We held our third bargaining session with Providence Seaside Hospital (PSH) on Friday, Dec. 28. We expected that administration would propose a major change to the Extended Illness Time (EIT, also known as EIB) program. This new paid leave program impacts paid time off and will result in a new employer paid short-term disability program. This new program was proposed at the Portland Providence Medical Center (PPMC) table earlier this month.

This proposal is to freeze EIT accruals at the end of 2019 and phase out EIT by the end of the calendar year 2020. They are proposing to then replace EIT with a short-term disability benefit that covers 65 percent of wages and a maternity/paternity leave program. Your bargaining team feels like this is a divisive issue and, while it will benefit some nurses, it will be a disadvantage to many.

Management conveyed that this is a top priority for them. So please take the time to fill it out and make your voice heard. Providence St. Vincent Medical Center (PSVMC) does not have this takeaway of the removal of EIT since they are entering their second year of a four-year contract. This discrepancy is due to the fact that this major change to our sick leave benefit program has to be bargained - they cannot implement this change since we are unionized. This new program has been announced at Providence Newberg Medical Center (PNMC), but it will still need to be bargained there, as they just renewed their contract in August and have an expiration in September of 2020.

What else happened on Friday?

Management gave us an initial economic proposal of 1 percent wage increase per year with a 4-year contract. Management also verbally proposed NO retroactive pay, unless we settle in the first quarter of 2019. While it is certainly the goal to settle the contract as expeditiously as possible, we want to carefully consider how this EIT removal will impact our members before agreeing to such a significant change.

We also discussed the issue with the new tactics used in getting nurses to take their breaks. We expressed our concern over a flier that has been used in Med/Surg, OB and ICU that calls nurses "martyrs" for not taking their breaks. In addition, a person is assigned to wear a "break vest" and carry a wand, similar equipment to what traffic controllers use, so that nurses will be
Third Negotiation Session

pushed to go on their break. We discussed the fact that typically nurses don’t go on a break because they are in the middle of patient care and there is either not enough staff, or properly qualified staff, to relieve them. If we had a fully functioning charge nurse program, charge nurses could help increase the likelihood of nurses receiving their breaks. This is what PNMC does, and they are not much bigger than PSH.

Management wants to continue with charge nurses being a role, not a position. This means that nurses who act as charge nurses are not working as charges every shift - only when they are assigned. We pointed out that a few people are not receiving charge nurse pay when performing that work, so make sure that you check your paystub if you have been performing charge nurse work!

In addition, one of our bargaining team members just discovered that she is not receiving certification pay even though she renewed her certification back in August. Please check your pay stub and let us know if you are similarly situated. This has been an issue at multiple Providence facilities, and has resulted in some grievance wins for us, with significant amounts of backpay for nurses.

One win we received Friday is that management agreed that you don’t have to complete HealthStream education while performing patient care. We think it’s a safety issue to multitask patient care and fully comprehend what you are learning from a HealthStream course.

Management dropped a significant and complex takeaway proposal right before Christmas. Stay tuned for more details on the proposals.

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