

We made our opening proposals on Tuesday, October 21. Provided in this update is a summary of what we proposed and some reasons why.

The Format of the Contract

One of our goals is to improve ONA's visibility and effectiveness. To that end, we are breaking up the contract. Where there are multiple topics in one article, we have proposed smaller articles so that a nurse could look at the table of contents and find the contract topic needed.

Article 1: Recognition

We want to clarify that Charge Nurses and Assistant Head Nurses are staying in the bargaining unit. This is a Kentucky River issue the decision issued by the National Labor Relations Board (like the Supreme Court for Labor Law) that said charge nurses are managers and ineligible for union representation. It seems like it was resolved last time but there is nothing in the contract on this topic.

New Article 2: Definitions – Charge Nurses

We want to clarify that AHNs do provide patient care even if it is indirect. This is also a Kentucky River issue.

Bargaining sessions are scheduled for October 30th & November 4th & 13th.

We also want to clarify that being a charge nurse is a voluntary assignment. This has been an issue in some units from time to time.

New Article 3: Membership

We need a real membership clause like other union contracts have within Providence. It is not fair that 1/3rd of the nurses support the work of the Association for the other 2/3rds. Legally ONA must represent everyone and bargain for everyone. Contracts that have a requirement that everyone join are stronger and thus better.

Article 5: PTO – Earning Weekend Differential

This used to be Article 3. One minor change would be to have the weekend shift differential a nurse earns when working a week-

Many of our proposals are organized around key themes.

- Better Staffing.
- Wages that keep up with inflation.
- Keeping what we have with regard to Health Care.
- Better Retirement.
- Improving the visibility and influence for nurses via ONA.

Progress in these areas will lead to a contented nursing work force that will translate into better patient care with in Providence and Oregon.

ONA is the largest nursing organization in the state. Providence is one of the largest health care providers on the west coast. Together, we are market leaders. Working in partnership and making progress in these areas could improve the quality of health care and the profession of nursing not just with in Providence but across our state. Ultimately that is what bargaining is about. Making this the kind of work that nurses want to do and feel sustained in doing for a long time — for a career, and in turn giving our patients the best possible in their journey's to get well and stay healthy.

end included for taking a PTO payout for weekend work.

Article 5: PTO – Double the accrual

We also want to allow a nurse to have an accrual of PTO that is double the accrual rate.



Article 6: EIT – Weekend Differential

This used to be Article 4. We are proposing a similar change to what we proposed for PTO where the weekend shift differential would be included when taking EIT for a weekend shift.

New Article 7: Overtime – Mandatory OT limitations

We want the provisions of HB 2800 around mandatory overtime in the contract. No more than 12 hours of work in a day. No more than 48 hours of work in a week.

New Article 8: Schedules — 30 year nurses would not have to take call or work weekends.

This is a new article created out of Article 5 in the current contract. We have two substantive changes. 30 year nurses should not have to work weekends or work mandatory call back.

New Article 9: Holidays – Easter and MLK’s Birthday

This is also pulled out of Article 5. We want to add Easter and MLK’s Birthday as Holidays.

New Article 10: Discipline

This used to be Article 6. We want language that says the Hospital

adheres to progressive discipline and then describe those steps based on the new process. We view this as a clarification especially since the steps of the discipline process were changed in the middle of the contract.

New Article 11: Leaves

This used to be Article 7. The one change we are seeking is to allow a nurse who is taking OLFA for a sick child to use his or her EIT. Currently Providence requires a nurse to exhaust their PTO first. We want nurses to be able to use their EIT first -- instead.

New Article 13: Retirement – Improvements including retiree medical

Our proposed changes for this Article are based on what we have learned and keep learning about the retirement benefit. Our proposal to improve the retirement benefit is three fold.

Increase the Core Plan contribution from 5% to 7.5%. Earn the highest Value Plan match of 3%

on a 6% contribution right away and eliminate the ten year wait. And a retiree medical benefit so that if you want to retire early or you cannot make it to age 65, there is help paying for your medical insurance.

New Article 12: Health Insurance

Nurses have told us “Please leave benefits the way they are.” Based on ST V Bargaining, we believe the Hospital wants to increase the deductibles and the out-of-pocket maximums on the Base Plan. This may mean a \$100 increase in the deductible for the individual and \$300 for the family. It also may mean a \$750 increase in the out-of-pocket maximums.

A better prescription drug formulary

If you have never seen what brand drugs constitute the employee formulary please take a look. Once you read it, you will understand why we think this formulary needs updating. We are proposing a process for improving the prescription drug formulary for brand drugs and what is included.

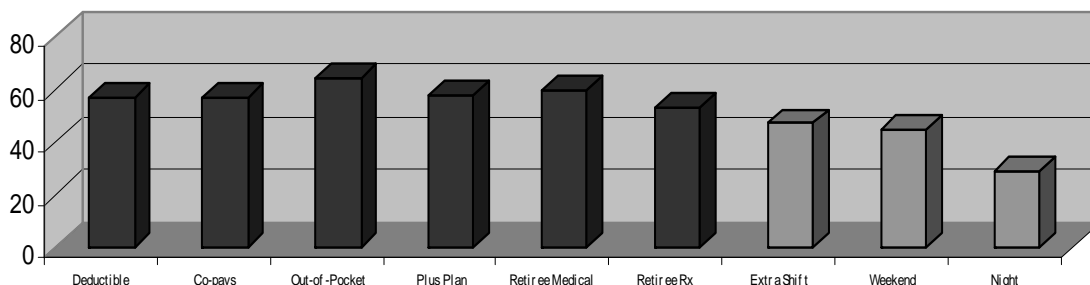
Health Insurance while on an approved workers compensation claim

We need the ability for nurses on an approved workers comp claim to keep their premiums on the health insurance paid for longer than 3 months if they are off longer than 3 months.

New Article 14: ONA Business – Unit Representative Council

We want to create an ONA unit rep council that meets quarterly on paid time for 2 hours. The quarterly meeting would allow for networking and training. It would help us to have better organization and better communication.

Our survey results show that keeping our health insurance benefits as they are currently is a priority above many other priorities.



New Article 17: Break Rooms

2G does not have a break room on their unit. It is a huge dissatisfier for these nurses. We know space is a premium for patients, but a place to rest on the unit is a premium too.

New Article 19: Professional Development – Pay practices and an additional day of education

This was Article 13. If required education is scheduled at the end of the night shift then the differential needs to be paid to that nurse. If there are expenses that are borne by a nurse for required education like equipment or textbooks the Hospital should reimburse the nurse for those expenses. The current practice is unclear. We also proposed an extra day of paid education for a total of two days a year.

New Article 20: PNCC – adding more nurses to this committee

This used to be Article 14. We want to add 2 more members. 6 people doing all the work for a 1000 RNs is not workable.

New Article 29: Task Force

This used to be Article 20. We would like more managers and more nurses involved in Task Force at PPMC. This is something they do at St Vincent.

Appendix A: Wages – Keeping up with inflation and rewarding experience

With inflation above 4%, with the worst retirement in the city for many long term nurses, we think an opening proposal of 8.5% makes sense, and 6% each year after in a three year agreement.

We are also proposing a new step 27 and a new step 30 where a nurse with 27 years or 30 years of work as a nurse in addition to the raise that is bargained would also get a step increase.

Appendix A: Differentials and Premiums

The improvements we are seeking are as follows:

Evening Shift: \$3.00.

Night Shift: \$6.00.

Extra Shift: \$20.00.

AHN Differential: \$4.25.

Charge Nurse Differential: \$3.25.

Call Pay (being on call): \$5.00.

OR Call Team: \$6.00.

Weekend: \$2.00.

Incentive Shift: \$20.00.

Preceptor: \$2.50.

Appendix A: On Call Nurses

We have very few on-call nurses. If we made it more lucrative -- we might attract more nurses to this position. We want nurses who only work on call to get an 11.5% differential in lieu of benefits.

Appendix A: Weekend Work

If you end up working 2 weekends in a row you should be compensated like overtime for that — just like St Vincent. We also are proposing that the differential go up to \$2.00 an hour.

Appendix A: Extra Shift

We have proposed that extra shift go up by \$2.00 to \$20.00 an hour (\$22.00 on weekends.) We also don't believe that taking pre-scheduled PTO or going from 1.0 to 0.9 in your FTE status should deprive you of extra shift pay.

Appendix A: Precepting

Precepting can be a rewarding experience, and it can be a challenging one. We are proposing that the differential increase to \$2.50 an hour. Additionally, we are asking that the preceptor not take his or her own patient load on top of the new nurse's patient load.

Appendix B: Being on Call – Mandatory Overtime

When most of us work extra beyond our shift, we get extra shift pay, including overtime if it is

earned. Working call is mandatory OT. In addition to earning \$5.00 an hour while putting their life on hold, we are proposing that when nurses work 4 hours or longer, after being called in, they should earn extra shift pay just like the rest of us when we volunteer to work an extra shift.

Appendix B: Being on Call – Loss of PACU's call in compensation

A PACU nurse stops their regular shift at 3:30 and starts their call shift at 3:31. They used to get a minimum of 3 hours of hourly pay at time and a half. The Hospital switched the compensation to just OT till the end of the call hours when the call back starts at the end of the shift. We filed a grievance. We lost the grievance. We are seeking to restore a long standing practice and standard for working call in the city of 3 hours of pay for call-in.

Appendix C: Certification Pay and Clinical Ladder

we only have 25% participation rate in earning certification pay among the nurses. We think that certification needs to be valued in much the same way that participation in the clinical ladder is. We have proposed \$5.00 an hour. We also think a nurse should earn the pay retro back to the day he or she was certified.

We are also proposing increases in the clinical ladder compensation.

Level Two: \$2.25

Level Three: \$3.50

Level Four: \$5.00

New Article -- Floating

Many nurses do not like to float. But sometimes the census is low in

ONA Officers at PPMC:

Chair: Juanita Wolf, RN, OP Transfusion
Secretary: David Arlint, RN, 2R
Treasurer: Terri Houck, RN, IV Therapy
PNCC Chair: Sue Phillips, RN, 8S
Member at Large: Karen O'Dell, Float Pool



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We also made proposals to improve staffing

one unit and overwhelming in another thus the need for floating. There needs to be a fair process for determining who floats,

and assurance that those who float are properly prepared. Our proposal for floating says that: Nurses would only float into a similar practice area, they have to get an orientation to the unit, volunteers would float first otherwise it's a rotation system, everyone takes a turn floating except that new nurses would not be required to float for 6 months, the charge nurse would have discretion to interrupt the floating turn schedule if skill mix is an issue, floated nurses should get a reduced load if possi-

ble, and a nurse who works a 12 hour shift would not be floated 3 different times in 4 hour blocks.

New Article: Staffing -- Better staffing and a better process for addressing staffing concerns

ONA lobbied for HB 2800 in 2005. It says that staff nurses are to be involved in establishing the staffing on their unit. The law also says that staffing should be based on patient acuity and intensity. The Hospital's process needs to be more in line with the law. Our proposed new article for the contract describes how the staffing committee will work at the Hospital and also sites the major components of the law. There needs to be actual elections for new members. The Committee needs: co-

chairs, to publish minutes, meet more frequently, allow observers, and deal with our staffing requests. The committee needs to facilitate the development of unit staffing plans that are based on acuity and intensity. If changes are needed those changes must get reviewed by the committee.

We also need the contract to reference the law so that it is clear that a nurse cannot be forced to work more than an hour beyond his or her shift, more than 12 hours in a 24 hour consecutive period, and more than 48 hours in a 7 day period.

New Article: Staffing – More FTE.

14 units that have submitted requests to the House wide Staffing Committee for changes to make their staffing better. These units have asked for additional RNs, HUCs, Techs, CNAs, and CAPs. To help them to get better staffing, we have gleaned the additional FTE requests, and on their behalf, we are making a proposal for approximately 60 additional FTE distributed to the units that have developed plans and changes to their staffing grids.

Last but not least; Length of Contract. New Article 27: Expiration

With so much that is handled by the system or done regionally, we don't understand why we don't bargain some things regionally. To that end we have proposed a three year contract in conjunction with Hood River, Home Health and Medford so that we can all bargain together with the nurses at St Vincent or at least coordinate our bargaining.

Our endorsed candidate for the United State Senate is Jeff Merkley



Your ballots should have arrived or be on their way. Jeff has a great record as an ONA supporter from his time in the Oregon State Legislature. As an added bonus we know where he get his Health

Care Policy advice. Mary Sorteberg a Short Stay nurse here at PPMC and member of the ONA PNCC is also his wife.