Oregon Nurses Make A Difference

June 7, 2013

Bargaining News

Update Number Nine

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

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Our Next Bargaining Sessions

June 24
July 15
July 25

What do We Still Need in Order to Feel Good About Settling and Getting Done?

We could be getting close to being done with the whole contract. Many issues have been resolved: lay-offs and low call volumes, daily over time, work equipment, a just cause standard so that discipline is fair, and we are closer to agreeing on what it means to work remotely.

But in order to settle, we still need the employer to commit to the following:

Secure Benefits. Our paid time off (PTO), extended illness time (EIT), retirement, medical and dental have to be stable and not change for the life of the agreement.

Minimum Staffing Standards. So we have the personnel available so we can give the kind of service that we know our patients need. We also think a strong extra shift incentive will help improve staffing when there are holes in the schedule.

Job Security. No ability to contract out our jobs just because some other entity could put in a bid to do our work for significantly less.

Strong Union. Everyone either joins or pays a fairshare and contributes in some way financially.

Fair Wages. A wage scale that brings us up to the market for nursing wages and honors our longevity in the profession. A wage scale that makes sure that nurses who were hired around the same time frame with similar experience are paid in a similar manner.

These are core union principles. With the exception of contracting out, they exist in other Association contracts with Providence.

What Did We Offer for Wages in an Effort to Move the Process Along and Compromise a Little?

Thank you to everyone who took our survey. We had excellent participation; 28 nurses took our survey. Two things stood out. Everyone feels it is important that placement on that scale honor those with longevity with Providence. Everyone also feels we should adjust the pay of those who were hired at lesser rates of compensation then those with similar years of service and experience, and bring them up to what other nurses at ProvRN with similar experience and tenure are earning.

Our opening wage proposal placed everyone on the scale (see the grid to the right) in a way that gave them credit for five years of experience as a nurse plus their years of service with Providence. This netted an average raise worth 20 percent, with the lowest at 8 percent and the highest at 37 percent.

The employer's proposal moved all of us to their scale (also in the grid to the right) with no meaningful longevity or equity adjustments. If we agreed to their proposal, 13 nurses would get a pay cut.

While an average raise worth 20 percent is deserved, in an effort to move the discussion along we compromised a little. We lowered the amount we proposed for each differential (charge nurses, night shift, evening shift, preceptor pay, and so on) by 10 cents. The one exception being the extra shift incentive that we maintained at $18 an hour. We also made two adjustments to our wage placement proposal.

We kept the salary scale as we have been proposing all along the Providence Portland Medical Center (PPMC)/

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Yearly/ Annual Step	ONA Proposal	ProvRN Proposal	Dollar Difference	Percentage Difference
Year	2013	2013		
1	$33.34	$31.09	$2.25	7%
2	$35.12	$32.64	$2.48	7%
3	$36.26	$34.36	$1.90	5%
4	$37.44	$35.74	$1.70	5%
5	$38.98	$36.59	$2.39	6%
6	$41.15	Same as Step 5	$4.56	11%
7	$41.56	Same as Step 5	$4.97	12%
8	$41.96	Same as Step 5	$5.37	13%
9	$42.38	Same as Step 5	$5.79	14%
10	$42.77	$37.78	$4.99	12%
11	$43.18	Same as Step 10	$5.40	13%
12	$43.59	Same as Step 10	$5.81	13%
13	$44.00	Same as Step 10	$6.22	14%
14	$44.40	Same as Step 10	$6.62	15%
15	$44.80	$39.94	$4.86	11%
16	$45.25	Same as Step 15	$5.31	12%
17	$45.71	Same as Step 15	$5.77	13%
18	$46.15	Same as Step 15	$6.21	13%
19	$46.61	Same as Step 15	$6.67	14%
20	$47.06	$41.63	$5.43	12%
21	$47.78	Same as Step 20	$6.15	13%
22	$48.50	Same as Step 20	$6.87	14%
25	$49.48	Same as Step 20	$7.85	16%
30	$50.22	Same as Step 20	$8.59	17%

The chart above compares the ONA and the employer proposed wage scales. The dollar difference shows the difference between what we proposed and what the employer proposed. The percentage difference shows how much more our proposal is worth at that step relative to what the employer has proposed.

We did not survey you about this but if we are able to get the employer's wage proposal to come up, could we compromise on the differentials more significantly?

Differential	ONA	ProvRN
Evening	$2.65	$2.00
Night	$5.90	$5.25
Charge	$3.50	$2.75
On Call	$4.90	$2.50
Weekend	$1.90	$0.00
Preceptor	$1.90	$1.00
Certification	$2.15	$1.25
Extra Shift	$18.00	$9.00

Save The Date — ONA's 2013 CE Conference

Nursing CE Day

Transitions: The Value of Nursing in a Changing Health Care System

The current upheaval in the health care system in Oregon is being driven by efforts to reform through the development of coordinated care organizations and primary medical homes, by cutting costs, and through development of differing roles and care givers.

At the center of this upheaval, patients and families try to decipher what these changes will mean.

Nurses look at this system as a second-by-second event where care delivery is intersected by systems that are struggling to respond in different ways. Nurses at every level, system, site and practice setting need to recognize that they are not just a cost to the system, but provide real and substantial value. This convention explores a two-part paradigm for nursing: the "value of nursing" balanced with "cost of care". Speakers from within and outside Oregon will be presenting.

October 1 - 2, 2013
Valley River Inn
Eugene, OR

Labor CE Day

More details on Labor CE Day will be posted as they are confirmed.

Lodging

The host hotel for the event will be the Valley River Inn. We will provide details for reservations and a link for a special ONA rate shortly.

Go to www.OregonRN.org for more information.

More on Our Wage Proposal *(continued from page 2)*

Providence St. Vincent Medical Center (STV) scale. This also polled as important with many of you in our wage survey. But for nurses with seven years of service to Providence or greater we took your years of service and moved you to that corresponding step on the wage scale. If you have seven years of service with Providence, we put you at Step 7, if you have nine we put you at Step 9, if you have 14 we put you at Step 14, and so on. (Nurses with 23 and 24 years were put at Step 22 as the PPMC/STV scale has no corresponding step for that year of service.)

For every nurse with less than seven years of experience, we gave you credit for four years of experience, rather than five per the job description, and then took into account your years of service to ProvRN or Providence and placed you on the scale. For example, a nurse with one year of service was placed at Step 4 rather than Step 5. A nurse with two years of service was placed at Step 5 rather than Step 6.

This approach, honoring seniority and insuring equity for new hires yielded an average raise of 16 percent for each nurse with the highest being worth over 30 percent and the lowest raise for one nurse being at 4 percent.

The employer's reaction was not very enthusiastic. Given what they opened with and the incremental movement that we made this does not bring us any closer to a meaningful compromise or something that your bargaining team would want to settle for. We told them that if they expect us to compromise further, we need a commitment from them to other elements of the contract that we think are important (see page 1.)

We know this explanation might be confusing without the wage data in front of you to review.

Would you like to have the details?

Please talk with one of the team members or email/ call Rob Nosse, the ONA labor relations representative helping us to bargain the contract and he will explain where you got placed and what changed.

The Employer Asks Us to Consider a Different Approach to Dealing With Staffing — a Committee

One of our most important concerns is insuring that we have enough staff to do the job and give the kind of service and patient care that we know our clients desire. At a minimum this means timely call backs. That is why our minimum staffing standard proposal for the contract is so important.

At our most recent session, one of the concerns that the employer's bargaining team expressed about our desire for a minimum staffing standard (they are still opposed to this being in the contract) and to a lesser extent our desire to maintain the current block schedules is that these kinds of proposals "lock" them into minimums or staffing patterns that might need to change if call volume or patterns change or new business is added.

While our proposals do not take those concerns explicitly into account, we have told ProvRN verbally that these are minimums and that we would give serious consideration to any contract proposals they might make that allowed for changes to be made to the minimum standard in the middle of the contract under certain conditions.

For example, we said we could allow for a temporary variance from the standard if someone called in sick and there was no replacement staff. We could have a joint ONA/ProvRN meeting and make a change jointly to the minimum staffing standard every time a new client and group of patients was added and even agree to the same process to reduce the minimum staffing standard if a client or group of patients no longer utilized our services.

We have also proposed when that when it comes to block schedules (something we currently enjoy) that the schedule must be agreeable to the nurse and the employer. The nurse has to be able to know what his or her days at work or days off work will be and the employer need to have the schedule reasonably conform to their business needs.

Rather than offer us a way to deal with those concerns and still have minimums in the contract, the employer's team asked us if we would create a staffing committee that would address these concerns.

We think the committee would be similar to what exists in other Association contracts in hospitals where a joint committee of staff nurses and nurse managers works out the staffing plan based on the unit's patient census and the acuity of the patients. These committees are required by Oregon statutes for hospitals but there is often contract language about the staffing committees as well. The law and the contracts set up the committee and require the hospitals and the nurses to develop and agree to a staffing plan jointly but what they develop does not necessarily end up in the contract.

We told the employer's team that our preference is a minimum staffing standard in the contract. However ,we asked them to write up their idea and make a formal proposal, and we said would give their idea some consideration This could be interesting. Lets see what they propose. Stay Tuned.

More Good Discussion About Working From Home

We are not close to any agreement about block schedules or an approach to covering night shift staffing holes or vacations, (Free Pass System) both of which are talked about in the Hours of Work and Scheduling Article. However, we are close to working out the conditions that nurses would have to meet to be able to work remotely.

Here are the areas where we still do not yet have agreement. We said being disciplined should only prevent you from working remotely for 6 months. The employer proposed 12 months. Both sides agree that 50 percent of those nurses scheduled need to be working on site at the Murray Building. We want to let nurses work up to half of their shifts remotely. The employer is okay with this provided that the 50 percent on site standard is maintained.

However, they would like to give a preference or a "first dibs" to work remotely to those nurses who are picking up an extra shift that needs to be filled.

If there is remaining ability to allow nurses to work remotely after needed extra shifts are covered, then nurses who want to work one of their regularly scheduled shifts remotely would be able to do so on a first come first serve basis. We think this might be workable or at least it is close to what we have proposed.

The one area where there is a major difference is that the employer would retain the sole ability to determine who could work remotely and be able to grant or revoke that privilege at any time. While we agree that the nurse's home office, computer and work habits needs to conform to the standards that we are asked to adhere to for working remotely, upon meeting those standards this should be granted. The employer should not be able to take the ability to work remotely away for no clear apparent reason.