



Oregon Nurses Make A Difference

July 26, 2013

# Bargaining News Update Number Thirteen

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

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More information about our new wage proposal and about our new "critical need night shift" proposal.

Our next bargaining session is August 1.

We are going to try to get done with the whole contract.

Hopefully the employer will compromise with us, as we have attempted some compromises with them so we can get done.



## We Gave ProvRN's Management a Comprehensive Proposal on all the Outstanding Issues

Here is what we told them we needed in order to settle the whole contract and be done.

**Secure Benefits.** Our paid time off (PTO), extended illness time (EIT), retirement, medical and dental benefits have to be stable and not change for the life of the agreement. But if Providence *has* to change them for some reason then they should change ours based on changes that were agreed to for the Providence St. Vincent's or Providence Portland represented nurses; not non-union Service Center employees. All we want is assurance that we will have what other Association represented nurses have. Our PTO should also be restored to the former accrual rate, just like what the represented hospital nurses maintained.

**Minimum Staffing Standards and Pattern Schedules.** We have to have staffing standards "grids". We agree that they should reflect what we need to handle our call volume and business needs. We also want schedules that are predictable and do not change constantly — like our current block schedules. We can agree to a staffing committee that jointly develops staffing standards and schedules that are predictable while ensuring we have enough people at the right times to get the work done and handle the calls.

**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. At least no new contracting out as we already know that calls from California are sub-contracts out to FoneMed.

**Strong Union.** Everyone either joins and pays dues or pays a fairshare fee and contributes in some way financially to help run the organization.

**Fair Wages.** A wage scale that brings us up to the market for nursing wages and honors our longevity in the profession or at least with Providence. This is how we will attract and retain the staff we need.

Placement on the wage scale that makes sure nurses who were hired around the same time with similar experience are paid in a similar manner. (Read the next page of this update for more details.)

If we can get a better wage scale and fair placement on that scale, then we will agree to the evening, night, certification, preceptor pay, and so on, as proposed by ProvRN. Though we still believe we should earn a weekend differential and we still want a better extra shift differential. (Read the next page for further explanation on our extra shift proposal and our approach to filling shifts on the night shift.)

**Term of Agreement.** 2.5-year agreement with the contract expiring January 1, 2016.

## We Compromised and Proposed the Providence Milwaukie Scale

The grid to the right shows what nurses earn with various years of service at Providence Milwaukie Hospital. This is the scale we proposed we use at ProvRN for our compensation during our bargaining session July 25.

Providence Milwaukie has steps for every year of service as a nurse at the hospital up through step 11. Then there are step increases at 12, 14 and 15 years of service, again at 17, 20 and 21 years of service. In the last year of their contract starting January 1, 2015, new steps will be created for years 11, 19, and 25. January 1, 2014 there will be a 2 percent increase to all of the steps in existence and January 1, 2015 there will be a 2.5 percent increase to all the steps in existence, plus the three new steps.

Everyone would be placed on the scale according to years of service with Providence with five years of service or greater. Everyone else with four years of service or less is placed on the scale based on what the best paid nurse in that band of service is earning. For example, we

placed all of the nurses with three years of service at ProvRN/ Providence at step 4. This was the step that yielded a raise for the best paid nurse with three years of service without a pay cut. With this approach, if there is a three-year nurse earning something close to \$38.45 an hour then the rest of the nurses with three years of experience will earn the same thing. Honoring longevity and bring up the wages of those who are underpaid relative to others with similar years of service has been our consistent approach to the placement of all of you on the wage scale. The change is using the Providence Milwaukie scale.

With this scale we will still garner good wages and decent raises, (an average of almost 12 percent for each nurse some more some less) but we also move a little closer to what the employer offered. If you eliminate the bottom or start step in management's proposal for 2013, and make their step 1 the start step then our start step is only \$0.23 cents richer. Our step 20 in 2013 is only \$0.24 cents richer.

Step/Year	2013	2014	2015
<b>Start</b>	\$32.84	\$33.50	\$34.33
<b>1</b>	\$34.62	\$35.31	\$36.20
<b>2</b>	\$35.75	\$36.47	\$37.38
<b>3</b>	\$36.90	\$37.64	\$38.58
<b>4</b>	\$38.45	\$39.22	\$40.20
<b>5</b>	\$40.58	\$41.39	\$42.43
<b>6</b>	\$40.98	\$41.80	\$42.84
<b>7</b>	\$41.38	\$42.21	\$43.26
<b>8</b>	\$41.59	\$42.42	\$43.48
<b>9</b>	\$41.80	\$42.64	\$43.70
<b>10</b>	\$42.20	\$43.04	\$44.12
<b>11</b>	\$42.20	\$43.04	<b>\$44.64</b>
<b>12</b>	\$43.20	\$44.06	\$45.17
	\$43.20	\$44.06	\$45.17
<b>14</b>	\$43.84	\$44.72	\$45.83
<b>15</b>	\$44.19	\$45.07	\$46.20
	\$44.19	\$45.07	\$46.20
<b>17</b>	\$45.06	\$45.96	\$47.11
	\$45.06	\$45.96	\$47.11
<b>19</b>	\$45.06	\$45.96	<b>\$48.05</b>
<b>20</b>	\$46.40	\$47.33	\$48.51
<b>21</b>	\$46.95	\$47.89	\$49.09
	\$46.95	\$47.89	\$49.09
<b>25</b>	\$46.95	\$47.89	<b>\$50.07</b>

## Improving the "Free Pass" System With Incentives To Work

No one wants to be forced to cover a night shift. We also know that we are a small operation. People are going to take vacations and sometimes people are going to vacate positions that we need to fill. Providing for coverage for holes in our schedule is tougher when you have fewer people to share the burden when compared to a hospital with a larger staff.

We have maintained our proposal for an extra \$18 an hour to be earned when a nurse works an extra shift above her full time equivalent (FTE) of four hours or greater. Management agrees with this concept but so far is

holding at \$9 an hour. We also proposed a new "critical need night shift" extra shift incentive of \$22 an hour.

Here is how this would work. When so designated by ProvRN, a nurse who picks up one of these shifts would earn \$22 an hour. If no one volunteers to fill the shift and management still thinks the shift is critical, then they can "force" a nurse to work the shift starting from the among the least senior who has not volunteered to work a critical need night shift. (This would rotate so until everyone had taken a turn when there

are no volunteers.) The nurse will not be forced to work more than her FTE. She will be asked to give up one of her regular shifts to cover that critical need night shift. But since she was forced and did not volunteer and she is not working above her FTE, she will not get the \$22 an hour differential.

The idea is for people to say, I would rather work a few of these when I can, volunteer and get the \$22 an hour, and never be forced. If it works like we think it could, the holes in the schedule would be covered and there would not be a need to force people to work one of these shifts.

## We Might Get Done. Please Join if You Want a Say on the Deal.