

We spent the bulk of the day reviewing information about Providence's retirement and health insurance benefits.

Based on those discussions, and the ones we have had previously about the Hospital's Healthy Work Environment, it is our turn to make a counter proposal. Read the back to gain a sense of what we think we should propose with regard to six critical contract items and tell us what you think we should do.

Check out our Website!
www.onappmcrons.org

It has past updates and more details about all of the proposals.

Our last session before Christmas is on December 16. Additional sessions are scheduled for January 6, 23, and 29. Stay tuned.



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Treasurer: Terri Houck, RN, IV Therapy
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If our next offer resembled this would that be acceptable?

Health Insurance.

The Hospital wants to increase the deductibles on the 2009 Base EPO plan from the current \$250 individual deductible and the \$750 family deductible to \$350 for the individual and \$1050 for the family. The Hospital also wants to increase the 2009 Base Plan out-of-pocket maximums of \$750 for the individual and \$2250 for the family to \$1500 for the individual and \$3000 for the family.

These are significant changes. Their reasons for wanting these changes are unclear. No concrete financial reason has been given for the proposed increases in the deductibles and the out-of-pocket maximums. **We think we should continue to hold to our opening proposal of no changes in the Base EPO Plan Benefit and its design. Do you agree?**

Retirement.

In 2004, ONA obtained a study by a reputable human resources consulting firm. The study was commissioned by Willamette Falls Hospital in Oregon City. The study showed that the Providence retirement plan was the least generous in the Willamette Valley. Providence is adamant that this study is flawed and appears to be equally adamant about not improving the retirement benefit in any manner.

It is our priority to gain a better retirement benefit—one that rewards nurses who make a commitment to work at Providence for the long term. Our proposal increases the

Core Plan contribution from 5% to 7.5% and increasing the maximum match contribution on the Value Plan to 3% for everyone, not just those with 10 years of service. We also proposed retiree medical benefits.

So far, we have not been able to convince the Hospital to make any changes. Frankly we think that a regional benefit like this cannot be changed by one Hospital alone. **Should we continue to hold out for a better retirement or focus on getting a three year contract so that we can bargain together with our sister hospital across the river to improve the retirement benefits?**

Wages.

Given where the economy is going and the historical compensation relationship between Providence Portland and ST Vincent, we think wages that mirror what was bargained at ST Vincent and keep us all paid exactly the same makes the most sense. This would mean a 4% increase on January 1, 2009, a 4% increase again on January 1, 2010, and a 4.5% increase for January 1, 2011 in a three year contract. If we had to go to a four year contract we would propose a 4.5% increase for January 1, 2012. **Does earning what St Vincent nurses earn seem like fair compensation?**

Charge Nurse Protection.

The Hospital says it will not attempt to take AHNs and charge nurses out of the bargaining unit and deprive them of contractual protections. We want a firm commitment to this that is placed in the contract for the life of the agreement. They seem to be bulking at placing this

intention in the contract. **Should we continue to insist on this clarification being part of our contract?** Right now, our contract is silent on this issue.

Staffing.

HB 2800 was passed in 2005. It put limits on the amount of overtime that a nurse could work, and it set up a mechanism via a staffing committee to involve staff nurses in determining what staffing on their units should look like based on patient acuity and intensity.

We do not think the law has been implemented well at PPMC. We have three staffing proposals, one that sites the OT restrictions, one that describes the role and work of the Hospital's staffing committee and one that allocates approximately 65 different new FTE to 14 different units around the Hospital to help improve the staffing. **We do not think the Hospital's Healthy Work Environment proposal, alone, is sufficient to deal with these concerns. We want staffing committee specifics and staffing improvements in the contract. Do you agree?**

Nurse Influence.

We are still proposing fairshare/membership (everyone benefits so everyone should pay), and we are still asking for a three year contract so we can bargain together with the other Providence facilities in the state. We need a vehicle to insure an appropriate level of influence for nurses—either a fairshare membership provision or a 3 year contract. Contracts and nursing associations with these kind of provisions are more successful. **Do you agree that nurses via ONA need to have more influence in this Hospital?**