



Oregon Nurses Association

Providence Portland Medical Center Opening Proposals Overview

October 21, 2008



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.**



Some Initial Context

The Economy

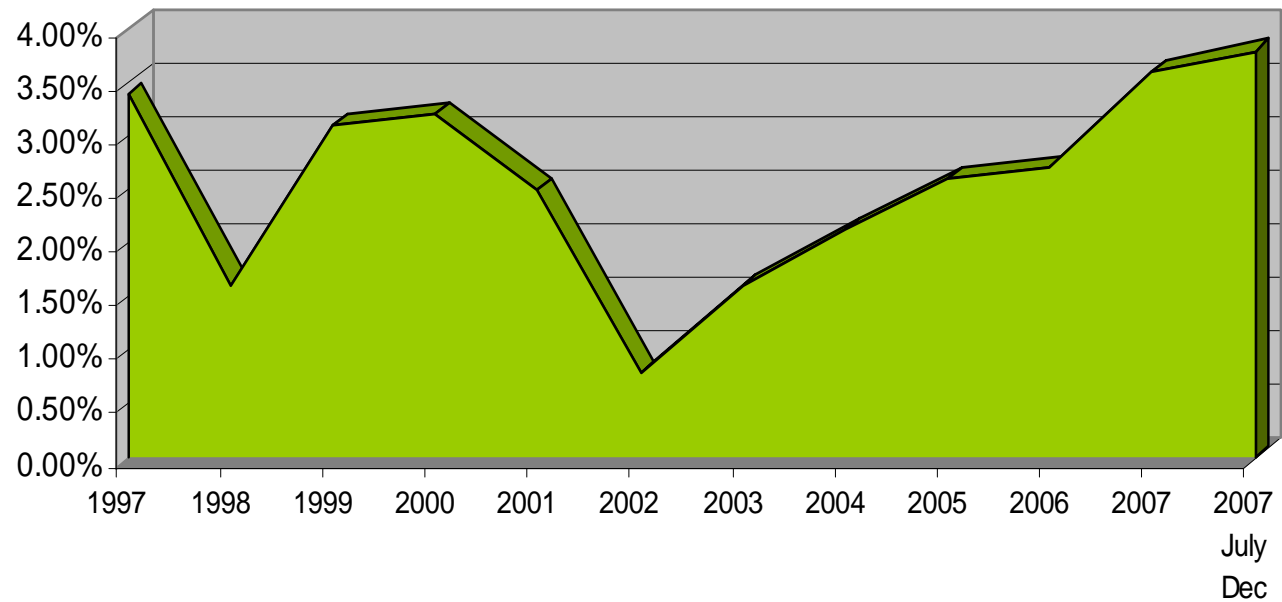
Hospital Finances

The St Vincent Settlement

The National Scene for Unions

Inflation

Inflation over the decade. 2008 just came in at 5.6%



Inflation

Inflation jumps to highest level in 17 years

Economy | Consumer prices increase at twice the rate expected in July

By KEVIN G. HALL
MCCLATCHY NEWSPAPERS

The job of the Federal Reserve and government policymakers got considerably more complicated Thursday when the Labor Department reported that consumer inflation is running at an annual rate of 5.6 percent, its highest level in 17 years.

The Federal Reserve has been worried about inflation, or the rise in prices across the economy, for months. But it has left its benchmark federal funds rate at 2 percent since April, betting that the inflation pressures will ease when energy prices fall back.

Oil prices are off more than \$30 from their peak of \$147, but the Bureau of Labor Statistics said Thursday that consumer prices soared 0.8 percent in July, twice the rate that mainstream economists had expected.

Even the core inflation rate, which excludes volatile food and energy prices, exceeded expectations by jumping 0.3 percent to a 12-month rate of 2.5 percent.

Thursday's numbers deepen the Fed's dilemma. If it raises interest rates to quell

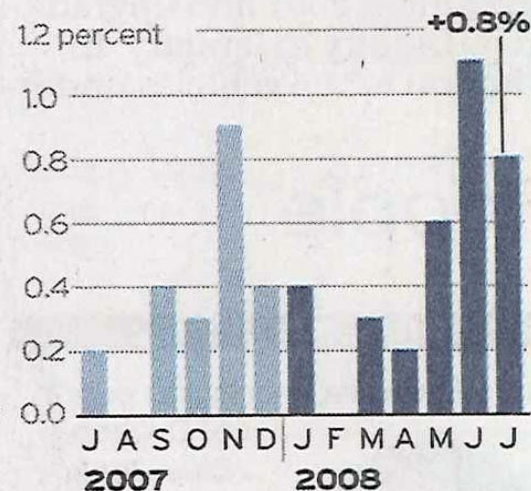
Please see **ECONOMY**, Page B5

- This was the headline in the business section of the Oregonian on August 15th

Rising U.S. prices

Month-to-month percentage increases in the U.S. consumer price index have risen since spring.

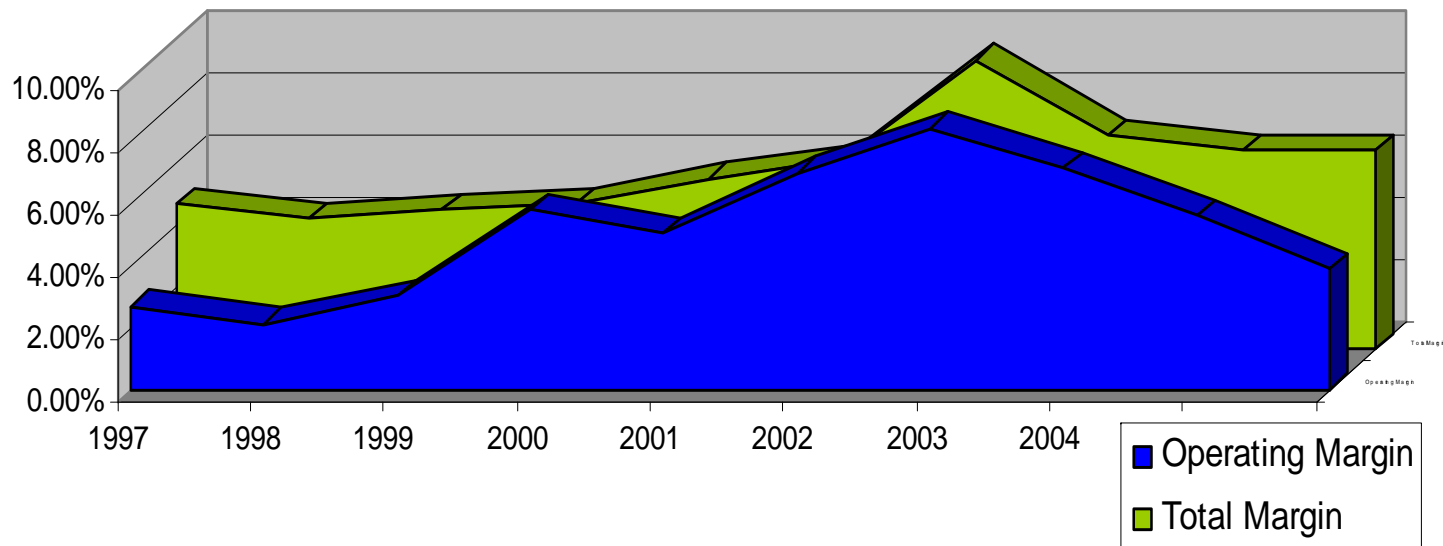
Source: Bureau of Labor Statistics



ASSOCIATED PRESS

The Hospital's Profitability

PPMC % of Profit over the Decade





The St Vincent Contract

- **Staffing:** The Hospital will follow the law (HB 2800).
- **Wages:** 4.5% this year, 4% next year (Jan 2009), 4% in Jan. of 2010 and 4.5% in Jan. of 2011.
- **Insurance:** Base Plan no premium to pay for life of contract. But deductibles and out-of-pocket max increased.



The St Vincent Contract

- There were increases in some shift differentials, preceptor pay, and call (standby pay).
- An improved low census process.
- Healthy Work Environment.
- They also agreed to make their contract go for four years.



Other Unions

- **Our members continue to get regular solicitations from other nursing organizations like California Nurses Association.**
- **While we have no SEIU nursing activity here in Oregon, yet, that scene could change after the November election.**



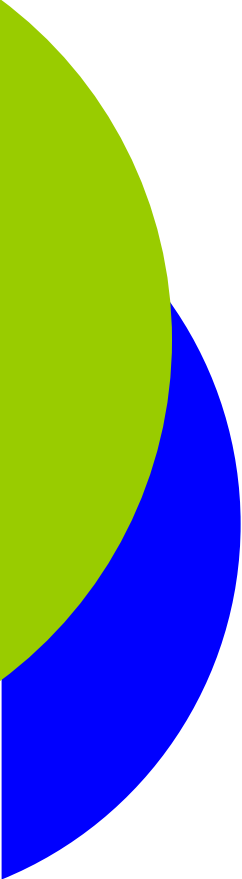
Other Unions

- **AFT (OFNHP) has organizing staff hanging around from their Legacy campaign.**
- **Their “criticisms” of ONA’s legislative approach and some of our contracts have gained some appeal among some nurses within Providence.**



Partnership with Providence

- We are starting our second year in a formal effort to work together.
- The liaison project is helping us greatly, but we only have one more year.
- Hopefully our bargaining discussions will generate some of the activity and direction for the partnership for the coming year.



So what are we proposing

We will go in order as things appear in the contract not necessarily in order of importance or by theme.



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.**
- **Even the non-member Charge Nurses and AHNs want this.**
- **This is a Kentucky River issue.**
- **It seems like it was resolved last time but there is nothing in the contract on this topic.**



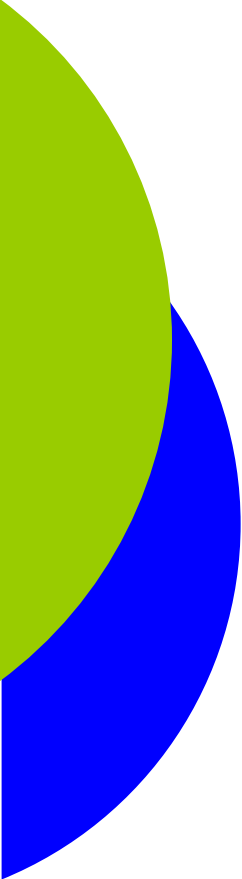
New Article 2: Definitions

- Clarify that AHNs do provide patient care even if it is indirect at times.
- This is also a Kentucky River issue.
- Clarify that being a charge nurse is a voluntary assignment. This has been an issue in some units from time to time.



New Article 2: Definitions

- **Under part-time nurses -- allow for a part-time nurse to be 20 hours not just 24.**
- **This would be at your option -- the posting of such positions.**
- **We want a chance for a benefited position like this again. We think it could help keep senior/experienced nurses around.**



Improving ONA's Effectiveness and Influence -- Membership

This is one of our key themes for this bargaining. We have several proposals around this theme.



New Article 3: Membership

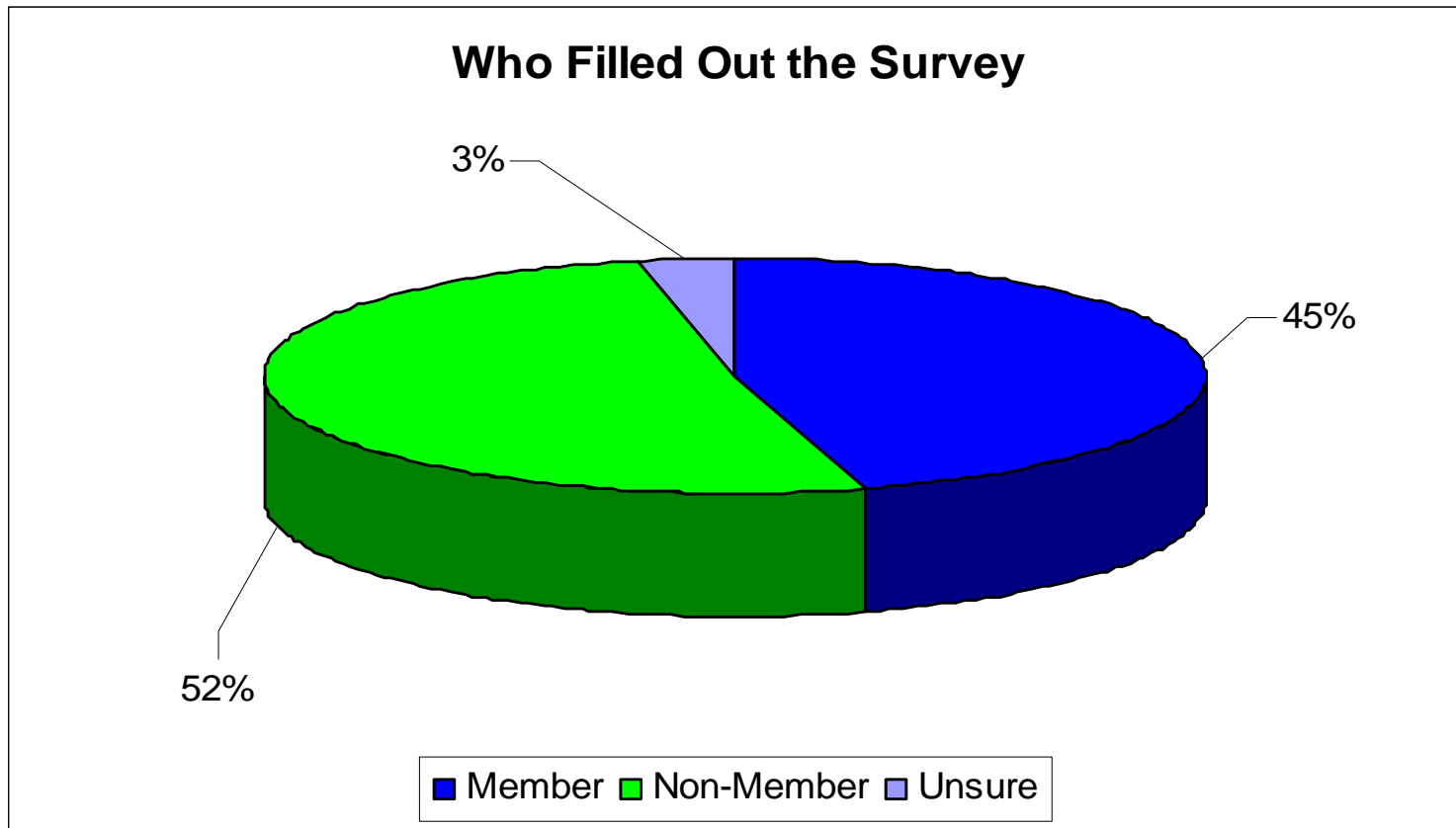
- **We need a real membership clause like other union contracts have both in Portland and within Providence.**
- **We would be more effective, and more nurses would participate if we had a requirement to join or pay fairshare.**



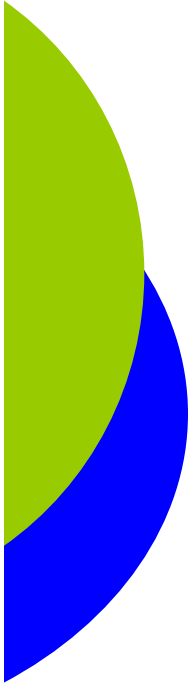
ONA Membership & Fair Share

- **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.**

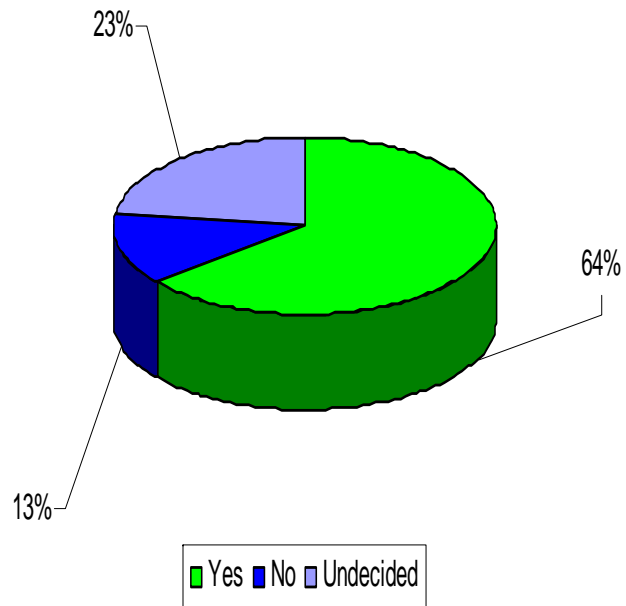
Preliminary Survey Results



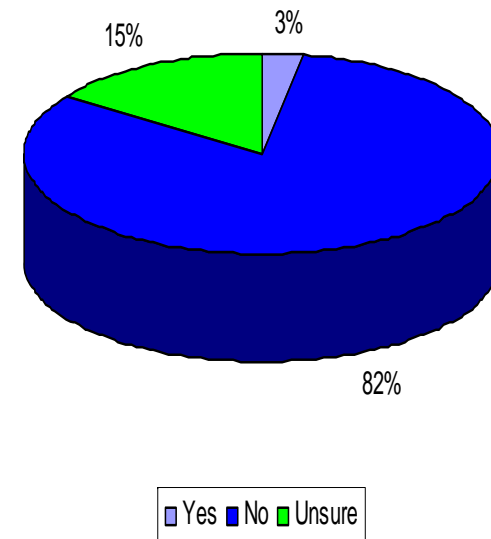
Preliminary Survey Results



Support for Fair Share



Will Fair Share Cause You to Quit PPMC





New Article 5: PTO

- This used to be Article 3.
- One minor change would be to have the weekend shift differential a nurse earns when working a weekend be included for taking a PTO payout for weekend work.
- It is part of a nurses compensation when he or she works and PTO should make that up.



New Article 5: PTO

- **We also want to allow a nurse to have an accrual of PTO that is double the accrual rate.**
- **It is a small reward for people with a lot of seniority and ability to accrue more PTO.**
- **It also rewards good attendance.**
- **It is also a cushion for emergencies.**



New Article 6: EIT

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



New Article 6: EIT

- We also want to include language that says that EIT can be used with approved OFLA/FMLA leaves.
- We think this is a minor change -- citing the law.
- We have also proposed getting rid of the EIT cap on the amount of EIT you can earn.



New Article 7: Overtime

- **We want the provisions of HB 2800 around mandatory overtime and limits on the amount of time nurses can work 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 7: Overtime

- **This is a safety issue and a nursing satisfaction issue.**
- **The Hospital does well with this overall except for a few units where there is a lot of call being worked – particularly in the CVL.**
- **This proposal is tied to one of our key themes around staffing.**



New Article 8: Schedules

- **This is a new article created out of Article 5 in the current contract.**
- **We have two substantive changes.**
- **We would allow 30 year nurses to not have to work weekends or participate in mandatory call.**
- **This is one of several proposals we have around valuing longevity.**



New Article 9: Holidays

- **This is also pulled out of Article 5.**
- **We have two substantive proposals.**
- **We want to add Easter and MLK's Birthday as Holidays.**
- **This organization places a lot of value on diversity.**
- **This is a Catholic Hospital and Easter should be recognized.**



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 essentially a clarification especially since the steps of the 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.**



Health Insurance Benefits

Keeping the good benefits we have and improving one aspect is a key theme for us in this round of bargaining.

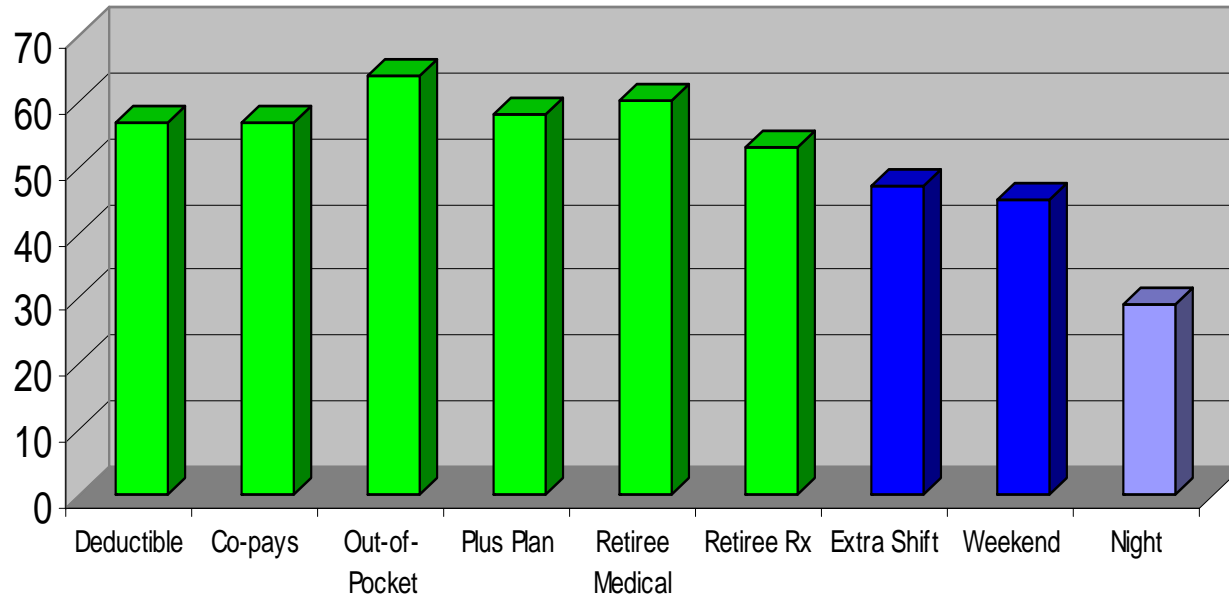


New Article 12: Health Insurance

- **This is one place where Providence is a leader in the market.**
- **Providence covers the premium on the base plan and the co-pays and deductibles are reasonable.**
- **Nurses have told us “Please leave the benefits the way they are.”**

Preliminary Survey Results

What is Important for Health Insurance





Health Insurance

- **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.**



New Article 12: Health Insurance

- We have three other proposals:
- A process to examine the brand drug formulary and make changes.
- The ability for nurses on an approved workers comp claim to keep their premiums on the health insurance paid for longer than 3 months.
- Short Term Disability.



This Formulary Needs Updating

Desyrel

Adalat CC

Calan SR

Dilacor XR

Lotensin

Mavik

Prinivil

Tenormin

Toprol XL

Univasc

Zestril

Deconamine SR

Felidene

Motrin

Naprosyn

Orudis

Armour Thyroid

Levthroid

Levoxyl

Synthroid

Premarin

Unithroid

Alupent

Nasacourt AQ

Nasarel

Proventil

Rhinocort AQ

Rhinocort

Reglan

Tagamet

Ortho-novum 1/35

Ortho-novum 7/7/7



New LOA: Prescription Drugs

- We are proposing a letter of agreement that outlines a process for improving the prescription drug formulary for brand drugs and what is included.
- We would jointly review data and talk with nurses about what needs to be included.



New LOA: Prescription Drugs

- The parties would seek to reach consensus about what new drugs to add to the formulary.
- If a consensus could not be reached then the unresolved inclusions or exclusions would be given over to an arbitrator to help decide.



Improving our Retirement

This is another one of our key themes for this negotiations.



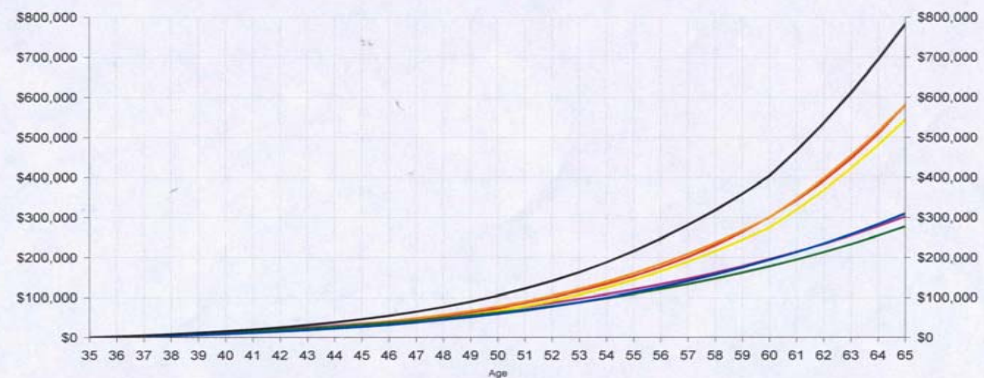
New Article 13: Retirement

- **Our proposed changes for this Article are based on what we have learned and keep learning about the retirement benefit starting four years ago from our bargaining at Willamette Falls Hospital.**

Improving Our Retirement

Accumulation of Benefits Willamette Falls Hospital Competitive Analysis

Present Value of Benefit Payable as a Lump Sum
Sample Employee 2 Data at 2004: Age = 35, Service = 0, Salary = \$30,000



Equity: Rate of return on account balance: 7.5%
Bond: Rate of return on account balance: 3.75%
Equity investment mix: 80%; 70%; 60%; 50%; 40%; Post-retirement 40%
Salary increase rate: 3.5%



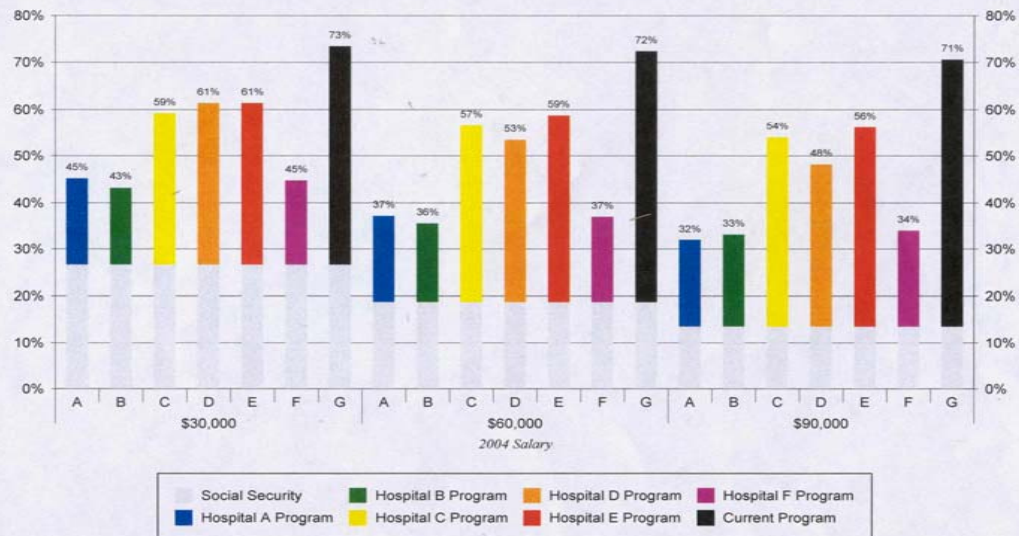
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Improving our Retirement

Income Replacement Willamette Falls Hospital Competitive Analysis

Income Replacement for: (A) Hospital A (B) Hospital B (C) Hospital C (D) Hospital D (E) Hospital E (F) Hospital F (G) Willamette Falls
Sample Employee 2 Data at 2004: Age = 35, Service = 0, Retiring at Age 65

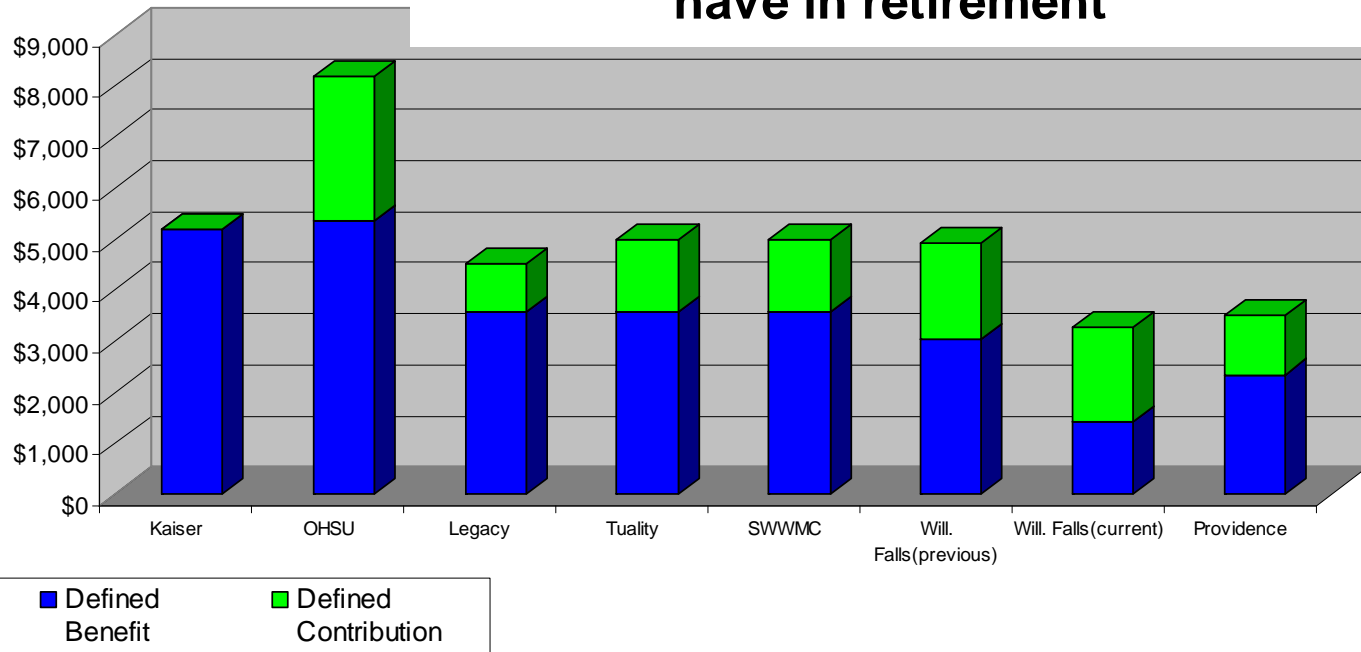


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New Article 13: Retirement

How much monthly income will a nurse have in retirement





New Article 13: Retirement

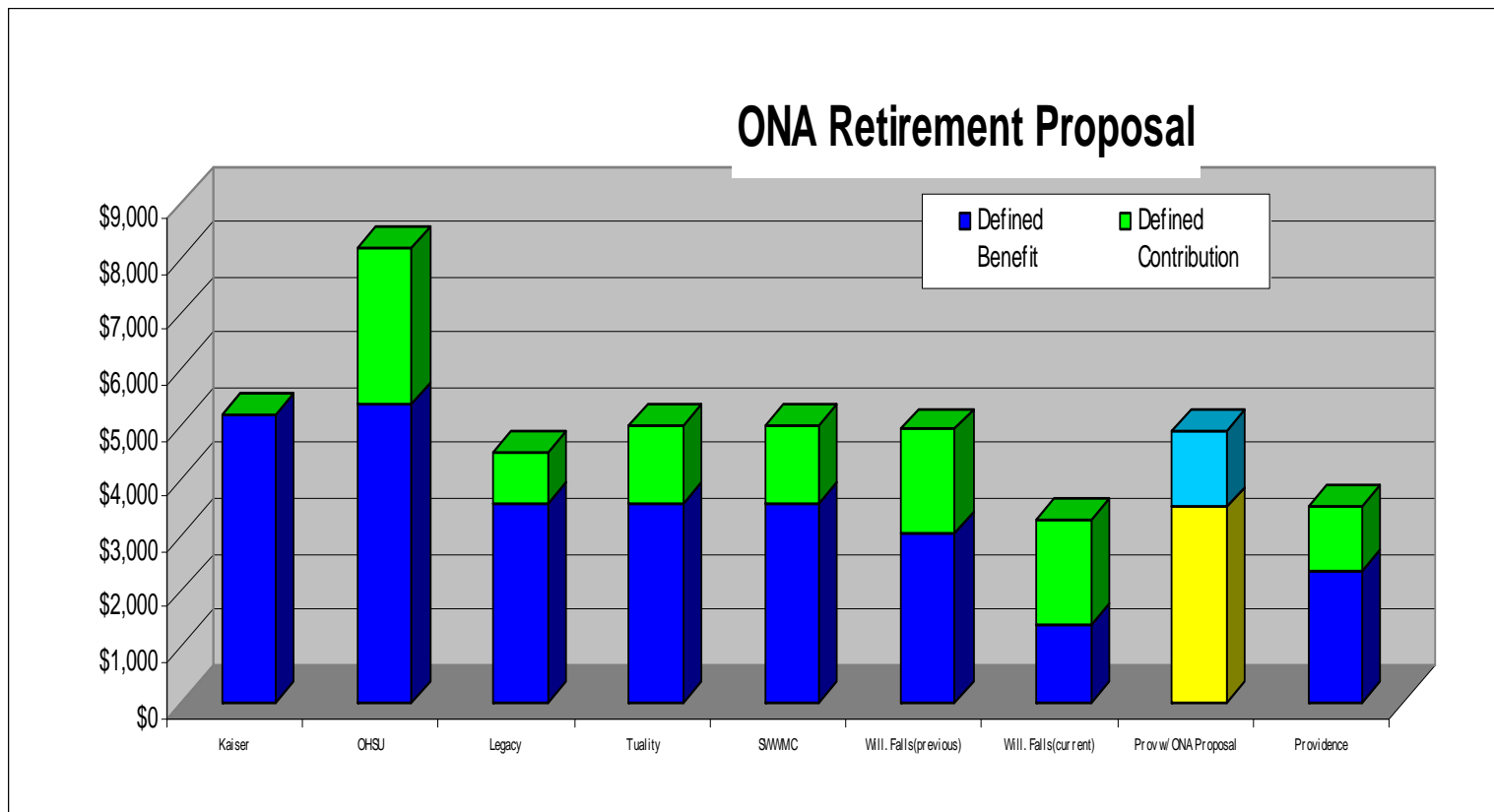
- **Our proposal to improve the retirement benefit is three fold.**
- **Increase the Core Plan contribution from 5% to 7.5%.**
- **Earn the highest Value Plan match to 3% on a 6% contribution right away and eliminate the ten year wait.**



New Article 13: Retirement

- **And last but not least, 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.**
- **We have proposed a fully paid medical plan for nurses who retire with 20 years of service at PPMC.**

New Article 13: Retirement

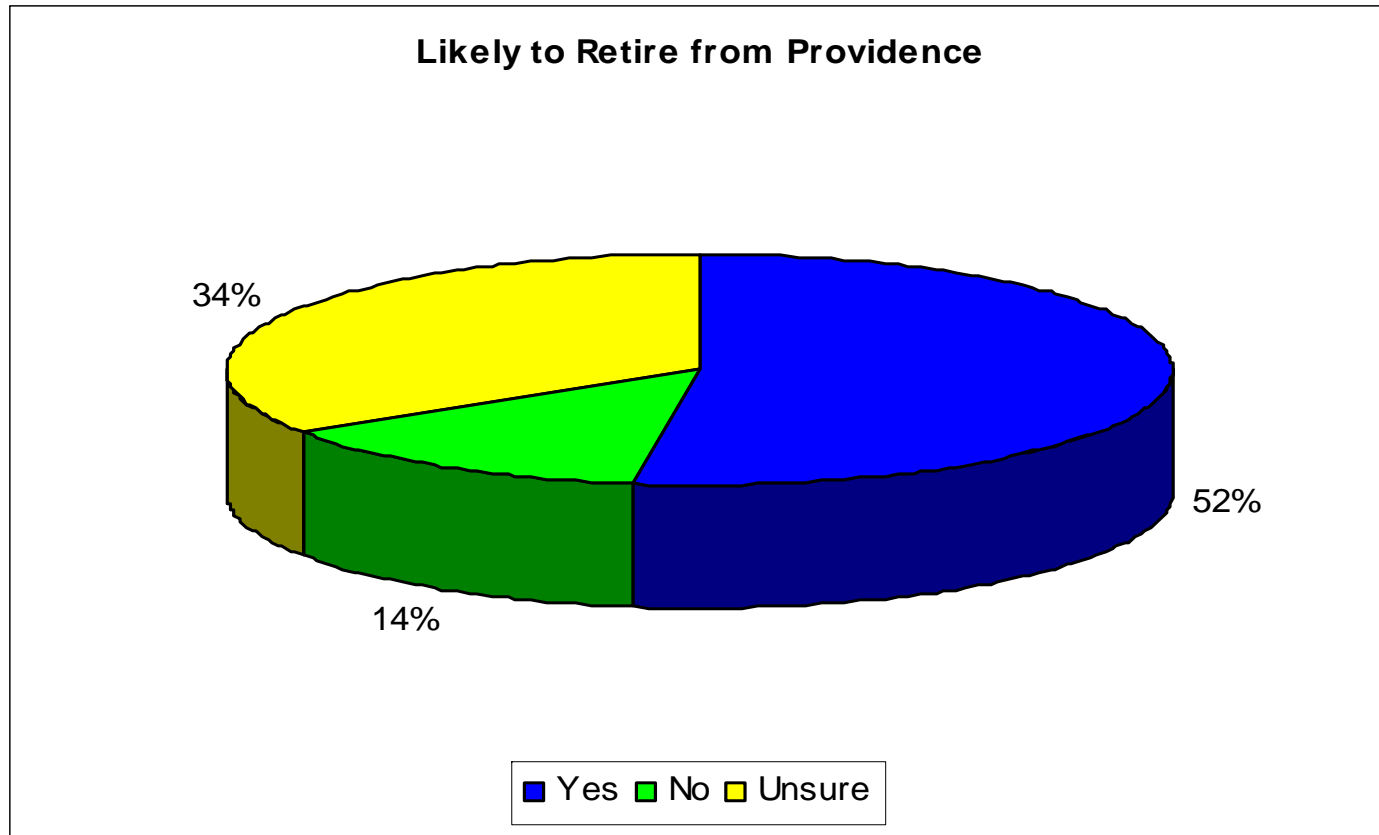




New Article 13: Retirement

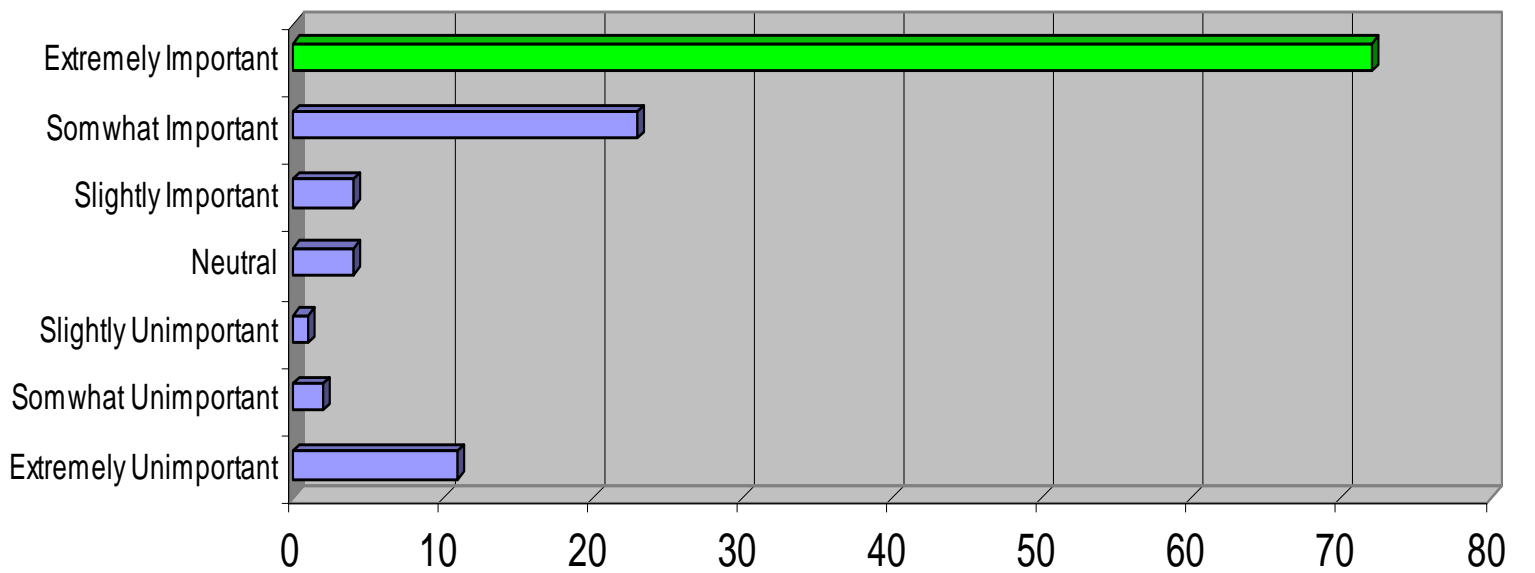
- **We know this is possible.**
- **Some nurses already have a better deal because of the rule of 50.**
- **The rule of 50 gave nurses who were here at the time of the conversion with enough years of service and age a better retirement than what most of the nurses have.**

Preliminary Survey Results



Preliminary Survey Results

How Important is it to Improve the Retirement Benefit





New Article 14: ONA Business

- **This is currently Article 10.**
- **We moved language about lists to be provided to ONA here out of Article 15 Seniority.**
- **And we have one other proposal.**
- **To create an ONA unit rep council that meets quarterly on paid time for 2 hours.**



New Article 14: ONA Business

- **Our membership is low for lots of reasons.**
- **One of the reasons is the low profile we have here at PPMC.**
- **The other is the lack of structure.**
- **We need more formal infrastructure especially if the Liaisons are going away next year.**



New Article 14: ONA Business

- **Ideally we would have a unit rep for each unit and each shift.**
- **The quarterly meeting would allow for networking and training.**
- **It would help us to have better organization and facilitate better communication.**
- **Right now for 1000 nurses about 20 people do all the work.**



New Article 16: Grievances

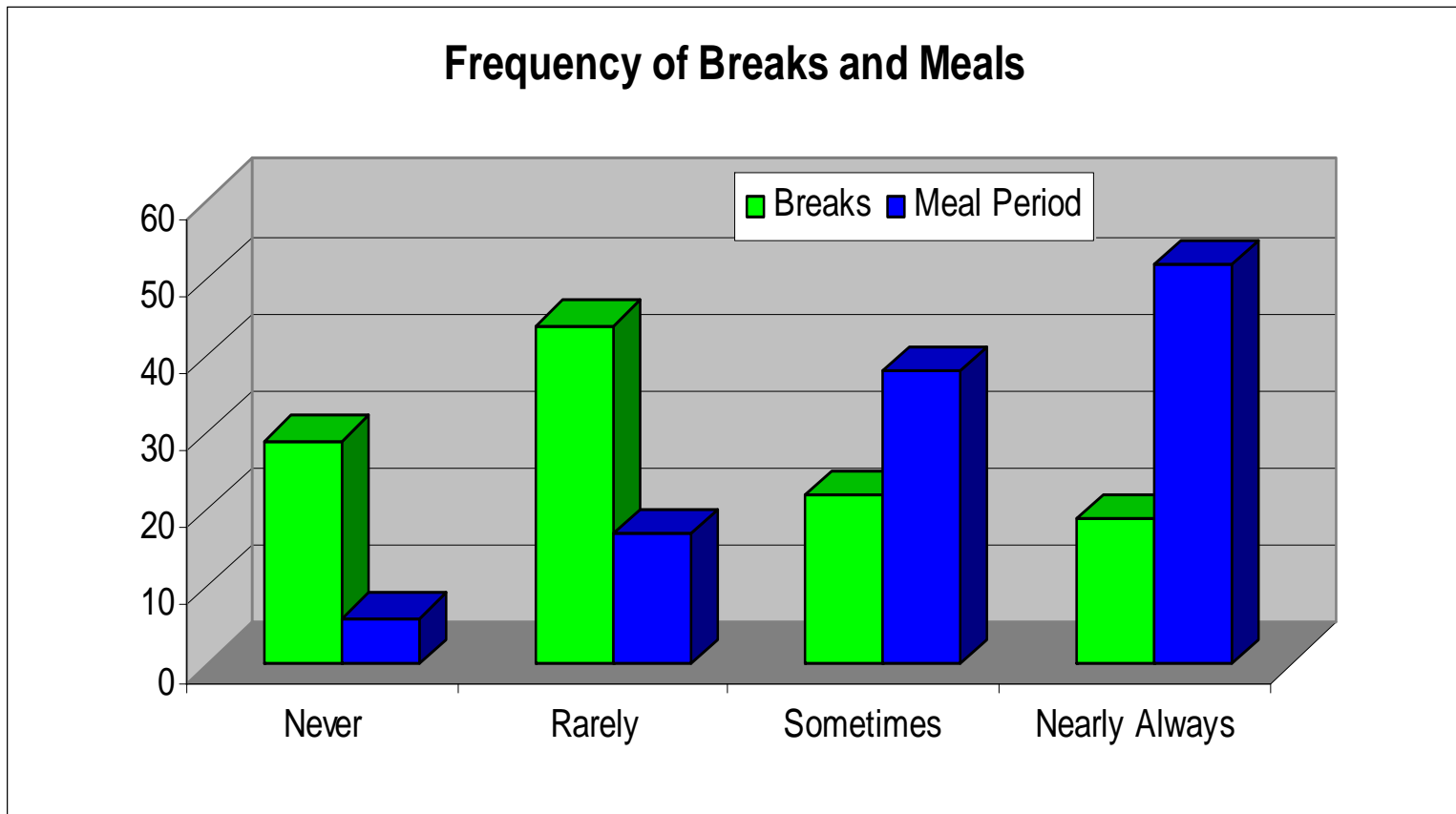
- **This is an updating of Article 12.**
- **One of our proposal's makes all the timelines 14 days.**
- **The other allows Association Representatives to file grievances and not just nurses who have grievances.**
- **Other unions have criticized this provision in our contract. It is very restrictive.**



New Article 17: Break Rooms

- This is taken out of Article 6 with one update.
- 2G does not have a break room on their unit.
- It is a huge dis-satisfier for these nurses.
- We know space is a premium for patients, but a place to rest on the unit is a premium too.

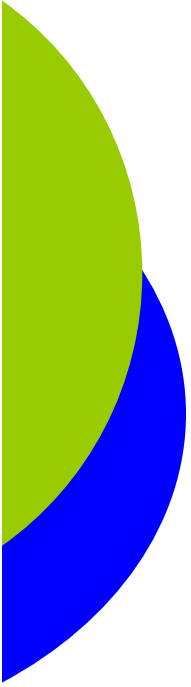
Preliminary Survey Results





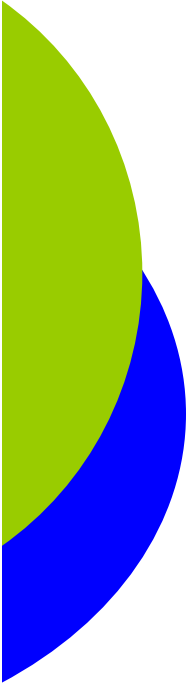
New Article 18: Court Appearances

- **This is lifted out of what used to be Article 7.**
- **We are not proposing any changes to this language just a new article again so that the topic can actually be located in the contract via the table of contents.**



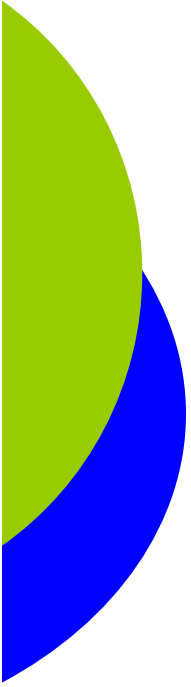
New Article 19: Professional Development

- **This was Article 13.**
- **If required education is scheduled at the end of the shift, (night shift) then the night shift differential needs to be paid to that nurse.**
- **The required education is a continuation of the nurse's work.**



New Article 19: Professional Development

- **If there are expenses that are borne by a nurse for required education or training like equipment or text books the Hospital should reimburse the nurses for those expenses.**
- **The current practice seems unclear.**



New Article 19: Professional Development

- **One more additional education day for a total of two for all nurses.**
- **There is a lot to learn, things change a lot, and many programs are longer than a day.**



New Article 20: PNCC

- This used to be Article 14.
- The only change is we want to add 2 more members.
- Again 6 people doing all the work for 1000 RNs is not workable.
- Improving this committee's profile will help ONA to show case work on practice and the profession better.



Breaking up Article 15

- Article 15 has about 4 different topics: **seniority, job posting, lay-off, and low census.**
- We are proposing that we break up this article into four different articles based on the topic.
- This again is part of making our contract more accessible.



Breaking up Article 15

- We have minor changes around job posting that we have proposed for a new Article 22.
- We want job postings to list the unit, the hours (FTE), and the shift.



New Article 29: Task Force

- This used to be Article 20.
- We would like more managers and more nurses involved in Task Force here at PPMC.
- This is something they do at St Vincent.
- This would help elevate ONA's profile and influence.



Appendix A

Wages that keep up with inflation and account for the low retirement benefit, and some other improvements in some of areas of compensation.

St V leads a little in the market

Date	Hospital	step 1	step 5	step 10	step 15	step 20	step 25
Currently	Portland Prov.	\$28.21	\$33.00	\$36.20	\$37.92	\$39.40	\$41.87
January 2009	St Vincent	\$29.24	\$34.31	\$37.65	\$39.43	\$41.41	\$43.54
Currently	Home Health Prov	\$30.91	\$33.45	\$36.94	\$40.37	\$42.74	\$42.85
October 2008	OHSU	\$28.51	\$34.35	\$36.00	\$37.76	\$39.55	\$41.42
January 2009	Willamette Falls	\$28.05	\$34.58	\$35.61	\$37.05	\$38.93	\$40.29
Currently	Legacy	\$28.08	\$31.38	\$33.68	\$35.28	\$36.99	\$39.09
January 2009	Tuality	\$28.70	\$33.94	\$37.75	\$39.11	\$40.95	\$42.59
October 2008	Kaiser	\$28.83	\$34.75	\$37.56	\$39.07	\$41.46	\$41.46
Average	Region	\$28.82	\$33.72	\$36.42	\$38.25	\$40.18	\$41.64
PPMC wages compared to Average		-2%	-2%	-1%	-1%	-2%	1%



The Wage Proposal

- **With inflation above 4%.**
- **With the least generous retirement benefit 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.**

The Wage Proposal

1/1/2009 for a total of 8.5%					1/1/2010	1/1/2011
PPMC	Current	4%	2.50%	2%	6%	6.5%
Steps	Rate	Like St V	Retirement	Inflation	STV plus Inflation	STV plus Inflation
Step 1	\$28.21	\$29.34	\$30.07	\$30.67	\$32.51	\$34.63
Step 2	\$29.72	\$30.91	\$31.68	\$32.32	\$34.25	\$36.48
Step 10	\$36.20	\$37.65	\$38.59	\$39.36	\$41.72	\$44.43
Step 15	\$37.91	\$39.43	\$40.41	\$41.22	\$43.69	\$46.53
Step 20	\$39.82	\$41.41	\$42.45	\$43.30	\$45.89	\$48.88
Step 21	\$40.43	\$42.05	\$43.10	\$43.96	\$46.60	\$49.63
Step 22	\$41.04	\$42.68	\$43.75	\$44.62	\$47.30	\$50.38
Step 25	\$41.87	\$43.54	\$44.63	\$45.53	\$48.26	\$51.39



Rewarding Experience

- 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.

1/1/2009 for a total of 8.5%					1/1/2010	1/1/2011
PPMC	Current	4%	2.50%	2%	6%	6.5%
Steps	Rate	Like St V	Retirement	Inflation	STV plus Inflation	STV plus Inflation
Step 27	NA	\$44.42	\$45.53	\$46.44	\$49.22	\$52.42
Step 30	NA	\$45.30	\$46.44	\$47.37	\$50.21	\$53.47



Differentials and premiums

- **We compare fine to St Vincent and to other Hospitals.**
- **Some things are better here**
- **Some things are better elsewhere.**

How does PPMC Compare

Date	Hospital	Evening	Night	Weekend	Certification	Extra Shift	Preceptor	Charge	Standby
Currently	Portland Providence	\$2.75	\$5.25	\$1.00	\$1.75	\$18.00	\$1.50	\$2.25	\$3.40
January 2009	St Vincent Providence	\$2.35	\$5.75	\$1.00	\$1.75	\$18.00	\$1.75	\$3.35	\$3.75
October 2008	OHSU	\$2.20	\$6.00	10% wages earned on weekend	\$1000 annual bonus payment	\$10.00	\$2.00	\$2.85	\$100 in 8 hour shift
January 2009	Willamette Falls	\$2.00	\$5.00	\$1.35	\$1.00	\$10.00	\$1.00	\$1.75	\$3.40
Currently	Legacy	\$5.00	\$5.00	\$2.00	NA	\$9.00	NA	NA	\$3.25
Jan. 2009	Tuality	\$2.10	\$5.25	\$1.50	\$1600 for FT \$800 for PT	time 1/2 or double time*	\$1.25	\$1.50	\$3.50
Oct. 2008	Kaiser	\$2.50	\$5.00	\$0.00	\$0.00	\$20.00	\$1.20	\$1.65	\$3.50
Average	Region	\$2.70	\$5.32	\$1.14	\$1.13	\$14.17	\$1.45	\$2.23	\$3.47
PPMC compared to the Average		2%	-1%	-14%	36%	21%	3%	1%	-2%



Appendix A

The improvements we are seeking.

- **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.**



Appendix A

- **We have very few on-call nurses here at PPMC.**
- **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.**
- **Providence does this in Hood River.**



Appendix A

- **We are also proposing that 30 year nurses who agree to work on-call would earn a 15% differential in lieu of benefits.**



Appendix A

- **If you end up working 2 weekends in a row the nurse should be compensated for that.**
- **We are proposing time and a half for working two weekends in a row -- just like St Vincent.**
- **We also are proposing that the differential go up to \$2.00 an hour.**



Appendix A

- We have proposed that incentive 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 incentive shift pay.



Appendix A

- **Precepting can be a rewarding experience, and it can also be a challenging one.**
- **We are proposing that the differential increase to \$2.50 and that the preceptor share an assignment with the new nurse.**
- **The preceptor does not take their own load on top of the new nurse's patient load.**



Appendix B

Being on-call and working when called in from being on-call.



Appendix B: Being on Call

- **We have proposed that the nurses on the OR call rotation have their call pay increased to \$6.00 an hour.**
- **We are also proposing that call pay for everyone else increase to \$5.00 an hour.**



Appendix B: Being on Call

- **When most of us work extra beyond our shift, we get extra shift pay, including overtime if it is earned.**
- **Being on call in some parts of the Hospital means working extra shifts as a requirement and only getting overtime.**
- **This is basically mandatory OT.**



Appendix B: Being on Call

- 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 when called in, they should earn the extra shift pay just like the rest of the nurses when they volunteer to work an extra shift.



Appendix B: Being on Call

- We also need to fix a situation in PACU with regard to call 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 call pay at time and a half.



Appendix B: Being on Call

- **The Hospital switched the compensation to just OT at end of shift when the call back starts at the end of the shift.**
- **We filed a grievance on this, and we lost the grievance.**
- **We are only seeking to restore a long standing practice and standard for working call in the city.**



Appendix C

Certification Pay and Clinical Ladder



Appendix C: Certification

- **We know we have the highest certification pay in the city.**
- **But we only have 25% participation.**
- **It should go higher because we know the value of these certifications to our units.**



Appendix C: Certification

- **We think that certification needs to be valued in much the same way that participation in the clinical ladder program 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.**



Appendix C: Certification

- We are also seeking to update this article with the correct title of the certification and the correct name of the certifying organization.
- We want to make sure we call the certification and the organization by the right title and name and not drop anything we are currently recognizing.



Appendix C: Clinical Ladder

- **We are also proposing increases in the clinical ladder compensation.**
- **Level Two: \$2.25**
- **Level Three: \$3.50**
- **Level Four: \$5.00**
- **Again we want certification to mirror the value of the ladder.**



Some New Proposals

**These are brand new to
the contract**



LOA on Training and Printing

- We are proposing two letters of agreement.
- One is that we would have joint training for managers and nurses (AHNs, Unit Reps, etc.) on the contract and any changes.
- And another where we would jointly share in the printing costs of the contract.



Floating

This would also be a new article in our contract.



Floating

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



Floating

- **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.**



Floating

- **Everyone takes a turn floating except that brand new nurses would not be required to float for the first 6 months.**
- **The charge nurse would also have discretion to interrupt the floating turn schedule if skill mix is an issue.**



Floating

- **A nurse who works a 12 hour shift would not be floated 3 different times in 4 hour blocks.**
- **We think this proposal mirrors much of the current practice.**



Staffing

Better Staffing and a Better Process for Addressing Staffing Concerns.

This is a major theme for nurses.



Staffing Proposals

- **We passed 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.**



Staffing Proposals

- **The Hospital's process needs to be more in the spirit of the law.**
- **There needs to be actual elections for new members.**
- **The Committee needs: co-chairs, to publish minutes for the whole house, meet more frequently, allow observers, and deal with our staffing requests.**



Improve the process

- **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 staffing committee, not just tweaked because of budget concerns.**

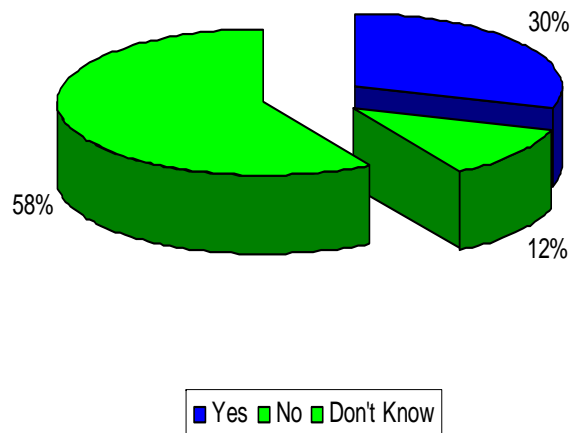


Staffing Proposals

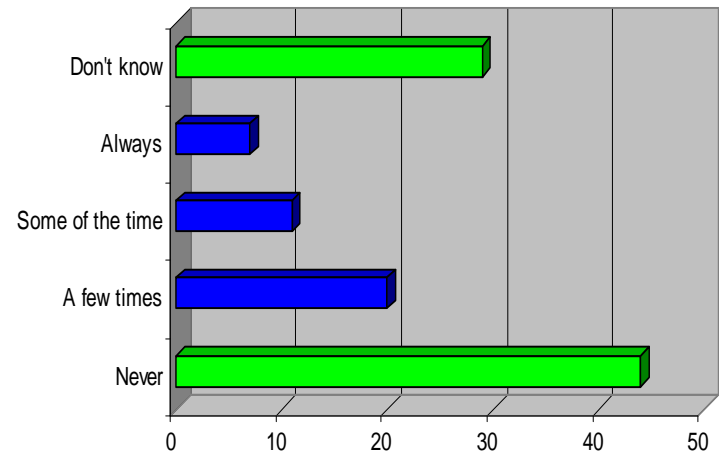
- We also need the contract to reference the law so that it is clear that a nurse cannot be forced to work more than an hour beyond his or her shift,
- More than 12 hours in a 24 hour consecutive period,
- More than 48 hours in a 7 day period.

Preliminary Survey Results

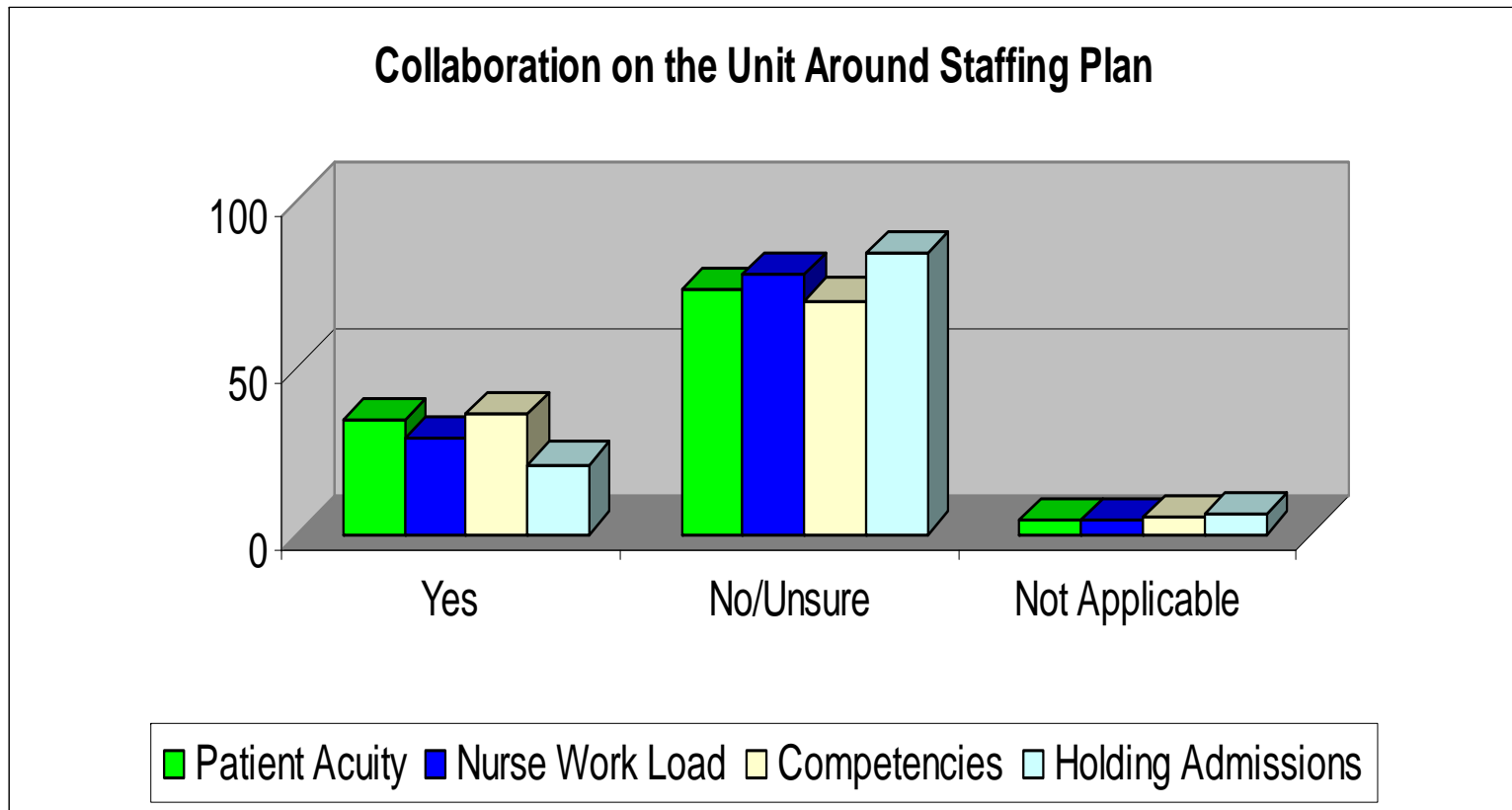
Knowledge of Nurses on Staffing Committee



Receive Information About the Work of the Staffing Committee



Preliminary Survey Results





Staffing Proposals

- **Our proposed article for the contract takes all of that into account.**
- **It describes how the staffing committee will work at the Hospital and also sites the major components of the law.**



In addition

We are asking for more FTEs



Staffing Proposals

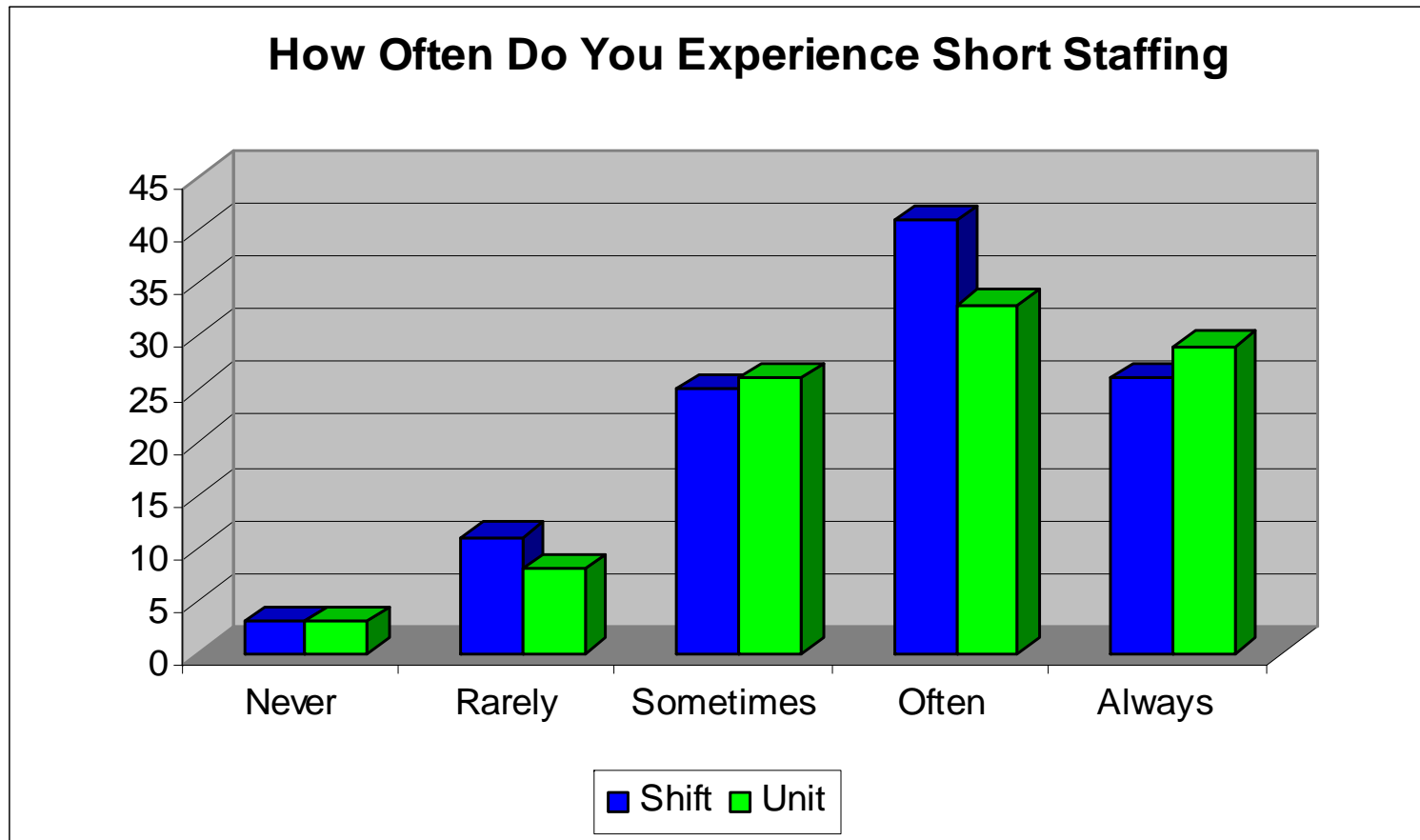
- **14 units that have submitted requests to the House wide Staffing Committee for changes to make their staffing better.**
- **These units have asked for additional FTE includes RNs, HUCs, Techs, CNAs, and CAPs.**



Staffing Proposals

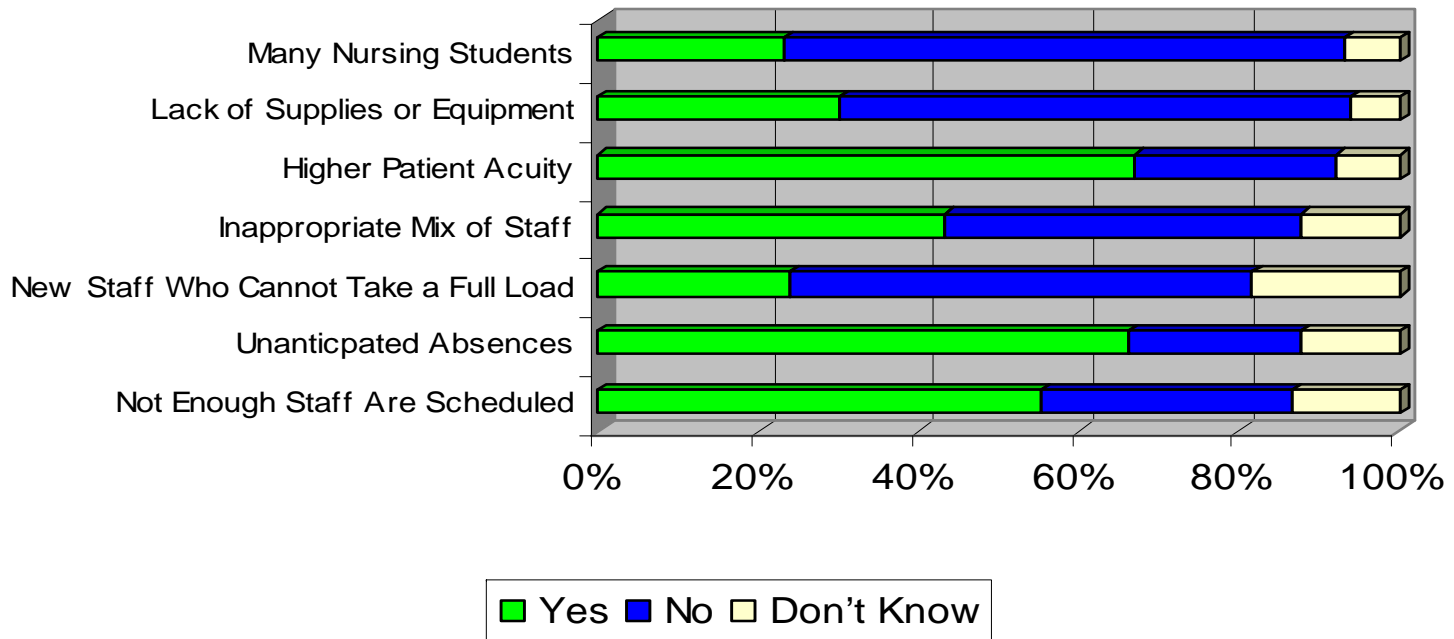
- To help them to get better staffing,
- We have gleaned the additional FTE requests, and on their behalf.
- We are making a proposal for approximately 65 additional FTE distributed to the units that have developed plans and changes to their staffing grids.

Preliminary Survey Results



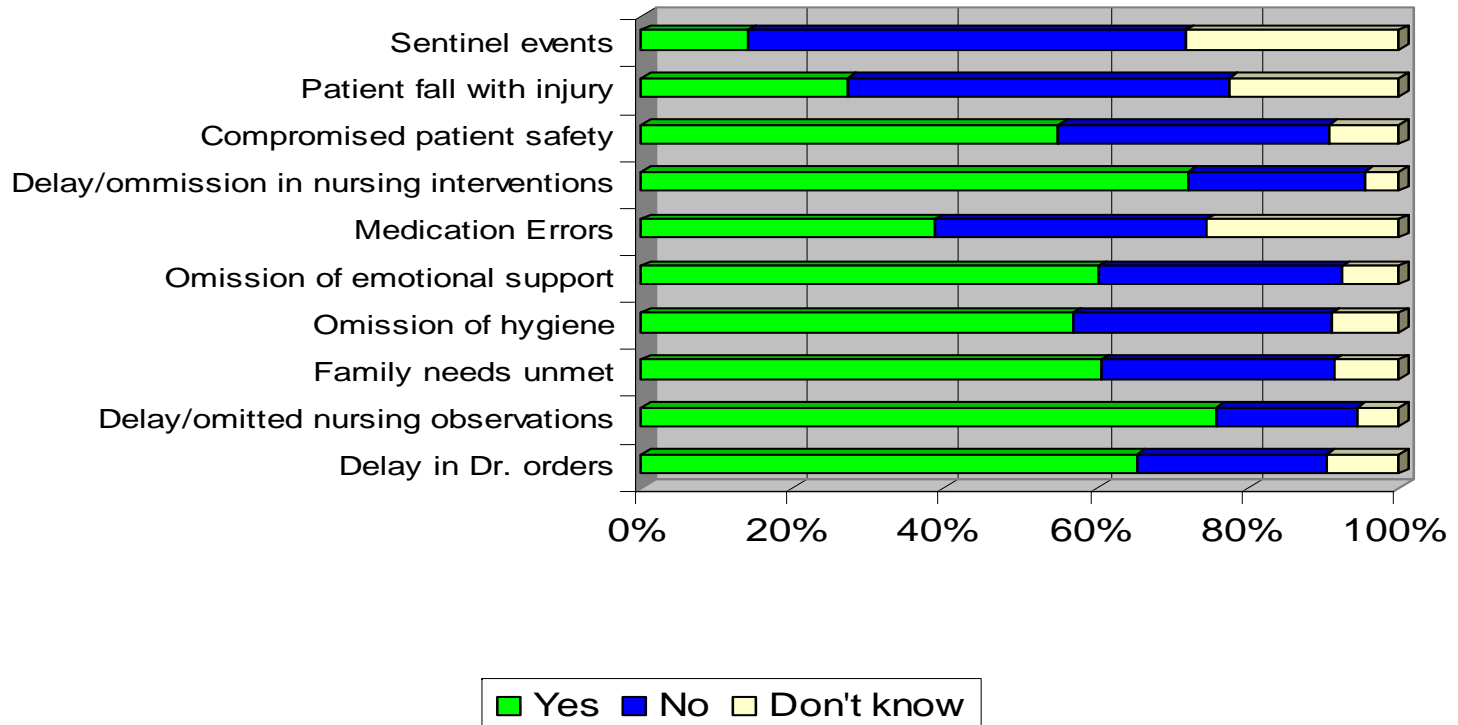
Preliminary Survey Results

Causes of Short Staffing on Unit or Shift



Preliminary Survey Results

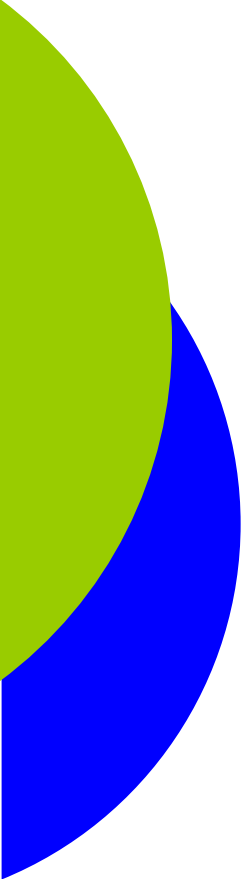
Negative Outcomes due to inadequate staffing





Staffing Proposals

- **We believe some additional FTE would go a long way to address the concerns that our survey results show.**
- **Again these requests mirror what was submitted to the House-wide Staffing Committee.**



Last but not least

Length of Contract

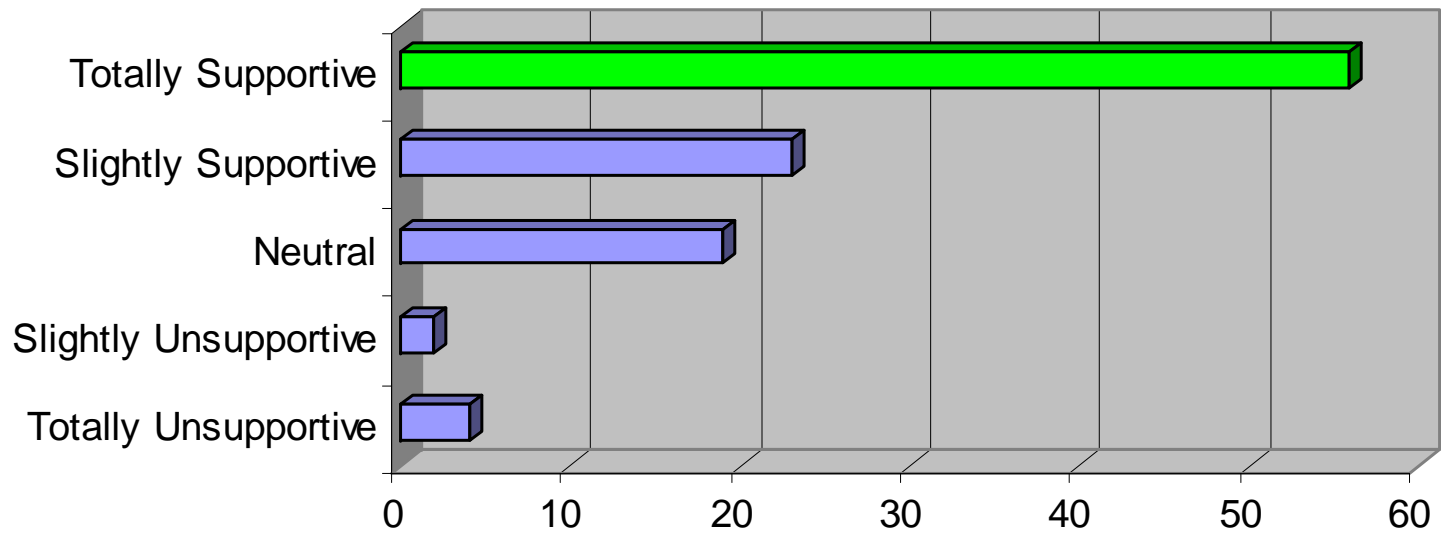


New Article 27: Expiration

- **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.**

Survey Results

Support for a Three Year Contract





In Conclusion

Our major themes are Health Care, Retirement, Wages, Improving Nursing Influence Via ONA, and Staffing.



Health Care Benefits

- **Keeping the good benefits that we have.**
- **A Base Plan with reasonable deductibles and out-of-pocket maximums.**
- **A Base Plan that is fully paid when it comes to premium.**
- **An updated formulary for prescriptions.**



Retirement

- **Making the benefit better for all of the nurses who have made a commitment to Providence not just those who were here in 1998.**
- **Providing for medical insurance if you retire before age 65 and are not yet eligible for Medicare.**



Wages and Compensation

- **An increase that takes into account inflation and the volatility in our economy.**
- **Increases in some of the differentials.**
- **Addressing some of the mandatory overtime created by being on-call.**



Improving Nursing Influence

- **A contract that easier to read and to find the topic you are seeking.**
- **Fairshare where everyone contributes to the success and cost of having ONA here at PPMC.**
- **A three year contract so nursing bargains together with Providence.**
- **A unit rep system with a quarterly meeting.**



Staffing

- **Citing HB 2800 in the contract.**
- **Establishing in the contract how the staffing committee will operate and implement the law.**
- **Making some necessary improvements based on the deliberations of nurses from units that have made requests.**



In Conclusion

Progress on these items will lead to a more contented nursing work force which we believe will translate into better patient care.



Providence & ONA's Leadership

- **ONA is the largest nursing organization in the state.**
- **Providence is one of the largest health care providers on the west coast.**
- **Working in partnership and making progress in these areas could move both the quality of health care and the profession of nursing.**



Providence & ONA's Leadership

- **Ultimately that is what this 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 to get well and stay healthy.**



The End
