTE) (Working less than 24 hours that week)
   i.k. Mandatory Low Census

If you have questions, please contact an officer, steward or labor representative.

New ONA/PSVMC Officer-at-Large for Critical Care

Danielle Heyl was recently appointed by the PSVMC officer team to the Member-at-Large position which has been vacant since last summer. She works day shift in the CICU and joined PSVMC in 2017.

Danielle was active in the Alaska Nurses Association where she worked as labor council secretary, health and safety officer for Providence Alaska Medical Center, assistant director of Professional Practice, and was on the board of directors. She took a very active role on the legislative committee, advocating for Alaskan nurses, and was appointed to the State of Alaska Safety Advisory Council by the governor.

Danielle has published several articles and authored multiple union statement papers. She is also a steward in her unit.

Welcome, Danielle!
RQI/Training Time Negotiation Update

Human resources, nursing leadership and representatives of the Oregon Nurses Association met jointly on Oct. 29 and Nov. 6 to discuss the RQI program and the completion of online modules. We talked through the 2019 implementation of the online Healthstream modules, what worked, what didn’t work, and how to improve things moving forward.

We all agree that it is essential to clarify the following:

- What is completion?
- What resources are available to give nurses time to complete the modules?
- How will scheduling time to complete the modules be handled?
- How much time is allowed?
- Where are nurses allowed to complete the modules?
- How will the program’s quality be evaluated?

We are in the process of finalizing these discussions and will be sending out more information when this is complete.

If you have questions, please contact a member of the ONA bargaining team: Susan King (AED), Adwoa Lynn (Med A), Kathy Keane (Cardiology A), Jason Sangster (Cardiology B), or Sally LaJoie, ONA labor representative.

SAVE THE DATE!

ONA Convention and House of Delegates
May 18-19, 2020
Portland, OR

The convention's theme is "Rising Up Together" and will feature sessions on professional development, nursing practice and workplace issues, as well as topics critical to ONA's strategic plan including equity and inclusion.

Registration opens in late November