New AURN Leadership Team Takes Office

A newly elected AURN leadership team took office on June 1. The five AURN Officers comprise the AURN Executive Committee, which meets bi-monthly and guides the day to day operations of our Association. This Executive Committee has three new faces, all with experience serving the AURN as Unit Representatives and/or Bargaining Team members. Please feel free to contact Executive Team members with your comments, questions or concerns about OHSU and/or AURN. We are elected to serve you.

AURN President – Clarice Gerlach, RN (Cardiovascular Medical ICU). Clarice has lengthy leadership experience as a Unit-Based Nursing Practice Council (UBNPC) Chair, Professional Nursing Care Committee (PNCC) Member, OHSU Standards for Critical Care Committee Chair, Critical Care Cluster Council and Code Response Nurse Development Committee. Clarice served on the Bargaining Team during last year’s AURN contract negotiations. Clarice is also a member of ONA’s Statewide Cabinet on Economic and General Welfare, which sets and administers labor relations policy for ONA. Best contact route: email gerlachca@yahoo.com

AURN Vice President – Elizabeth McPhee, RN (Intermediate Medical Care Unit). Lizzy is an AURN Unit Representative, has served on her UBNPC, and was a member of the Bargaining Team during last year’s negotiations. Best contact route: email mcphee@ohsu.edu

AURN Treasurer – Marc McDermid, RN (Oregon Poison Center). Marc is an AURN Unit Representative, has served on his UBNPC, and was an active member of the AURN Contract Action Team during last year’s negotiations. Best contact route: email mcdermid@ohsu.edu

continued on page 2
New AURN Leadership  (continued from page 1)

AURN Secretary – Cheryl Rice, RN (Doernbecher OR). Cheryl has lengthy leadership experience as AURN Unit Representative, UBNPC Chairperson, OR Service Line Lead, PNCC Member, and Magnet Champion. Cheryl has previously served as AURN Secretary, and has served on the Bargaining Team during several rounds of negotiations. Best contact route: email cheryllrice@comcast.net

AURN Member-at Large – Harold Fleshman, RN (Transplant/Urology/Plastics). Harold has also served as AURN President (2006-12), AURN Treasurer, AURN Grievance Committee Chair, on the AURN Executive Team and the OHSU Impairment Free Task Force. Harold has served on the AURN Bargaining Team during many rounds of negotiations and is an ONA Board Member. Harold also serves as an AURN Unit Representative. Best contact route: email fbigpopparn@comcast.net

Inside the Cost of OHSU Parking – Part 1

As announced recently in OHSU's employee media, most parking prices increased two to three percent for the new fiscal year starting July 1 — with further increases implied for each of the next ten years. However, employee media made little effort to explain why.

Parking finance is in transition because OHSU began at least partially funding the TriMet transit-pass employer program as an employee benefit and no longer just with parking revenue. Because the TriMet program has long been the largest item in the transportation and parking budget, it seems logical for that budget to now require significantly less parking revenue — yet an upper tier of OHSU leadership has consciously chosen to charge more.

Also: In a closely held strategy document entitled “Transportation and Parking Strategy” the upper tier specified a self-contained “parking economy” in which parking funds “will not be used for any activities unrelated to parking and transportation.” Yet indications so far are that middle tiers of authority have chosen to hold parking revenue in a common bucket with other funds and use it for expenses including those unconnected to parking or transportation.

Transparency is not optional

The wisdom of such choices may be subject to opinion. But making them within insular tiers without sufficiently explaining them to stakeholders — in this case, the vast number of employees who supply the revenue in question by paying to park at work — is not consistent with OHSU’s Code of Conduct. Among its “core values” is “fostering honest, open communication throughout the OHSU community” (page 5, tenth bullet point; italics added).

This is the first article of a series to help bridge OHSU’s inexcusable transparency gap. Future installments will dive deeper into:

- What upper tier leaders specified, and why
- The apparent discrepancies in the middle tier’s implementation
- How you can cope – and help your fellow employees as well

Apologies in advance: This is a murky matter and some of the material may be hard to follow. However, for now, here is something more clear-cut.

Day-parking prices defy compliance

In the same strategy document, upper tier leaders specified that OHSU parking prices remain benchmarked “at the median or lower when compared to other downtown Portland parking rates.” OHSU’s new monthly prices seem compliant so far, but already the implementation of daily prices is not.

Parkme.com finds and compares parking prices in many metro areas, including downtown Portland. Setting the finder to an 8-to-5 weekday (plus a few minutes on each end for walking to/from the car) reveals a median price around $10 (at this writing), even excluding the bargains west of I-405. Yet as of July 1, the Marquam Hill day-parking price rose to $13.

Check back next month for more information about employee parking at OHSU.
New Evaluation Process Mirrors RN Role Description

In 2013 most nurse managers and other supervisors began using a new personnel evaluation form, also known as the OHSU Health Care Registered Nurse Performance Appraisal and Planning Form. We’ll just call it the evaluation form. The evaluation form was recently revised to align it with OHSU’s Nursing Professional Practice Model (NPPM) and its categorization of registered nurse competencies into the scientist, leader, practitioner and communicator framework. We’ll discuss the changes to Part B, the RN Performance section of the evaluation form today, but watch for Part A, the OHSU Core Competency section (the common part of the form used to rate all employees) to change in the near future in alignment with OHSU’s new “core competencies”. Start familiarizing yourself with the new core competencies as well.

All nurses should understand the NPPM and the related criteria contained in the evaluation form. If you haven’t yet been asked by a manager or professional practice leader (PPL) to relate one of your nursing experiences to the NPPM, you soon will. These are the criteria upon which nurse performance at OHSU will be judged. Click here for more information about the NPPM and other evaluation related topics. These are the criteria upon which nurse performance at OHSU will be judged.

Prior to conducting an evaluation, supervisors usually ask nurses to complete a self-evaluation, using the RN Role Description Rubric – Performance Examples Self-Appraisal Tool. Nurses should be thoughtful in completing their self-evaluation, but make sure to find out how much time your manager would like you to spend on it, and whether they would like you to work on it at home, because all time spent working on your self-evaluation, preparing for an evaluation, or evaluating another nurse at the request of your manager, is paid time. No manager should require you to participate in any employee evaluation related activity on your own time.

A primary purpose of nurse evaluations is to determine the training needs of the nurse. Prior evaluations are also used to determine qualifications and the relative skill of candidates for internal transfer.

Evaluations and Discipline

Nurses should not be concerned that they will be disciplined if they have a negative evaluation. OHSU and the AURN have agreed that evaluations are non-disciplinary. Events that are discussed in an evaluation may have led to an investigation and/or discipline outside the evaluation process. Usually, nurses are aware of those events prior to an evaluation and are not surprised when they are discussed as part of the evaluation. But the evaluator’s opinion and rating of the nurse is not in itself a cause for discipline. In fact, because of OHSU’s culture of continuous feedback, nothing in a nurse’s annual evaluation should be a surprise to the nurse. New specific concerns are not appropriate in an annual evaluation. The annual evaluation process is designed to sum up the nurse’s progress and the notable events in the nurse’s development since the last evaluation.

Prior personnel evaluations may be used during the disciplinary process if the employer wants to demonstrate that they previously counseled a nurse about unwanted behavior or poor performance, or if the Association wants to demonstrate that a nurse was generally a high performer.

The right to evaluate employees is inherent in the right of management to operate any business and has heightened importance in the health care field. Thus, professional associations have had an uphill climb convincing employers to agree to restrictions on their ability to determine the evaluation process. Nonetheless, the AURN has been successful in negotiating certain rights for nurses. These are primarily found in Article 6.7 of the AURN contract.

Here are five things to remember:

- Nurses generally have a right to be evaluated after any trial service period and annually thereafter.
- The nursing performance part of the evaluation must be conducted by a nurse who is competent to assess the nurse’s skill.
- Nurses must have an opportunity to submit peer evaluations in accordance with unit procedures developed in collaboration with the Unit-Based Nursing Practice Council.
- Managers are required to discuss the evaluation with the nurse,

Continued on page 4
New Evaluation Process Mirrors RN Role Description (continued from page 3)

- Nurses have a right to submit a rebuttal to an evaluation and any other documentation they desire and to have that information accompany their evaluation in their personnel file.

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Are You Familiar with Oregon’s Nurse Staffing Law?

The Oregon Nurse Staffing Law ensures that our citizens, when hospitalized in an acute care facility, will receive safe patient care based on sufficient, safe nurse staffing.

Important Requirements of Oregon’s Hospital Nurse Staffing Law Include:

- The staffing plan must be based on the individual and aggregate needs of the patients and their requirements for nursing care.
- The plan must delineate specialized qualifications and competencies required of the nursing staff.
- The plan must be based upon nationally recognized specialty standards.
- The written staffing plan must recognize differences in patient acuity.
- The written staffing plan must include a formal process for initiating limitations on admission or diversion of patients to another facility when there is an inability to meet patient care needs or a risk of harm to existing and new patients.

A hospital may not require RNs, LPNs or CNAs to work (with a few exceptions – including voluntary overtime):

- Beyond the agreed-upon shift (except a hospital may require one additional hour of work if a staff vacancy becomes known at the end of a shift and there is risk of harm to an assigned patient if the RN leaves or transfers care to another).
- More than 48 hours in any hospital-defined work week
- More than 12 consecutive hours in a 24-hour period

ONA will be sponsoring legislation in the 2015 session to strengthen Oregon’s Nurse Staffing Law.

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Portland Jobs With Justice is a local coalition of individuals, community groups, and unions who work together to promote a decent standard of living and the right to organize and bargain collectively for all workers. In recent months they have worked with union allies and supporters to win new contracts for teachers, PSU faculty and City workers, all of whom were at the point of taking strike action. Jobs With Justice members are standing with teachers, longshoremen, grocery store employees, postal workers, and others across the city.

Oregon Nurses Association has been a proud contributing member and participant in Jobs With Justice for over 10 years. Please visit Jobs With Justice website today to learn more about how you can get involved.

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[Image: JOBS WITH JUSTICE]