

What is going on with our retirement?

On Tuesday, April 7, staff at the Oregon Nurses Association were contacted by Providence Health System regarding the changes to Providence's retirement plan. We received this information shortly before the general announcement was made to all Providence employees.

We understand how serious this issue is for you. This intended change was never mentioned in our recently concluded negotiations even though we were bargaining about retirement. Presumably a change of this magnitude would have been in the works or in the discussion phase at the system level as is alluded to in the e-mail from Russ Danielson and the letter he attached from John Koster early in 2009.

Here is what we want you to know.

- 1) Providence intends to replace the current retirement plan with the proposed one;
- 2) We have hired a retirement consultant to help us review the current CORE plan and the new plan to determine the actual impact;
- 3) We do not believe that Providence can make these changes to our retirement in mid-contract.
- 4) We have asked for financial information from Providence to analyze its claim that it needs to make this change;
- 5) We will share our analysis of the new plan and the financial situation with our members when it is completed. **Please stay tuned.**

UNIT REPS ARE NEEDED!
We are re-invigorating our representational and communication structure in the Hospital. We are asking that each unit by shift have a designated ONA Representative to help with communications and addressing concerns.

A meeting has been scheduled for 6:00pm on June 4th here at the Hospital to discuss how this could work.

Please contact your ONA communications Liaison or our labor rep, Rob Nosse if you are interested.



ONA'S RESPONSE TO PROVIDENCE PENSION CHANGES

On Tuesday, April 7, staff at the Oregon Nurses Association were contacted by Providence Health System regarding the changes to Providence's retirement plan. We received this information shortly before the general announcement was made to all Providence employees.

We understand how serious this issue is for you. Since the announcement, ONA staff have been reviewing Providence's unilateral intended changes, as well as the contracts we hold at all of our Providence facilities.

ONA STAFF AND LEGAL COUNSEL BELIEVE THAT THE CHANGES BEING PROPOSED BY PROVIDENCE DO NOT APPLY TO ONA REPRESENTED NURSES.

All of our contracts contain language which legally governs your pensions and retirement contributions.

ONA staff are working diligently to protect your interests, and we will keep you informed of future developments by email, on our website, and through facility newsletters.

To ensure you receive this information, please visit www.oregonrn.org and update your contact information today.

Thank you,

Oregon Nurses Association
www.oregonrn.org

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Oregon
Nurses
Association

Voice of Oregon Nurses Since 1904

18765 SW Boones Ferry Road, Suite 200
Tualatin, OR 97062
Telephone 503-293-0011/ Fax: 503-293-0013
www.oregonrn.org

Providence Medford Bargaining Update.

PPMC nurses recently got language in our contract affirming our right to document staffing concerns and to be able to do so with out fear of retaliation. This was not hard fought language. Management at PPMC agreed to these provisions easily. Hopefully our fellow nurses at Providence Medford will achieve the same for their contract. Here's why this is needed.

On January 26, Lindsi Wick was working in the Providence Medford ED. She witnessed unsafe conditions and informed her charge nurse and requesting additional resources that were not available. She then filled out an ONA Staffing Request and Documentation Form and sent a copy to Bob Galey, the ED Director at the time.

On February 6, Bob called Lindsi into a meeting, with his assistant present to take notes. His tone was hostile. At that point, he tossed the ONA staffing form Lindsi had filled out on his desk. Galey informed her that he had never seen the form before and that the Hospital does not honor these forms because the contract is not settled. Lindsi responded that it was important to document the concerns she had in writing because her patients and license were not safe. She described the acuity of the patients and circumstances which led her to believe that her

patients' care was compromised. These included having to leave patients unattended while they were on a com-mode and significant delays of care for a potential stroke patient. Galey continued with an angry tone when he questioned her about indicating on the form that she received no breaks and no meal breaks when the charge nurse checked off her lunch for the day.

Lindsi informed him that she ate a meal for 30 minutes well into the first eight hours of her shift, but spent the time charting because there had been no prior opportunity. He replied that that was a lunch and therefore the box should not have been checked. It did not matter that this does not qualify as an uninterrupted meal period relieved of all duty as required by law. Galey also berated Lindsi for not following the chain of command even though, it was completely appropriate for her to inform her charge nurse and then send the form directly to him. He expressed disappointment regarding her contacting ONA to raise a staffing concern by stating that now "he would have to take this to [his] boss and explain why this was filed."

On March 31 the Medford nurses had a lengthy discussion regarding their wage scale.

Management is still proposing the current merit pay system. They did indicate a willingness to talk about a wage scale similar to what is contained in every other Providence ONA contract, but stated that a discussion of how to put RNs on that scale in a way that was fair and recognized their years of service was a "non starter".

The Medford nurses gave examples of how the current system resulted in unfair pay practices. This included relatively new hires bypassing 9 year RNs in their initial earnings. Management acknowledged that structural inequity of pay exists, but they are not willing to do anything to correct it. By only proposing an across the board percentage increase and denying a step system, management is advocating to maintain a pay system that preserves the inequities created by a poorly administered merit system.

Lindsi asked him what the result of the meeting was going to be. Galey stated that while he was "not taking corrective action at this point," he made a barely veiled threat of discipline because if a nurse could not handle four patients, then maybe the Emergency Department was not the right place for her. ONA filed a complaint against Galey's actions as retaliation for union activity and requesting that all such conduct immediately stop. ONA also requested assurances that such conduct would not occur again and training for Galey on appropriate responses to documented staffing concerns and union activity. Shortly thereafter, Galey resigned, and the harassing behavior stopped.

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



Working Overtime.

There has been a lot of emphasis lately on reducing overtime and doing everything that you can to avoid working overtime. Clearly this is important to Providence and the amount of overtime that is worked makes a difference for them financially.

That said, please be aware that if you are working — finishing charting, waiting to give or receive report, or doing something related to patient care, that this is work and it should be paid for by Providence even if it means you will incur overtime.

If you accidentally stay over past your shift because you got busy visiting with a friend or talking at the nurses stations and incurred overtime, please change this on your time sheet. Otherwise if you really were working, take your overtime and get paid for it. You are not doing Providence any favors by working off the clock to finish up your charting. This is illegal and if you get caught or Providence gets caught, it could get the Hospital in trouble.

Oregon Nurses Association

**Providence Portland & District One
Registered Nurse Appreciation
and Recognition Day
Monday, May 4th**

**An open house in celebration and
recognition of being a Registered Nurse**

**From 7:00am to 7:00pm in
Conference Room HCC 8**

Come take a break, get a healthy refreshing treat, and learn a little about planned ONA activities and initiatives for the summer and fall of 2009.

All registered nurses are welcome including nurse managers and non-members.



Another perspective about the Provider Tax

Increasing out-of-pocket costs are making health insurance unaffordable for many Oregonians and businesses. According to the 2007 U.S. Census Bureau, over 600,000 Oregonians lack health care coverage, including 114,000 children. In order to address this problem a way to generate revenue to pay for health insurance for un-insured Oregonians is necessary. That is why the Governor and several legislators have proposed a "provider tax" on Hospital revenue. The pro-

vider tax is a way to generate the money that is needed to pay for insurance. The tax is proposed currently at 4% for Oregon's largest hospitals. This assessment generates revenue at the state level that can then be used to leverage federal matching dollars. Such an assessment could bring \$1 billion into the state to continue the Oregon Health Plan and add additional health care programs. While such a tax might reduce the profit margin at the Hospital, it is important to

remember that until very recently profit margins at PPMC and St Vincent have been well above 3 to 4%. Such a tax in some amount is affordable. Many health care policy analysts believe much of the money generated by the additional \$1 billion in federal dollars will come back to the Hospitals in the form of actual reimbursement for care provided. This additional \$1 billion should reduce the charity care burden of the Hospitals and increase their profits.

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To view the details of
 our next contract
 go to our website at
www.onappmcrns.org.

Click on the line that says
 Click here for draft Contract
 We hope to have a
 reformatted, printed,
 copy available by the
 end of May.

Welcome new members in 2009

Laurel	Brookhyser	Surgical Oncology - 7S
Amy	Drouin	Surgical Oncology - 7S
Clara	Emra	Surgical Oncology - 7S
Suzanne	Fink	Surgical Oncology - 7S
Charlene	Kelso	Surgical Oncology - 7S
Jennifer	Kuker	Surgical Oncology - 7S
Kimberly	Miller	Nursing Float Pool
Steve	Smack	Nursing Float Pool
Margaret	O'Brien	IV Therapy
Lynda	Barnedt	Mental Health-Adult 5L
Dione	Hubred	Cardiology - 2G
Terrie	Ratchen	ET and Wound Care
Sarah	Roy	Emergency Services
Blair	Steinfeld	Respiratory Cardio - 2R
Karen	Demarco	Women's Health 3G
Corissa	Bunch	Women's Health 3G
Robert	Cornell	Mental Health-Adult 5L
Kimberly	Lawry	Nursing Float Pool
Karen	Tarnasky	ET and Wound Care
Marita	Aguas	PACU - Tower 3rd Floor
Ruwani	Dissanayake	Cardiology - 2G
Kathryn	Hamreus	Diabetes Renal - 5G
Janet	Irish	IV Therapy
Susan	Jackson	Radiation Oncology
Deffo	Mebrat	Nursing Float Pool
Dianna	Noyes	Med Surg Urology 4R
Carolyn	Ruljancich	Outpatient Transfusion
Kathi	Wells	Women's Health 3G
Patricia	Jones	Women's Health 3G
Susan	McCormack	Outpatient Transfusion
Mary Lou	Andersen	ET and Wound Care
Heather	Dotson	Hemodialysis
Jaime	Fogelsong	Oncology - 7N
Brenda	Holtan	Orthopedics - 8N
Rainbow	Nelson	Surgical Oncology - 7S
Paula	Russell	Hemodialysis
Magdalena	Struble	Medical Surgical - 5R
Justine	Johansen	Nursing Float Pool
Monte	Ridler	Surgical Services
Mike	Riggins	Hemodialysis
Anjeanette	Morgan	Mental Health-Adult 5L
Teresa	Olson	OP Mental Health
Andrea	Bottorff	Respiratory Cardio - 2R
Abigail	Dalton	Surgical Unit 4G
Tamara	Hanson	Surgical Services
Debra	Heiser	Surgical Services
Melinda	Duncan	Emergency Services
Beth Ann	Nyssen	Orthopedics - 8N

**Is It Safe?
 Chemicals Safety
 for Nurses and Health Care Workers**

Wednesday April 29, 2009
Providence Portland Medical Center HCC Room 8
 8:00am-9:00am, 1:30pm-2:30pm & 4:00pm-5:00pm
1 CEU for nurses (CEU approval pending)

The presentation will:

Review current OSHA standards about chemical safety
 in the health care workplace.

Present the emerging science about the human health effects of
 phthalates, disinfectants, housekeeping chemicals, latex, medications,
 mercury, radiation, ethylene oxide, and anesthetic gases.

Advise personal measures that may be taken to avoid exposure to these
 chemicals of concern.

Present current policy reform in chemicals safety.

Presented by ONA and Maye Thompson, RN, Ph.D
 with funding from the Beldon Foundation.



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