Nurses’ Voices Heard in Professional Practice Leader Presentation

At the Feb. 15 bargaining session, a number of staff nurses joined the ONA team to present issues related to professional practice leaders (PPLs). The team read selected statements from our spring 2016 PPL issue survey and our 2016 pre-negotiation survey. We raised the issue that it is difficult for nurses to be asked to embrace and rely upon PPLs as professional mentors and practice role models/educators while at the same time having PPLs play a central role in the evaluation and discipline of nurses. We conveyed there has been and remains confusion and inconsistency about the purpose and role of PPLs. Finally, we emphasized we do not want PPLs to be a barrier to the nurse’s bedside practice and direct patient care but rather to enhance it.

We reviewed a number of pending proposals related to PPLs including orientation scheduling, position transfer, evaluations, individual development plans (IDPs), and participation on unit-based nursing practice committees (UBNPCs).

Nurses Demonstrate Support for Each Other and Our Patients!

Nurses’ enthusiasm and turnout to these most recent meetings has been greater than at this point in past negotiations. Thank you for your interest and participation!

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During the most recent bargaining sessions on Feb. 15, 16, and 23, the ONA and OHSU teams focused on the following issues:

**Article 7.2 Work Schedules**
Both teams agreed that managers can change the schedules of interns/orientees by mutual agreement; if no agreement, the manager will provide at least seven days’ notice, 14 days’ notice for shift changes. Currently there is no required notice.

**Article 28 Transportation and Parking**
Parking fee freeze and free transit passes remain unresolved.

**Article 27 Committees**
Discussion of UBNPC role in staffing plan development and adoption; discussion of enhancing nurses’ ability to participate in shared governance and contract committees.

**Memorandum of Understanding (MOU) #1: On-call positions**
Both teams agreed to utilize these call-only benefited positions in the future; terms to be negotiated for each position.

**MOU: Voluntary Retirement Program (new)**
The teams remain apart on the terms for 0.5 FTE or greater early retirement program:
- ONA is proposing terms similar to severance pay (current Appendix D): four weeks of pay for less than five years of service, plus one additional week per year for maximum pay of 26 weeks; COBRA health insurance at existing contribution levels for severance periods, from one to seven months (as specified in Appendix D).
- OHSU is proposing employees choose from the following options: a) $20,000 into a health retirement account (HRA), b) 12 months of COBRA at existing contribution levels, c) two months of base pay not to exceed $20,000 (prorated by FTE), d) one month of base pay not to exceed $10,000 (prorated by FTE) plus six months of COBRA.

**Appendix: Extended Internships (new)**
The teams remain apart on pay back and required hours-to-be-worked provision for three-, four-, and six-month internships (packaged with new resource education fund, graduate tuition reimbursement).

**MOU #13: Administration of Meal and Rest Breaks**
Both teams reached tentative agreement on a side letter. However, the larger issues of staffing for breaks (eliminating the buddy system) and Kronos recording of breaks is unresolved in Article 7.4 Meal and Rest Periods.

**Article 1.1 Bargaining Unit Scope**
OHSU is proposing to limit our bargaining unit membership to nurses who receive a W-2 from OHSU (not OHSU Partners employees).

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**Why Not Free TriMet Passes?**

Why not free bus passes? During our last contract negotiations in 2013, we were able to bargain with OHSU for TriMet bus passes at a cost to nurses of $50.00 per year, with the agreement that each consecutive year the price would increase by $10.00. We are now up to $70.00/year.

Did you know that in 2015-2016, OHSU purchased 12,000 annual bus passes and only sold 7,000 of them? Can you guess what they did with the remaining 5,000? OHSU shredded them. An annual TriMet bus pass retails for $1,100. You can do the math. It is staggering what a waste this is. Free passes would be a win for both parties and an even greater incentive for alternative ways to get up the hill, which would help decrease the car traffic even more.

Hospitals such as Providence Portland Medical Center, where employees don't have to pay to park, still offer free TriMet bus passes! This isn't a perk—it's the just and decent thing to do for your employees!
OHSU says that ONA’s staffing proposal is not necessary. The administration team says they want to “keep flexibility” and they are not interested in importing other ONA contracts’ staffing provisions (for example, the ONA contract at Sacred Heart Medical Center permits its staff nurses to vote on unit staffing plans). OHSU also feels staffing is already highly regulated under the Oregon Nurse Staffing Law, and they do not want any more requirements. On Feb. 23, the administrative team attempted to further justify why ONA’s staffing proposals are unnecessary by following their assertions with an extensive presentation stating shared governance (including the housewide staffing committee) at OHSU is functioning at a “very high level.”

ONA feels that the proposed contract provisions described below are both appropriate and necessary. They are intended to capture current practices and enhance and ensure shared governance in relation to unit staffing. The ONA proposal is designed to ensure staff nurses have a professional voice, knowledge of, and ownership in their unit’s staffing plan.

ONAs Staffing Proposal
ONA’s staffing proposal simply asserts that OHSU will abide by Oregon’s nurse staffing statutes. It also outlines how a unit-specific staffing plan is to be developed by the unit-based nursing practice committee (UBNPC)—which is not in the law. Staffing plan changes are to occur by consensus of UBNPC members and by majority vote of staff nurses on the unit; if either does not occur, the disputed plan is to be taken to the staffing committee for resolution. Our proposal states that the process must be transparent, and it addresses plan quality assurance by noting data to be reviewed, such as incremental overtime, use of overtime for staffing, nurse satisfaction, missed meal/break data, etc. These measurements are currently in place by policy. The proposal requires that staff nurse members of the hospital-based nurse staffing committee be granted up to eight hours of paid release time per week. It also establishes an ad hoc subcommittee to review staffing variance forms, and to make recommendations within specified time limitations.
When OHSU originally proposed the paid time off/extended illness bank (PTO/EIB) system, they stated they wanted to transition to this system because it was the industry standard and attractive to new nurses—even though they estimated it would result in an increased cost of roughly $800,000 per fiscal year. Because the PTO/EIB and accompanying paid parental leave proposals have many complexities, ONA has asked for and received additional information from OHSU. Here are some of OHSU’s responses to our questions:

**ONA’s question:** What are the annual projected bargaining unit payroll cost savings, if any, under the proposed PTO/EIB system compared to the current system? “Soft” savings includes the projected savings related to lower numbers of short-notice unscheduled absences.

**OHSU’s answer:** Estimated Savings $163,000

**ONA’s question:** What is the projected annual savings due to anticipated/projected unpaid accrued PTO due to employees leaving employment per year?

**OHSU’s answer:** Projected termination cost savings per year for current employees: $224,000

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<tr>
<th>Benefit Category</th>
<th>Increased Monthly Cost to 0.7-0.79 FTE Employee</th>
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<tr>
<td>Employee + spouse or domestic partner</td>
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<tr>
<td>Employee + family</td>
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**NSICU Back Pay Grievance Settlement**

ONA and OHSU were able to reach a settlement agreement for nurses in the neuroscience intensive care unit (NSICU) who had filed a grievance for being mandated to rotate shifts after their internship orientation was complete. The nurses in this grievance were originally hired for night shift. Upon completion of their internships, the nurses were held on day shift without any notice and for a prolonged period of time. This caused a significant financial impact for these nurses, who were expecting to work night shift and receive the night shift differential and not have to pay for parking. The settlement agreement retroactively pays these nurses the night shift differential loss, a 12-percent University Pension Plan (UPP) contribution loss on the night shift differential wage loss, and $70.00 for parking reimbursement.

**OHSU has introduced two proposals to allow increased rotation of a nurse’s shift without the nurse’s consent.** Currently the contract allows only limited ability to rotate shifts in the event of an emergency and on a seniority basis.

- **OHSU’s proposal for Article 7.3.2** UBNPCs may establish unit-based rotation protocols that vary from the provisions of this paragraph (formerly 7.5).
- **OHSU’s proposal for Article 7.3.3** An employee may be placed on a different shift temporarily for the purpose of developing that employee’s skills (with 14 days’ notice) (formerly 7.2.4).

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**PTO Proposal Raises More Concerns**

When OHSU originally proposed the paid time off/extended illness bank (PTO/EIB) system, they stated they wanted to transition to this system because it was the industry standard and attractive to new nurses—even though they estimated it would result in an increased cost of roughly $800,000 per fiscal year. Because the PTO/EIB and accompanying paid parental leave proposals have many complexities, ONA has asked for and received additional information from OHSU. Here are some of OHSU’s responses to our questions:

**ONA’s question:** What are the annual projected bargaining unit payroll cost savings, if any, compared to the current vacation/holiday/sick time leave system?

**OHSU’s answer:** $346,000

**ONA’s question:** What are the “soft” annual projected bargaining unit payroll cost savings, if any, compared to the current system? “Soft” savings includes the projected savings related to lower numbers of short-notice unscheduled absences.

**OHSU’s answer:** Estimated Savings $163,000

**ONA’s question:** What is the projected annual savings due to anticipated/projected unpaid accrued PTO due to employees leaving employment per year?

**OHSU’s answer:** Projected termination cost savings per year for current employees: $224,000

**ONA’s question:** How much of a reduction in unscheduled absences do you anticipate under the new PTO/EIB system with a three-day waiting period to access the EIB compared to our current vacation/holiday/sick system? (Expressed as a percentage and hours.)

**OHSU’s answer:** 10% over a period of time.

**ONA’s question:** Paid parental leave – how would this be coordinated with PTO/EIB/unpaid leave of absence utilization?

*Continued on Page 5*
PTO Proposal Raises More Concerns (continued from page 4)

OHSU’s answer: Paid parental leave would be paid at 100% of salary for the first two weeks of leave following the birth or adoption of a child.

Employee would exhaust any EIB and PTO accruals before access to additional paid parent leave.

Upon exhaustion of EIB and PTO and if employee continues to have protected leave available under FMLA/OFLA, the employee would receive up to 4 weeks of additional paid parental leave at 50% of salary. If the employee continues to have protected FMLA/OFLA leave available after additional paid parental leave, employee may continue on protected leave in an unpaid status.

ONA’s question: Are any changes anticipated in the determination or required employee reporting of illness (a) when utilizing PTO, or (b) when utilizing extended illness bank?

OHSU’s answer: No changes are anticipated. Employees will continue to follow the attendance policy for the work unit when calling in sick in order to access PTO or EIB. Utilizing the Extended Illness Bank will require FMLA/OFLA reporting, as well, and subsequent certification.

OHSU Pushes Cost Containment Measures Even Though Profitable

This article draws on information from the Oregon Health Authority, the Portland Tribune, and the OHSU board meeting held on Jan. 26, 2017.

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<tr>
<th>OHSU Hospital Costs &amp; Revenues</th>
<th>2012 Fiscal Quarter 2</th>
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<th>2014 Fiscal Quarter 2</th>
<th>2015 Fiscal Quarter 2</th>
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Recently OHSU announced that they were implementing cost containment measures because they had a revenue deficit in reaching budgetary goals for the 2017 fiscal year. However, even as they announced these measures to meet their budget targets, OHSU remains profitable. Every year since the Affordable Care Act (ACA) took effect, OHSU has had increasing profits. This is partially due to the growth and expansion of OHSU, but also due to a decrease in bad debt and charity care. On Feb. 21, 2017, the Portland Tribune reported that OHSU gave out bonuses to top administrators at the end of last year, just prior to instituting cost containment measures in January 2017. For fiscal year 2016, OHSU gave their administrators more than $730,000 in bonuses on top of yearly salaries. OHSU President Joe Robertson stated that these bonuses are still needed because they promote better performance for those who qualify for them each year.

As part of the new cost containment measures, nursing at OHSU is seeing changes such as freezing of positions and decreased educational training opportunities. We have heard how this is affecting many of you and your patient care areas.

The data in the chart above comes from the Oregon Health Authority and shows OHSU’s year-after-year revenue increase. Even though they are not meeting the budgetary goals they set for themselves, they are as profitable as ever when compared with previous years. In its fiscal year 2017 budget, OHSU’s hospital expects to generate a gross operating margin of 12 percent, according to Lawrence Furnstahl, OHSU’s executive vice president and chief financial officer, at the OHSU board meeting on Jan. 26, 2017.
**We want to hear from you!**

In this new section, we will be providing a platform for your voice to be heard. Let us know how bargaining proposals will affect you, your work-life balance, your practice, your area, your unit, and your time.

Your opinions matter and help shape this contract. We want to know what you think!

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**Emily Fitzgerald, 14KPV RN, on OHSU’s insurance benefit decrease proposal**

Dear OHSU,

I don’t know how to write this letter except from my heart.

When I heard that the organization is proposing to cut benefits to ONA employees who are working less than 0.8 FTE, I felt so saddened. The majority of us who work less than 0.8 FTE are parents, often of young children, and we are doing our very best to balance the demands of caring for our families and ourselves while also giving our all at our very challenging (and rewarding) careers as nurses.

We are caregiving at home and at work.

We are waking up early, leaving our sleeping babies, coming home after they are asleep.

We are connecting with and healing and striving to make a difference with each patient during our 12-hour shifts.

We are trying to practice self-care as best we can so that we can give our all at work and at home.

We are so thankful that OHSU offers part-time positions to those of us that want them so that we can come a little bit closer to achieving some semblance of balance in our lives that are at high risk of experiencing caregiver burnout.

The reality is that cutting benefits to employees that work less than 0.8 FTE is going to hit OHSU families the hardest. It will disproportionately affect working parents and dramatically decrease take-home pay for those of us who are already cutting back financially in order to have a little more time with our families.

I have felt so grateful that OHSU supports families implicitly in this way. It has made it possible for me to spend more time at home with my children while they are young, and still have affordable health insurance for my family. It is far past time that employers step up and support working parents, because this is supporting children, which supports our future communities. OHSU is ahead of the game in this area, yet is now proposing to take a step backward.

I implore you to consider the impact this proposal disproportionately has on OHSU families. As nurses, it is very rare that a 0.8 FTE bedside RN position becomes available. Most units only offer 12-hour shift positions, which lends itself to 0.9 FTE or 0.75 FTE shift positions, not 0.8 FTE positions. Because of this, this proposal feels sneaky and like it’s directly targeted at bedside RNs who are trying to balance all of their caregiving energy at home and work so as to be able to give their best in all areas.

I love working as an RN at the bedside. I love my 0.75 FTE position and have noticed a dramatic increase in my overall wellbeing since cutting down from 0.9 FTE. I am a better nurse and a better mother. The financial hit is worth it for my own wellbeing and health. The reality is that without full insurance coverage at 0.75 FTE, I cannot afford to keep working this FTE and will have to increase back up to 0.9 FTE. This scares me because I worry that both my children and the patients that I care for will be negatively impacted by this.

The other option is to readily offer 0.8 FTE positions at the bedside for RNs. I have asked my manager several times over the last two years for the opportunity to switch to eight-hour shifts, but to no avail. There is only one RN on our unit of 80+ RNs that works eight-hour shifts.

Please, OHSU, consider how you can continue to support your OHSU families while they are working in a career with one of the highest burnout rates out there.

Thank you,

Emily Fitzgerald, 14KPV RN

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**Jeanine Stacy, on the ICU budgetary climate**

In the last nine months, we have had a lot of change here at the University. While change can be a great thing, especially in medicine, this change has come at a great price. And the price seems to be in nursing satisfaction. I cannot speak for all my colleagues, but I feel that of the almost 14 years working at this institution, this has been the hardest. I feel not listened to, and ignored on all levels. I agree with everything Carrie had to say. Here on 12K there is an overwhelming sense of being blind-sided. Change can be wonderful, but it is usually better received when it is collaborative. The University puts a large emphasis on shared governance, and this year has felt like this value has been pushed aside for the bottom line. It saddens me to feel so dissatisfied with a place I have previously taken a lot of pride in working for.

Jeanine

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Please send your statements, appeals, requests, and implorations to bargaining team member Lizzie McPhee at lizzymcphee@gmail.com. We may feature them in a future newsletter!

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Continued on Page 7
Carrie Crowder, on the ICU budgetary climate

Although I do appreciate the update on everything that is happening in the cluster when it comes to the budgetary climate, I do feel that the staff nurses on 12K are not being represented fairly.

Having talked with many staff members over the last two weeks about the whispers of the 3:1 patient care ratio, I am not sure where this was "collectively problem-solved" to come up with the 3:1 patient nurse ratio. I know that a majority of the nurses on 12K knew nothing about the 3:1 ratio idea until two weeks ago when it was quietly being spread as something heard through the grapevine. My understanding is that the topic was discussed at the last UBNPC as an idea and that the plan was to consult the staff and do a little more research into whether or not this would be a feasible task. Based on meeting minutes and some email conversation from people that attended UBNPC, the 3:1 ratio was going to be discussed again after getting feedback in the March UBNPC. Nowhere was it said that this would be rolling out at the end of this month. And, again, majority of the staff knew nothing about this and had nothing to do with problem-solving to come up with this idea. I have yet to talk to any of the bedside 12K staff that support the 3:1 patient to nurse ratio.

There have already been questions from other nurses in the ICU cluster as to why we thought this would be a doable plan. It is not fair to the 12K bedside staff to be represented as if we had anything to do with this pilot. Again, we heard whispers of this and then all of a sudden we are told 1) that we are piloting it, and 2) that we are implementing it at the end of this month. There has been no official staff input into this topic broader than UBNPC and a recent charge nurse meeting. This is a pilot that is being directed by administrative staff.

Many others and myself have concerns with the 3:1 patient ratio and it seems as if there has really been very little planning. There is not a clear defined flow as to who would qualify for 3:1 care (other than if they have ward orders), what would happen if patient status changes, how will we manage staffing if there are changes, how we are going to determine who will be taking 3:1 assignments (outside of our charge nursing volunteering to take one for the team), and other things of this nature. I feel this is just another thing being pushed onto nursing staff on top of the fatigue policy, PTO, the union bargaining, and other routine care changes. Morale is already disintegrating and this 3:1 staffing not only poses a problem for patient care but also the ever-eroding nurse satisfaction.

It is truly disappointing to once again have something pushed onto us without having any input into the decision. And even more disappointing to feel like as a bedside 12K nurse, I am being thrown under the bus to take the blame for the decision of 3:1 ratio nursing.

Carrie Crowder

Jill Rowland, Acute Care Float Pool

Hey crew,

For the critical care folks, I am Jill, an ACFP night RN and the union rep (a.k.a. ONA union steward) for our cluster. If you already have a rep, I apologize for giving you repeated info or stepping on anyone’s toes.

Here’s the latest, and its big. . . As you all know, OHSU is not budging on accepting many of our ONA proposals and they are sticking firm on trying to implement this fatigue policy nonsense, take away our incremental OT, change the UPP to a 6% contribution, take away double-back pay, and change us to a PTO system. Ugh—this makes me mad! I’m not trying to enact fear-mongering tactics on you all—but this new contract is not going our way.

This is what I need you to do:

Stay informed, hopefully read my annoying emails, and stay passionate. This is the future of our career.

Make sure you are an ONA member. If you are not sure, you can find it on your paystub. Did you know it only costs $14/month to be a member as opposed to a fair-share employee? Being a full member is going to be critical for our union in these political times. Speaking of politics, if your beliefs are keeping you from being a member—you can opt out of the political-action contribution portion. Message me if you have questions. I have the forms and would be happy to bring them to you to fill out. It’s easy—trust me!

All the best, your fired-up colleague . . .

Jill Rowland, ACFP, nights

Join the Contract Action Team!

The Contract Action Team (CAT) will mobilize nurses to spring into action if and when things get tough at the bargaining table. All interested nurses are welcome. There’s no such thing as too many CAT members! For more information, contact labor relations representative Liz Morris at morris@oregonrn.org.
Show Support for Each Other and Our Patients!

Standing together and demonstrating strength is what a union is all about. Our exhaustive contract has been developed and shaped by decades of nurses standing together in unity, seeking to ensure the safest working conditions for nurses, protecting our rights, and preserving benefits promised to us and a contract that allows us freedoms to provide the highest in quality care for our patients.

How can you show support?

- Learn the issues on the table. Talk about them. Engage in dialogue about them. Talk to your co-workers.
- Learn the proposals. Ask yourself, “How does this affect me? How does this affect the care I provide? How does this affect my colleagues?”
- Participate in our surveys! This is crucial information we need to know at the bargaining table. It tells us where you stand and what is important to you!
- Attend bargaining sessions! Yes, you are all welcome to come. Sessions happen every week. You will not be asked to speak. Simply being present and sitting behind the team shows solidarity and makes a tremendous impact.
- Join our group on Slack, a social communication network. Our group is devoted to AURN issues. Join us in discussions, voice your concerns, and get your questions answered swiftly. Email Lydia Hallay, our ONA labor organizer, at hallay@oregonrn.org to join our Slack group today!
- Make sure you are a full member of ONA. Are you paying dues, or are you fair-share? Go to www.OregonRN.org/Join and print out the form for OHSU nurses. Give it to your unit representative, or any union rep!

You are welcome to attend! All sessions 9 a.m. - 4 p.m.

Negotiations alternate between the following locations:

**OHSU Marquam Plaza**
Room 260
2525 SW 3rd Ave. (at SW Sheridan St.)
Portland, OR 97201

**Oregon Nurses Association**
3rd Floor Conference Room
18765 SW Boones Ferry Rd.
Tualatin, OR 97062

Check the location for each session.

Upcoming Negotiation Dates

- Thursday, March 9, Marquam Plaza
- Wednesday, March 15, ONA
- Thursday, March 16, ONA
- Thursday, March 23, Marquam Plaza
- Thursday, April 6, ONA
- Wednesday, April 12, Marquam Plaza
- Wednesday, April 19 (TBA)
- Thursday, April 20 (TBA)
- Wednesday, April 26 (TBA)