

May 17, 2013

Bargaining News

Update Number Seven

Oregon Nurses Association (ONA) at
Providence Triage Center (ProvRN)

Bargaining Team

Carroll Dizney, RN
ccnm_schwarz@msn.com

Tina Lilburn, RN
tinalilburn@comcast.net

Diana Gaughan, RN
ddgaughan@comcast.net

Rob Nosse
ONA Labor Relations
Representative
nosse@oregonrn.org
503-293-0011 ext. 318

On Pages 2, 3, 4

More on proposals that
were discussed at our
recent bargaining
session.

Draft policy from
ProvRN about working
remotely from home.

Other concerns we
have with ProvRN's
wage proposal.



Some Progress, Some Useful Information, and Some Good Discussion

Our session Friday, May 17 was pretty productive. We reached a tentative agreement on two more proposals. This means that 12 topic areas are resolved. We feel like we are close on three more and maybe even a few others. We also got some useful information and had some good discussions about proposals that admittedly we are not close to reaching an agreement on, but at least we have some better understanding of their concerns.

We reached and agreement on staff meetings.

This article establishes workplace committees and that we are paid to be on them. This article

also sets up an ONA task force to address issues in the work place when we are not in bargaining. Finally this article establishes the staff meeting expectation which will be 50 percent either in person or by conference call. Both sides compromised on these issues. We are glad that ProvRN agreed to the 50 percent standard.

We reached agreement on working on call.

This part of the contract is contained in the definitions article of the contract. This article describes what makes a nurse a full-time or part-time nurse. It describes a charge nurse and a relief charge nurse.

**Our Next
Bargaining
Sessions are
May 30 and June 6**

It also explains the work obligations of on-call or per diem nurses which will mirror the current practice. ProvRN compromised with us and us with them and agreed to the current arrangement of six shifts a scheduling period of availability for all new hires, with an exception for the one on-call per diem nurse who was hired prior to February 2008. She will only have to give four shifts a month of availability.

(Continued on page 2)

Take a Break on Us. Sat, May 25 from 2 to 5:30 p.m. At the Edge Coffee Shop Across the Street

Come by on a break or before or after your shift (20 minutes). Get an update about how bargaining is going. Offer your feedback about priorities and what we should do if we cannot reach agreement on some of those priorities or achieve reasonable compromises.

More About Last Weeks Bargaining

(Continued from page 1)

We are close to having daily overtime guaranteed in the contract. The ProvRN team wanted more time to make sure we were using the right language to describe when the work week starts and that it conforms to current payroll practices. Other than that, it would appear that we are close and that daily overtime has been secured.

We are close to an agreement about how we will find out about job vacancies and how we will fill those vacancies.

The main concern of the ProvRN team seems to be not having a manual system and using the electronic posting system—Taleo, that Providence uses statewide. Our concern is that we get some kind of “heads up” electronically that a job is being posted using Taleo. ProvRN said they were giving our approach some consideration and that we are not that far part on this issue.

We are close to an agreement on seniority and how it will be calculated for new hires.

We almost reached agreement on this issue, but both parties have to figure out how to calculate the initial seniority of everyone working presently at ProvRN. We suspect that we will propose that time with Providence if unbroken should be used for all us currently working at ProvRN, but we thought we needed to check that out with all of you first.

We received economic counters on every other outstanding issue accept education and professional development.

The grid to the right shows what

they are proposing for all of the various differentials that currently exist. Their economic proposals around differentials are mostly the current amounts, though they did propose an extra shift incentive — something we do not have currently, and they opened with \$9 an hour.

Unfortunately they are not interested in paying a weekend differential claiming they do not need to pay a weekend differential to attract nurses to work. The weekend is when the work exists. While we did not say this during the session, we feel they are missing the point of the weekend differential. It’s purpose is to compensate for the lack of a traditional weekend that much of the rest of the work world enjoys.

We got their proposed policy for working remotely.

We have provided it for your review on page three of this update. *We will be discussing our concerns and our ideas about this policy at our “Take a Break on Us” meeting Saturday.*

We also received information we requested about staffing.

We continue to be far apart on staffing with regard to having minimum staffing standards in the contract though the information provided to us shows that our proposed minimums conform to what they already try to do. *We will be discussing our concerns and our ideas about staffing at our meeting on Saturday.*

Other Economic Proposals — Per Hour Differentials

	ONA	ProvRN
Evening Shift	\$2.75	\$2.00
Night Shift	\$6.00	\$5.25
Charge Nurse	\$3.60	\$2.75
On-Call	\$5.00	\$2.50
Weekend	\$2.00	\$0.00
Preceptor	\$2.00	\$1.00
Extra Shift	\$18.00	\$9.00
Certification	\$2.25	\$1.25

The on-call differential is given in lieu of earning benefits like health insurance and paid time off (PTO) or earned illness time (EIT)

They did propose an extra shift incentive of \$9 an hour for any extra four-hour shift or greater.

While this amount is low, this is a significant opening proposal on the part of ProvRN in that currently there is no extra shift incentive of any kind.

We continue to be far apart on the issue of staffing on Christmas. We think we proved that they can staff in a way that would allow each nurse to have it off every other year. After pointing that out, their concern is that many of us have complained about how inadequate the staffing was for the call volume and that more nurses should be working.

ProvRN's Proposed Working Remote Policy

We know this is hard to read. We wanted you to see this because we know that the ability to work remotely is important. There are things we are concerned about, such as only being able to work 50 percent of your shifts remotely — including making any

extra shifts you pick up part of that 50 percent. We think the ProvRN's bargaining team was listening to us and might compromise on that concern and a few others.

and let members of the bargaining team know what you think. We will have a new proposal about working from home for the contract that takes into account this proposed policy for your review at the check in meeting.

Please read this proposed policy

**PROVIDENCE HEALTH & SERVICES
Triage Service Center Policy
WORKING REMOTELY**

I. PURPOSE

Provide guidelines for designated Triage Service Center staff members to work at home remotely. Maintain the same quality, security and HIPAA standards as required for staff working onsite in the department. Provide additional staffing assistance when needed for the Triage Service Center.

II. POLICY

ProvRN Registered Nurses and ProvBH Clinicians meeting the criteria outlined in this policy and having received manager approval may work remotely from home. Home office and computer technology must meet criteria and be approved by department manager. Staff will follow this policy and all related department policies and procedures while working remotely. The manager, may at any time, revoke this policy and/or individual staff requests to work remotely. (Due to phone licensure requirements there is a limited number of staff that may work remotely at any given time.)

A. Home Office Technology Criteria

1. Employee is responsible for the purchase and maintenance of their own home computer.
2. All patient calls must be recorded using Avaya.
3. Operating system: At least Windows XP, preferably Windows 7
4. Memory: 4 GB of ram
5. Internet Connection: High speed cable modem or DSL
6. Remote Citrix access required.
7. Antivirus: Norton or McAfee with current definitions
8. Required Applications: Internet Explorer 7.0 or higher
9. Rights PHS NT Login, OR TS E-Centaurus, E-Centaurus login
10. Dedicated phone line or home phone line which may not be used by anyone else in the home during hours worked.
11. Phone line must be privately marked and have conference call capability (by phone company).
12. Staff must be able to support her/his own

PC issues so work is not compromised. If there are technical difficulties that cannot be resolved within 30 minutes, staff member needs to report to work immediately onsite to complete their shift. Any exception must be approved by manager or designee. Nonwork hours will not be compensated.

B. Professional Home Office Criteria

1. A designated work area where home life will not interfere during scheduled work hours. Cooking, housework or other activities must not be done while working.
2. Designated space will have a door and lock to assure confidentiality and compliance with HIPAA regulations. It is the responsibility of staff to provide a hazard free home work environment. Staff assumes responsibility for any injury that occurs while working in their home environment.
3. Staff must not be primary caregiver to a child or any dependent during their scheduled work hours. Pets should not be in the room while working or talking on the phone.
4. No outside routine external home noises can be audible during work hours.
5. Designated space must be maintained in a manner that is HIPAA compliant.
 - a. No other people should be in the room while working or talking on the phone with patients or accessing Protected Health Information (PHI).
 - b. Never provide your password to a third party or member of your household.
 - c. Never permit a third party access to your computer while working.
 - d. Never disclose PHI to any third party.
 - e. Never print PHI to a home printer.
 - f. Any PHI that may be written must be destroyed using a cross shredder or incinerated.
 - g. The room must have a door that can be locked while working to ensure privacy of PHI. Never e-mail PHI to non-Providence email addresses. All PHI sent via Providence e-mail must have Provsecure typed in the subject line.
6. The Triage Service Center has the ability to monitor staff working remotely by listening in on phone calls at any time.
7. If there is a breach of privacy/security information the department manager must be notified immediately.

C. Staff Criteria

1. To work remotely staff must be willing to commit to working additional shifts and or different shifts/hours to meet department staffing needs when required.
2. Staff working remotely must have a minimum of one year experience in the Triage Service Center.
3. There must be at a minimum 50% ratio of RN or/BH Clinicians working onsite to remote staff at any given time. Exceptions must be approved by the manager or designee.
4. Staff may work remotely a maximum of 50% of their total scheduled work time, including regular and extra shifts. Exceptions must be approved by the manager.
5. Remote shifts must be prescheduled and approved unless exception is made by manager or designee.
6. Staff will adhere to all department QA standards, policies and procedures while working remotely.
7. Staff must not be in any type of corrective action and at a minimum be meeting standards on annual performance evaluations.
8. The department manager can revoke the privilege for staff to work remotely at any time.
9. All equipment and software issued during the period of employment will be returned immediately upon termination of employment.
10. Remote staff will be responsible for all costs associated with maintaining a home office for remote work including but not limited to computer, cross shredder, home utilities, internet service etc.
11. Staff is required to review the Providence Privacy, Remote Access, and Security Policies on an annual basis.
12. Staff is required to complete Healthstream Privacy and Security on-line assignments annually.
13. Staff is required to sign an Acceptable Use Agreement and Remote Access/Teleworking Agreement annually that is kept on file.

D. Emergency Plan

In the event of an internal or external emergency remote staff must be willing to be available to meet emergency staffing needs.

What Else is Wrong With ProvRN's Wage Proposal?

At our May 9 bargaining session, ProvRN made their opening wage proposal. We characterized it as very disappointing. The wages were low. The scale they created conformed to the current pay range and cut the pay of 13 people. The chart to the right shows every nurse who works at ProvRN using their current rate of pay and where they would be placed based on the scale based on the opening proposal from the employer.

This proposal is bad for morale. ProvRN believes we are paid at a "market rate" for telephone advice and triage nursing even though we are all well aware of union and non-union employers in this area that pay a wage more commiserate with a union hospital scale. Kaiser Permanente advice nurses are paid similarly to the nurses at Kaiser Sunnyside Hospital. Their top step is \$51.71 an hour. The same is true for poison control nurses at Oregon Health Sciences University (OHSU) who do all of their work over the phone. While they are currently in bargaining the top step for a poison control nurse with a bachelor of science in nursing (BSN) is \$48.96 an hour.

What else is wrong with ProvRN's proposal?

Of course we want better wages, but we also want fairness and equity in that we believe that nurses with similar years of service should be paid in a similar manner. We were shocked by the wage disparity that exists. The employer's proposal makes no attempt to address inequity or create some fairness. Rest assured our proposal does.

This is why the hire date is important. The chart to the right shows every ProvRN nurse's hire date both with Providence and with ProvRN. Not only is their wage proposal inadequate, it maintains the inherent unfairness of having nurses who work side by side doing a similar job earning a wage that is significantly less or significantly more than counter parts with similar years of service to Providence.

Is it fair to have a one nurse with three years of working for ProvRN earning \$4.12 more an hour than another nurse also with three years of working at ProvRN? This is almost an 11 percent difference in wages. We don't think so. Maybe we can't achieve an average wage increase of just under 20 percent, based on our opening proposal, for every nurse at ProvRN, but many adjustments for fairness are needed if morale is going to improve.

Yrs at Prov.	Yrs at ProvRN	Current Pay Rate	Proposed Rate	\$ Diff	% Diff
2	2	\$30.81	\$31.09	\$0.28	0.91%
1	1	\$31.00	\$31.09	\$0.09	0.29%
7	1	\$31.45	\$31.09	(\$0.36)	-1.14%
2	2	\$32.33	\$32.64	\$0.31	0.96%
2	2	\$32.38	\$32.64	\$0.26	0.80%
2	2	\$32.64	\$32.64	\$0.00	0.00%
1	1	\$33.21	\$32.64	(\$0.57)	-1.72%
3	3	\$33.50	\$34.36	\$0.86	2.57%
5	5	\$34.64	\$34.36	(\$0.28)	-0.81%
1	1	\$34.95	\$34.36	(\$0.59)	-1.69%
9	2	\$35.09	\$35.74	\$0.65	1.85%
2	2	\$35.95	\$35.74	(\$0.21)	-0.58%
3	3	\$36.17	\$35.74	(\$0.43)	-1.19%
6	3	\$36.47	\$36.59	\$0.12	0.33%
2	2	\$36.50	\$36.59	\$0.09	0.25%
9	3	\$36.64	\$36.59	(\$0.05)	-0.14%
3	3	\$36.73	\$36.59	(\$0.14)	-0.38%
3	3	\$37.62	\$37.78	\$0.16	0.43%
6	6	\$37.63	\$37.78	\$0.15	0.40%
13	13	\$37.75	\$37.78	\$0.03	0.08%
24	6	\$38.12	\$37.78	(\$0.34)	-0.89%
10	10	\$39.12	\$39.94	\$0.82	2.10%
10	10	\$39.50	\$39.94	\$0.44	1.11%
27	3	\$40.05	\$39.94	(\$0.11)	-0.27%
9	5	\$40.50	\$39.94	(\$0.56)	-1.38%
18	18	\$40.51	\$39.94	(\$0.57)	-1.41%
31	31	\$41.31	\$41.63	\$0.32	0.77%
21	7	\$41.35	\$41.63	\$0.28	0.68%
14	14	\$41.62	\$41.63	\$0.01	0.02%
24	24	\$42.25	\$41.63	(\$0.62)	-1.47%

Understanding the Grid and the Employer's Wage Proposal

- Yrs at Prov. means years spent working continuously for some part of Providence.
- Yrs at ProvRN means years spent working continuously at ProvRN.
- Current Rate is the nurse's current rate of pay.
- The Proposed Rate is where ProvRN's bargaining team placed them on the proposed scale that they offered on May 9.
- The \$ Diff is the amount of the increase (in black) or decrease (in red) in her pay.
- The % Diff shows the worth of the pay increase or decrease in relation to the new rate.
- Each band of color shows all the nurses with similar years of service with Providence and what they are being paid relative to other nurses with similar years of service.
- The bolded number in a color band shows you the highest rate of pay for a nurse within that color band.