The Surgical Department that helped pioneer open heart surgery in Oregon will soon perform its last—Providence announced June 28 that come the first of the year, all cardiac surgery will be performed at Providence St. Vincent Medical Center (PSVMC). Providence believes that consolidating services at one facility in the Portland metro region will improve quality markers for cardiac patients as well as offering more services for general OR as well as other specialties.

The ONA contract at both hospitals allows for the movement of nurses following a unit restructure or consolidation from one Providence facility to another (e.g. Child and Adolescent Psych moves to Providence Willamette Falls from PPMC). The language reads as follows (with what we know about this restructure in bold):

A. A health care unit restructure is defined as the moving or consolidation of an existing health care unit or units from another employer (either from another Providence employer or from outside Providence) to the Medical Center campus as defined in this Agreement. Open heart team nurses in the operating room (OR), as well as cardiac intensive care unit (ICU) will be affected.

B. In the event of a health care unit restructure, the Medical Center will, if possible, give the Association 30 days’ notice to allow adequate time to discuss concerns and transition plans and bargain over any items not addressed in this Letter of Agreement or in the parties’ collective bargaining agreement. If the Medical Center cannot, in good faith, give 30 days’ notice, it will give the Association as much notice as is practicable. We have been given notice 4-6 months on advance of the change, and will negotiate further particulars once the timeline has been developed.

C. The Medical Center will determine the number of positions that the restructured health care unit or units will have. There is no reduction in force projected from the change, and affected nurses will be able to remain at PPMC (working with different patient populations) in their home units.

D. In the event of a health care unit restructure, the nurses joining the Medical Center from the other
Care Managers Ask for Wage Parity in Negotiations

Contract negotiations for PPMC’s care management nurses have progressed steadily, with huge improvements made to incentivize working extra shifts, certification reimbursement and differentials, as well as inclusion on the clinical ladder. The last remaining item before these nurses can fully join their nurse colleagues in ONA, is wages. While Providence has agreed to use the same wage scale for both direct care nurses and care manager RNs, they refuse to move ACMs to where they would be if they had never left the bargaining unit, or if they were newly hired direct care nurses.

For example, if a nurse started as an RN at Providence St. Vincent (PSVMC) in 1996, and transferred to PPMC this year, he or she would be placed, according to our contract, at a step 20. PPMC nurses who left the ONA bargaining unit at PPMC to become a care manager after 20 years, however, are making the hourly equivalent of a step 8 or 9 in our contract scale, just like a nurse who came from another state or health system with eight or nine years of hospital experience.

Nurses hired into the ACM role are expected to have at least five years of acute care hospital or care management experience, as well as a bachelor’s degree in nursing (master’s degree preferred). If you would like to sign a petition in support of PPMC’s RN care managers, please click here or go to www.OregonRN.org and select Prov Portland under Find Your Bargaining Unit.

The following letter was sent to Paul Gaden and Mary McFadden. Care Manager RNs will be meeting with them to discuss the discrepancy in person.

May 20, 2016

Dear Mary and Paul,

As care managers at Providence Portland Medical Center (PPMC), we take our role in coordinating the best possible experience for our patients very seriously. Ensuring the right treatment at the right time from a well-ordered and integrated care team, as well as reducing unnecessary admissions, lowering the length of stay, reducing readmissions, avoiding payer denials, and increasing the value of each patient experience are just some of our goals. We work hard to meet them.

Our challenges include pressure from multiple sources (physicians, hospital, insurance companies) to expedite complex discharges, high census and higher acuity has caused longer hours due to increased workloads, increased time dealing with insurance companies for authorization, spending more time in the chart and less time with the patient, decreased efficiency in dealing with medical transport, and a case load that is too large to realize the full effectiveness of the integrated case management model: to anticipate the needs of our patients with chronic, progressive diseases and provide that care at the lowest-cost and most effective level. It is very frustrating.

Our role, which could be likened to that of an air traffic controller (ensuring the highest quality care, identifying, locating, and coordinating services, streamlining communication among many disciplines, both in and out of the hospital, managing throughput and patient flow on each unit) has unfortunately become more like fighting fires that could have been avoided with adequate investment, on the front end, in the success of our program.

Paying staff to audit patient charts for Medicare compliance is expensive, as is paying fines for
Care Managers Ask for Wage Parity in Negotiations

(Continued from Page 1)

It is especially difficult to recruit qualified, experienced nurses to our vacant positions, both from the hospital and from the Portland Metro Area. Vacancies go unfilled while our manager interviews multiple excellent prospective internal candidates who do not ultimately choose to take the position because of the pay.

The increased scope of work, the feeling of never being caught up, of never being able to provide the level of care we know we are capable of, and for so much less pay, takes its toll on our health and our morale. The job posting for our position requires a bachelor of science-nursing and five years of acute care nursing experience, with a master’s degree preferred. Most of us have more than 20 years’ experience, and several of us have more than 30 years. We deserve pay at least equivalent to that of the direct care nurse.

We believe that a job worth doing is a job worth doing well. If Providence values our program, and the service we provide to the patients and their entire care team, we would not be the lowest paid nurses on the floors. Just as our discipline favors prevention over avoidable treatment, we believe that investing in our department, in us, would yield far more in return than continuing to under staff and underpay our crucial services.

We take Providence’s Mission and Core Values to heart, and in the spirit of justice, compassion, respect, excellence, and stewardship, we urge you to do the right thing. We are asking for pay parity with the ONA/PPMC represented nurses according to our years of service. We, and the patients we serve, deserve no less.

Sincerely,

Care Management RNs
employer will have their seniority calculated in accordance with Article 22. To the extent that such nurses do not have a record of hours worked, the parties will meet to agree upon a system to calculate the nurses’ seniority based on the other employer’s existing seniority system (if any), an estimate of hours worked, or on the nurses’ years worked for the other employer. The Association may revoke this Paragraph (D) regarding seniority if the other employer does not offer a similar agreement or policy with regard to health care unit restructuring with regard to giving Medical Center nurses, hired by the other employer in the event of a health care unit restructure, reciprocal seniority.

Nurses who leave PPMC and go to PSVMC as a result of this consolidation shall be credited with their full seniority by (PPMC) DATE OF HIRE, in accordance with PSVMC’s article XVII, Seniority.

E. If new positions result from the restructure, nurses from the unit or units affected by the restructure will be given the first opportunity to apply for those newly created positions. The job bidding and posting processes for such position will be worked out by the Association and the Medical Center, but will generally adhere to the seniority and job posting provisions of Article 22 – Seniority. Any positions not filled by nurses from within that unit will then be posted and offered to other Medical Center nurses consistent with Article 22. This consolidation may or may not result in additional positions, however, any posted positions in the affected departments at St. Vincent, and the process by which they will be offered to affected PPMC nurses will be “will be worked out by the Association and the Medical Center” in advance.

F. If as a result of a health care unit restructure there are any position reductions or eliminations at the Medical Center, those will be handled according to Article 23 – Reduction in Force. N/A

G. The newly restructured unit or units at the Medical Center will comply with all other provisions of the contract including Articles 8 and 9. N/A

Nurses’ wage rates will be set in accordance with the provisions of Appendix A, including the provisions regarding experience and placement on wage steps. If as a result a newly hired nurse would be paid a rate less than he/she was paid at the nurse’s prior employer, the Medical Center will meet with ONA to discuss options, with consideration given to both the economic impact on the nurse and internal equity among the wage rates for existing nurses in the bargaining unit. All differentials will be paid to the nurse in accordance with Appendices A, B and C of the parties’ collective bargaining agreement. If a nurse coming to the Medical Center from another employer is then currently on a similar clinical ladder program, the nurse may apply for placement on the closest corresponding step on the Medical Center’s clinical ladder program, based on the Medical Center’s clinical ladder application schedule. 

Same wage scale at both facilities, clinical ladder placement may be subject to clinical ladder board approval.

Yet to be determined in negotiations with Providence and ONA:

1. How many positions will be posted (if any) at PSVMC;

2. What rights our nurses have to open or posted positions at PSVMC (hiring preference or internal seniority rights), and for what length of time (___ months/ years from time of consolidation?)
Welcome New ONA Bargaining Team Members!

- Suzanne Takano, Critical care, ONA BU Vice Chair
- Ruwani Dissanayake, 5K, PNCC Chair

They will be joining

Sabra Bederka, 7S
Sue Phillips, 8S
Beth Gately, Surgical Services
Richard Botterill, Emergency Department
Sarah Carter, Emergency Department

as your 2016 ONA/PPMC Bargaining Team.

Your pre-negotiation survey will come out in August and we will have a series of meetings in the hospital to solicit your ideas and feedback before we start negotiations in the fall, so start thinking about what improvements you’d like to make to our contract now and let us know!

ONA Bargaining Unit Leadership Conference

Sept. 30 - Oct. 1, 2016 • Portland, OR

Upgrade your nurse leadership skills at ONA’s Bargaining Unit Leadership Conference Friday, Sept. 30 to Saturday, Oct. 1 at the Portland Hilton and Executive Towers in downtown Portland.

- Solve local issues through concentrated actions
- Build strength with issue-based organizing
- Identify and develop new nurse leaders
- Use Oregon’s hospital nurse staffing law to improve your workplace

Join ONA nurses and staff from across Oregon to discover new ways to engage your coworkers, build nurse strength and create a community of committed advocates who can lead changes in your facility.

This leadership development event is free for ONA members and student affiliates.

Visit the ONA website for more information. Registration will open Summer 2016.

www.OregonRN.org
Be Part of the Second Annual ONA Nurse Leadership Institute

ONA is now accepting applications for members interested in participating in the second annual Nurse Leadership Institute (NLI).

The NLI, launched in 2015, is designed to create a cohesive and dynamic community of peers that is organized to effect change and respond to challenges in politics, practice, and labor.

An intensive, unique program, built on an evidence-based leadership model, the NLI will help you develop and strengthen vital skills needed to advance the nursing profession.

Applications are due by Aug. 8, so visit the ONA website for more information and to start your application today!

www.OregonRN.org/NLI

Register today at www.OregonRN.org

As part of ONA’s ongoing efforts to best serve our members and every nurse in Oregon, we are excited to present OCEAN (Oregon Continuing Education Activities for Nurses) online continuing education. It is available at: www.OregonRN.org

This new learning environment provides continuing education (CE) opportunities to ONA members and nurses across the region, in a convenient and user-friendly format. The OCEAN system features:

- Self-paced, independent learning modules, covering a broad range of topics and encompassing all levels of nursing practice
- CE that is conveniently accessible 24 hours a day
- The ability to house each learner’s CE history for easy access and retrieval

You can find out more about using OCEAN online CE by visiting the ONA website, www.OregonRN.org.

We encourage you to enjoy the courses currently available and be sure to check back regularly as more courses are added.