Hospital Wants to Take Over Clinical Ladder Decision-Making

Our Bargaining Team continues negotiations with Providence management. It has been a slower-than-expected process, but the two teams have made agreements on some articles (see below) and are close to agreement on others.

Clinical Ladder

Our Union Bargaining Team is not pleased with management's proposal to remove decision-making power from our Clinical Ladder Committee. Clinical Ladder is currently set up so that successful completion of Clinical Ladder levels is judged by the committee of six RN peers and six managers. This ensures that the process is fair for all and that favoritism is avoided. Manage-

ment wants to be able to run the Clinical Ladder themselves and override any CL Committee decisions.

Leaves of Absence (LOA)

The two teams also discussed at length leaves of absence and the company the hospital has hired to handle leaves of absences, Sedgwick Claims Management Services. Our Union has heard that Sedgwick has denied legitimate claims because paperwork was not turned in when Sedgwick says it should have been. However, a claimant is powerless over the physician filling out their portion of the claims. An RN who is disabled may also have to rely on another person to get paperwork to the physician.



"I have found Sedgwick to be a slow and impractical approach for me as a employee seeking help. You must navigate the phone



doctor's office. The paperwork was so ridiculous that I didn't even apply for benefits I should have coming to me."

Stella Kennedy, RN St. Joseph OR

If you have questions, please talk to a Bargaining Team member or:
Union Representative
Tina Bordas, LVN
(818) 298-1039
bordast@seiu121rn.org

Tentative Agreements

Our Local 121RN Bargaining Team and Providence management have tentatively agreed on the following articles, most of which are the same as in our current contract.

Article 1 Agreement
Article 2 Recognition
Article 8 Seniority, Layoff, Recall
Article 12 Nursing Practice Standards
Article 13 Patient Classification System
Article 14 Floating
Article 23 Mandatory Overtime
Article 25 Non-Contractual Wage Increases

Article 29 Discharge & Discipline: We improved this article by getting the hospital to agree to change 10 unpaid investigatory days to 7 unpaid days, plus an addendum that the hospital will pay an RN for any missed shifts if no wrongdoing is found.

Article 31 Arbitration
Article 34 Work Stoppage
Article 35 Successorship
Article 36 Severability & Renegotiation
Article 37 Standards Preserved



We are waiting for management's response to our proposals on 15 different articles, including:

- Classification & Wages
- Clinical Ladder
- Education
- Seniority, Layoff and Recall
- Scheduling Program for Night Shift RNs
- Supplemental Registry Pool (SRP)
- Union Security and COPE Check-Off
- Day Surgery Side Letter

Our Bargaining Team

Brenda Blanco, Acute Rehab Eileen Kenny, Cath Lab Kevin MacVane, Short Stay Stella Kennedy, OR Shelley Vickrey, OR

