

October 18, 2013

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Bargaining Update #2

Your ONA negotiating team met with administration for the second time October 16. We opened the day with 14 more contract articles or provisions that we would like to change. We are still developing and exploring some issues, but the following articles, along with the proposals made on October 11, will be the majority of our proposals. If you missed our October 11 newsletter, please check it out online for more details about opening day.

We have posted the actual text of all of our proposals on the ONA website, and will also keep a complete list online of our *proposals and management's responses which will be updated as we continue the negotiation process.*

Here is a summary of the major opening proposals:

Length of contract: 2 years, expiring December 31, 2015.

Vacation and PTO: an additional week for nurses at 15 and 20 years' service.

Holidays: Easter as a paid holiday.

EIT and Sick Leave Cash-out: proposed a nurse who retires or has 20 years' service can cash out 50 percent of accrued EIT or sick leave.

Hours of Work / Article V: revised language to clarify existing practice of resource call requirements.

Resource nurses: increase rate for holidays worked from time and ½ to two (2) times the hourly rate for holidays worked, an increase from \$3.75 to \$6.00 for resource nurse differential, reduction of hours required to apply for Clinical Ladder from 1,150 to 800, education fund increases.

Sabbatical: proposed nurses have two months sabbatical after seven years of service, four months after 14 years' service, and eight months after 21 years' service.

Health and Welfare: proposed nurses have free membership to the Providence Fitness Center, maintain premiums and other benefits including out-of-pocket maximum and deductibles in 2014 and 2015, include more specifics regarding your insurance benefits in the contract, no spousal surcharge, and proposed a method of calculating how to measure who is "part time" for purposes of the Affordable Care Act (ACA).
Note: this proposal on "part

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Bargaining Update #2 (continued from page 1)

time” would only affect nurses currently not entitled to benefits (resource) and would have no impact on FTE staff.

Professional Development: proposed that individual nurses’ education funds increase from \$400 to \$450 in 2014 and \$500 in 2015, and for resource nurses the fund increase from \$175 to \$225 in 2014 and \$275 in 2015.

Preceptor Clarification and Revision:

Technical change to clarify that preceptors who are precepting a *student nurse* are included (currently language says *nurse* which would not include Capstone students).

- New proposal that non-preceptor nurses (“student nurse mentors”) who are mentoring a student nurse that is performing direct patient care will also be paid a differential for any hours spent mentoring student(s).

Compensation (App. A):

Across the board wage increase of
6 percent in 2014 and 6.5 percent in 2015

Charge Differential: increase from
\$3.60 to \$4.50/hour

Relief Charge Differential: increase from
\$2.10 to \$4.00/hour

Evening Shift Differential: increase from
\$2.50 to \$3.25/hour

Night Shift Differential: increase from
\$5.80 to \$6.50/hour

New! 4 p.m. to 4 a.m. and 5 p.m. to 5 a.m. shift:

These nurses would be paid evening shift differential for hours worked before 11p.m., and night shift differential for hours worked prior to 7a.m. (there are less than 10 nurses that work this shift)

Certification Differential: increase from
\$1.75 to \$2.00

Preceptor Differential: Proposed it increase from \$2.00 to \$2.25 and increase to \$2.50 in 2015. Student nurse mentors would be paid the same rate.

New! Float Pool Differential: float pool nurses paid a \$4.00/hour differential.

New! Sexual Assault Nurse Examiner (SANE).
SANE RNs paid \$2.50 / hour differential when working in SANE role.

New! Weekend Differential. Proposed \$2.00 hour for weekend hours worked.

Standby:

Proposed Oregon’s 2014 minimum wage rate of \$9.10 per hour for standby hours. Current standby is \$4.45 per hour.

Proposed that nurses who have taken mandatory standby/ call for 20 years can choose to opt out of call (this was the practice in surgical areas until it was changed to only nurses hired before Jan. 1 2000).

PEDS OR/ Gerry Frank standby and call back practices would be included in Appendix D as they are for Main OR, Cath Lab and Cardiac OR.

New! Increase to standby pay for mandatory standby units. For the units that have assigned/scheduled standby, after a nurse has taken 52 hours of standby in a four week period/schedule, the nurse would be paid “premium” standby for additional standby hours. The premium would be \$18 / hour for weekdays and \$19 for weekends.

New! Negotiation Team. The ONA negotiating team would be paid for time spent negotiation your contract, up to a maximum of eight nurses.

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Bargaining Update #2 (continued from page 2)

PEP Discount Redux! Proposed that nurses using their employee badges to purchase food again have a 10 percent discount like we did before the budget crunch and loss of the discount in 2012.

Your negotiating team will meet again for our third session on October 22.

How to Stay Informed

We work to have newsletters out right after negotiations whenever possible. There are times that we won't be able to publish newsletters between sessions if they are back-to-back, so **please supply us with your non-Providence e-mail address so that you get updates.**

We also post all newsletters on your bargaining unit webpage at www.oregonrn.org.

We do not usually send newsletters by post except where there are very important or time sensitive issues.

The ONA negotiating team: Glenda Peters, Maryann Dutton, Phil D'Onofrio, Sonda Martin, Rachel Seidelman, John Smeltzer. Anne Byles, Robin Firth, Pat Sheridan-Walker and Sally LaJoie.

Health Insurance Proposal for 2014 and 2015

We read all of your survey results and we know that many, if not most, nurses are highly dissatisfied with our insurance benefits and want us to work to improve our insurance benefits—or, at a minimum, avoid increased costs and deterioration of our benefits.

We have looked this over and have considered this carefully. We want all of our nurse colleagues to know why we made the proposal we did, *which is to continue the current premiums, out-of-pocket*

Timecard Grievance Update

Many of you have been waiting patiently as the 30 and 45 day projection for completion of the audit and repayment of wages and other compensation has passed. We are having some pretty significant difficulties getting information from the Medical Center. To top it off, we have been told that we must now speak only with Providence's outside attorney due to the class action lawsuit that was filed (ONA is not a party to this lawsuit).

It has been three weeks since we asked H.R. these four questions:

- 1) Is PTO/Vacation, Sick, EIT and retirement being recalculated in the audit to ensure nurses are repaid all outstanding wages and compensation?
- 2) Will the Medical Center agree to have a third party accounting firm review their audit, at their expense, to confirm that this matter is truly resolved?
- 3) Will nurses be provided with clear statements with adequate detail about their back pay, unlike the first payments, which were merged in regular paychecks without any detail?
- 4) When will this audit be complete and what is the status?

As of the publication of this article, a week has passed since we contacted Providence's attorney to inquire about answers to these four questions. We still have no response to our inquiry.

Please review our website for more frequent status updates.

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Our Health Insurance Proposal for 2014 and 2015 *(continued from page 3)*

maximum and deductibles in 2014 and 2015 (without increase) rather than reducing our premiums or other costs.

- In 2012, all of the St. Vincent nurses agreed to the 2013 insurance costs (premiums, out of pocket maximum and deductible). PSVMC is agreeing to roll these identical amounts over into 2014, without increase. We believe maintaining these costs in our contract *without any further deterioration/without increases in 2015* should be a priority.
- **Health Insurance Task Force:** We want to continue to try and work on health insurance plan design at the local level through this new task force, which was created in 2012. *(to read about this task force, please review the letter of agreement at the back*

of your contract). Your negotiating team has first-hand experience as to the level of difficulty in making insurance changes with Providence at a regional level. This task force meets quarterly and our intention is to work out plan design issues. We also negotiate insurance benefits in the fall and wind up with a deadline around open enrollment in October, which does not give us adequate time to fully discuss and negotiate this issue.

- We have been working on multiple issues in Health Insurance Task Force, such as: improving the Alternative Care Benefit, reviewing the numbers of utilization, and utilization of use of brand name drugs with lower costs.

- We want to continue to try and work these details out in the task force for another contract term, before considering other processes.
- With the ACA underway and changes in healthcare delivery and access to insurance benefits, the effect on our employer's rates are yet undetermined and could dramatically change.
- We have proposed that the working spouse surcharge not apply to nurses for the duration of the contract.
- We believe that the staff nurses' other most significant areas of concern were: staffing/workload and compensation and that we will have more success working on these issues in contract negotiations.

Survey Results and Feedback

Many of the nurses participating in our survey submitted excellent comments and questions. Some were addressed in our proposals, some are more appropriately addressed in less formal settings or in our monthly *Joint Labor Management Task Force or Health Insurance Task Force* meetings, and some are already addressed in your contract.

We've included some of the questions and responses below so that everyone can get this information.

Staffing & Safety Concerns

The majority of nurses responded that they have concerns about staffing - **21% said they have concerns weekly**, and **39% said more than once a week**.

The main concerns are the number of staff scheduled, patient acuity is too high for staff to handle, and they do not get any improvements when they complain to a charge nurse or manager.

We opened negotiations with a proposal to include the Staffing Law in our contract, and to ensure that nurses are included in the staffing committee and are present at meetings. We are working through these issues and will be sharing them with your Professional Nursing Care Committee (PNCC) as well. We know how hard the budget shortfall has been on the staff and will work hard to improve both staffing and compensation for your increased workload.

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Survey Results and Feedback (continued from page 4)

information about the law, visit www.oregonrn.org and visit the Practice and Research area which includes information about Safe Staffing. You can also contact your local PNCC members: Ann Murdock (Critical Care), Madeline McCarver (ED), Steve Moyer (6W), Jen Barr (8E), Angie Little (NICU), Robin Firth (Outpatient Eye) and Anne Ferris (Chair, 7W).

Clinical Ladder Questions. Several questions were raised about Clinical Ladder, mostly about the timing of renewals, trainings and similar processes. The Clinical Ladder program guidelines are in three separate locations. First, there is side letter of agreement that we negotiate every other summer in even-numbered years (separate from your main contract). The letter is in the back of your contract. Second, some of the Clinical Ladder Board guidelines that are not in the contract are included in Providence St. Vincent Medical Center policies, so be sure and review those if you have questions. Lastly, the *Clinical Ladder Board* develops and administers their program as to meetings, reviews, trainings and such. If you have read through the side letter and policies and still have questions you should contact your division or unit's Clinical Ladder Board member or the Clinical Ladder Board Chair, Merridee Dobbeck, 5E.

Sedgewick. Many of you responded that Sedgewick staff are impolite, invasive and difficult when staff are required to call for time off/leave. We raised this in Labor Management Task Force earlier this year. Human Resources staff have asked that nurses with concerns **call ONE HR and log a complaint** about Sedgewick when this occurs. In order for HR to track the problem, they need a clear record of complaints, so if you have concerns, please take the time to do so for the good of you and your colleagues.

Schedule Dissatisfaction. Some staff responded that with the utilization of Kronos' scheduling system, their local scheduler was removed, and a central scheduler is now in place. This means there is no longer a "personal touch" when trying to work out

scheduling issues. Many staff report they are unable to communicate with the scheduler by any method except e-mail, and that there is a lack of transparency as to allocation and availability. Please let your unit steward know the issues you are having so we can review the situation. This might be an issue for Labor management Task Force, or a proposal during our contract negotiations. However, as each unit/cluster tends to handle schedules differently, we often try and address the situation less formally, prior to making it an issue in negotiations. The main thing you need to do is let us know the problem when it happens so we can follow up at that time. Making wholesale contract changes is difficult if the problem is not clear, because we could make changes that negatively impact other units where their system is working.

Call-back and Rest before the Next Regular Shift. Some nurses responded they were not getting enough rest between shifts when they are on mandatory call (for the OR Cluster) and are called back in the night. Your contract has language that requires the Medical Center to consider requests made by nurses to have part or the next shift off. If you are making requests and not being allowed adequate rest, please contact your ONA Labor Relations Representative, an officer or unit steward and tell us about the situation. Please take a moment to read this part of your contract in Art. V.M (p24).

Are Exit Interviews Allowed? Yes they are. All you have to do is ask your manager for an interview. If you do not want to meet with your manager, contact Human Resources Director Lisa Powell at 503.216.4701 and ask to schedule an interview. You can request it be confidential. If you do not make that request, do not assume it will remain confidential. This is also in your contract at Art. VII.K, p29.

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Survey Results and Feedback (continued from page 5)**We Should Modify the Contract to make Weekend Requirements based on Seniority.**

- **Answer – this is the rule already!**
Some nurses taking the survey said the “extra weekends off for greater than 20 years of service” rule doesn’t make much sense on a unit/shift that has no such nurses.

This is already the rule. If there are extra weekends available to be granted off, they are given first to those nurses with 20 years or more seniority, and then in order of most senior nurse. If there are no nurses with 20 years seniority, it goes by most senior, regardless.

Education Funds are not Accessible.

- **Let us know!** Some of our nurse colleagues responded that education funds should be “per nurse,” so that when you request them it’s still available. We have been told that the total annual funds are not depleted, and there is always excess. If you have not been able to access funds, please contact us at APRNemail@gmail.com.

Resource Nurse Issues.

- **Working “Extra Shifts” at the Last Minute.** Some resource nurses taking the survey commented that it is unfair for them to have to come in at the last minute for what is an unscheduled shift, without extra shift pay or notice. Please remember resource nurses: this is voluntary. You as resource nurses, are not required to work this additional shift, so if you do not want to take on that shift, do not answer the phone or politely decline to work.
- Our contract says that if you have worked a shift of 4 hours or more, beyond 36 hours in a work week, you are contractually entitled to extra shift premium.
- **Resource Shifts – length and flexibility.** Lots of resource nurses are frustrated at the difficulty encountered in getting shifts. We don’t have a

way of forcing PSVMC to give you shifts, as you are hired to fill the gaps and holes in the schedule. If you are having a problem with transparency, or the process for filling shifts, please let your unit steward, ONA officers or labor relations representative know so we can address the problem with your unit or you as an individual.

- **What is a “shift?”** Some commented the contract needs to be clarified to state what constitutes a resource nurse “shift.” This is already in your contract at Article V. If you have questions, please let us know.

Vacation Requests on Holidays – by rotation or seniority?

A nurse commented that holiday vacation requests should not be based upon seniority but should rotate. Nurses that do not have a set pattern already should be rotated. The contract states that “the medical center shall attempt to rotate holiday work.” If you are not being rotated, you should contact your steward, officer(s) or labor representative.

Restroom Availability on 7W. There is no restroom for 7W staff. We agree this is a legitimate concern and we will raise this in Task Force.

Problems with Health Insurance, the HRA, HSA and other Issues. We will include information from the survey about health insurance, vacation and PTO access in our next newsletter.

Join the ProvRN Advice Line Nurses as they Picket to Gain a Good First Contract November 4, 2013

**Providence is holding up a deal.**

These nurses are under-paid and the unit is understaffed. We have made many compromises in order to get a contract that both sides could live with but to no avail.

Please Help Support this Brave Informational Picket — BE There.

Monday, November 4 — 3601 SW Murray Blvd
at the corner of SW Murray and SW Millikan Way in Beaverton
7-9 a.m. and again from 4-6 p.m.

If you are curious about the issues that are holding up the deal go to ONA's Website and check out ProvRN Bargaining. **This is an informational picket and not a strike.** People will picket on their own time