



Oregon Nurses Association
Bargaining Unit Newsletter

Aug. 24, 2015

St. Charles Medical Center - Bend (STCB) Nurse Newsletter



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Value Nurses to Value Patients

The Oregon Nurse Association (ONA) believes that one of the best ways to value patients is to value nurses. Valuing nurses means staffing appropriately according to Oregon law, an economic philosophy that's focused on attracting and retaining nurses for an entire career, and providing adequate staffing for rest and meal periods.

In this Nurse News we would like to focus on nurse staffing, how economics impact nurse staffing, rest and meal periods, Kronos attestation, SRDFs and lastly our proposal for a new Article 13 – Staffing.

Nurse Staffing:

The current state at St. Charles Bend is routine, daily texts to work “extra.” This means an increased use of overtime, routinely working short-handed (whether it be RN, RT, aids, techs or stockers), routinely not being provided breaks and an increased use of agency and traveling nurses. It could be argued that we are in a staffing crisis.

Did you know that the Bend Staffing Committee is legally responsible for establishing all nursing unit staffing plans? The Oregon Nurse Staffing law

(SB 469) mandates the committee's structure and authority. The law was predicated on providing safe, quality patient care and put the power of creating staffing plans into the hands of nurse managers and staff nurses. That's right, the nurse managers and staff nurses on the Bend Staffing Committee work together to decide on how many nurses are needed to care for our patients on all nursing units.

The Bend Staffing Committee has final authority on staffing plans, and the plans must be implemented. Upper administration like the CEO, CNO and CFO don't set or approve nurse staffing. Further, nurse staffing in Oregon cannot be based on a hospital's finances, nursing unit budget or driven by productivity!

That's not to diminish the importance of strong fiscal stewardship. What's important here is that nurse staffing is to be based on patient needs and not to fit into a budget. Unfortunately, there is much work to do to ensure the Bend Staffing Committee is empowered enough to apply the law as it was intended.

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Nurse Staffing *Continued from page 1*

Our new Article 13 – Staffing will do just that! At the end of the day it's about safe, quality patient care.

- Oregon law is clear about what nurse staffing must be based on. According to the Oregon Nurse Staffing law the hospital's written staffing plan:
- Must be based on an accurate description of individual and aggregate patient needs and requirements for nursing care;
- Must be based on a measurement of hospital unit activity that quantifies the rate of admissions, discharges and transfers (ADT) for each hospital unit and the time required for a direct care registered nurse to complete ADT;
- Must be based on total diagnoses for each hospital unit and nursing staff required to manage that set of diagnosis. (See CMI below);
- Must be consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations (AACN or ENA for example);
- Must recognize differences in patient acuity;
- Must consider tasks unrelated to providing direct care, including meal breaks and rest breaks; and
- May NOT base nursing staff requirements solely on external benchmarking data.

Case Mix Index (CMI) is a relative value assigned to a diagnosis-related group of patients in a medical care environment. The CMI value is used in determining the allocation of resources to care for and/or treat the patients in the group.

How Economics Impact Nurse Staffing:

ONA believes St. Charles is making a huge mistake with their economic proposals during these negotiations. In virtually every aspect of the contract that pertains to economics, St. Charles has chosen to propose reductions – that's over 30 proposals. We have never seen anything like this!

Bend is growing. It's imperative that we address the

current staffing issues and start preparing for the future. Retaining the nurses we currently have and attracting qualified top-notch nurses is a priority for ONA.

ONA's economic philosophy has always been predicated on attracting and retaining nurses. Our ONA contract helped build St. Charles into the organization it is today. The contract has never prohibited the hospital from being competitive or successful.

Tearing apart the economic fiber of the ONA contract will cost St. Charles in several ways.

- It will reduce the incentives for attracting and retaining new nurses that we need now and in the future. This will aggravate our current staffing crisis.
- This will in turn have a negative impact on patient care. Nurse staffing and patient care are directly proportional.
- It will cost the organization daily, because of administration's increased use of overtime pay and increased reliance on expensive agency and traveling nurses.
- Relying on nurses to routinely work overtime increases nurse fatigue and burn out. This, in turn, has a negative impact on patient care.
- It will have a negative impact on businesses in Bend. There are 700 plus ONA nurses. Nurses are an important part of the economic engine of Bend.

Bend is growing and projected to grow well into the future. Bend is an expensive town to live in, with a consumer price index (CPI) of around 2.15 percent. Bend is a difficult and expensive town in which to relocate because of a deficit in affordable housing, an inflated real estate market and a rental market vacancy nearing 1 percent.

Attracting and retaining nurses is paramount to the success of our organization now and in the future. We believe St. Charles needs to adjust its economic philosophy and not just say they Value Nurses. This will ensure we have an adequate, qualified nursing force for the future. And the problem is, we don't even have that today, let alone in the future!

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Rest and Meal Periods:

Oregon law is clear that rest and meal breaks must be staffed. In addition our ONA contract Article 7.7 Rest and Meal Periods states **“To ensure compliance with all legal requirements with respect to meal and break periods, the Hospital will provide adequate staffing.”**

Unfortunately this has been a chronic problem at St. Charles Bend for at least a decade. Most nursing units are using the “buddy system” to provide breaks. As you will see this is not safe, appropriate or legal. There are reports that some units are using clinical supervisors to provide breaks. Clinical supervisors cannot provide breaks for nurses – it’s a violation of the contract. Clinical supervisors cannot do patient care! And there are some units flat out not providing all of the required breaks. The hospital is legally required to staff and provide for rest and meal periods.

What is the “Buddy System” exactly and why is it bad? The “buddy system” is when two nurses on a unit are assigned to one another to provide meal and rest periods.

The “buddies” assume care of one another’s entire patient assignment so the other can “go on break.” This increases the nurse’s patient load (often doubling) to levels deemed unsafe according to the staffing plan. This directly violates the staffing plan, which is a violation of Oregon law.

The worst part of the system is the increased risk to our patients. The result of the “buddy system” is that 21 percent of the time our patients are being cared for by a nurse with an overloaded, unapproved patient assignment. Here is the math:

- One nurse should get one hour and 15 minutes of break time in 12 hours.
- That’s two and a half hours of time between the two “buddy” nurses.
- This totals five hours of time in 24 hours or a shocking 21 percent of patient care time every day!

Attestation:

Nurses must be honest when answering the attestation questions as to whether they received the required rest and meal periods. If you got your breaks legally, great! If you did not then you must state that you did not. Here are some facts about attestation:

- Nurses cannot be disciplined for answering honestly when they are not provided rest and meal periods.
- Nurses may be disciplined if they refuse to take breaks when the break was properly offered.

ONA strongly believes that when provided a break, you take it. Nurse fatigue and poor patient outcomes are directly linked. When you are provided a break, take it, stay fresh and be safe!

Help us get the staff we need for rest and meal periods, answer attestation honestly.

Staffing Request and Documentation Forms (SRDF)

To assist in identifying staffing problems please fill out the ONA SRDF. It is vital data for patient care. The Bend Staffing Committee is routinely reviewing this data to identify trends and support staffing changes when needed. Get in the habit and fill out the SRDF to help improve patient care. You cannot be disciplined for filling out an SRDF!

Article 13 Staffing:

The ONA negotiating team has proposed an entire new article to the contract focused on nurse staffing. Nurse staffing is so vital to safe, quality patient care it must be part of the contract to ensure the hospital is providing adequate staffing according to Oregon law. Below is the proposal our ONA team made which St. Charles has been unwilling to include in the Agreement.

Proposed ARTICLE 13 – STAFFING

13.1 Concerns *Nurses are encouraged to raise any staffing concerns, without fear of retaliation. For specific staffing concerns, the Hospital will make available the Staffing Request and Documentation Form. Nurses will leave completed forms in a*

Nurse Staffing Continued from page 3

designated place, and the Hospital will not discourage the reporting, documentation and submission of such forms. A copy of such reports received by the Hospital will be provided to the Association, a member of the Professional Nursing Care Committee (PNCC) designated by the Association, and the appropriate unit manager.

13.2 The Hospital Staffing Plan The Hospital shall comply with the requirements under OAR 333-510-0045 and ORS 441.162 and ORS 441.166, and any subsequent versions, to maintain a written hospital-wide staffing plan for nursing services, which clearly delineates the decision making tools and techniques for each unit to determine its appropriate staffing. The staffing plans will include information on specialty staffing standards with calculations used, nursing quality data and specific staffing plan for breaks and meal periods. The plan must be developed, monitored, evaluated and modified by the hospital nurse staffing plan committee (Bend Staffing Committee) in compliance with these rules and statutes.

13.3 Bend Staffing Committee The parties acknowledge the legal requirements set forth by these Oregon Administrative Rules (OAR) and Oregon Revised Statutes (ORS), including its enforcement mechanisms. To the degree that the following provisions are consistent with or exceed the requirements of these statutes and rules, the parties agree to the following specific contractual provisions:

1. The Bend Staffing Committee will be comprised of an equal number of Hospital nurse managers and direct care registered nurses as its exclusive membership for decision making. Bend Staffing Committee meetings are open to any observer from the direct care nursing staff (including a liaison from the PNCC and/or an Association representative) upon advance request to the Bend Staffing Committee co-chairs.
2. Direct care registered nurse representatives will be selected by the direct care nurses, through a process determined by the Bend Staffing Committee. Any regular full-time or part-time direct

care nurse with a minimum of two years of nursing service is permitted to serve on the Bend Staffing Committee provided that the nurse has worked as a registered nurse for at least one (1) year in his/her current area of practice on his/her unit, and has worked at least two (2) years at the Hospital as a registered nurse. Notice of vacancies on the committee and the time frame for nomination and selection will be provided to the Association, at the time of the vacancy.

3. Term of time on the Bend Staffing Committee will be three (3) years and will include members, as set by the Bend Staffing Committee, and will include staggered terms and not limit the ability of nurses to serve multiple terms.

One direct care registered nurse representative will serve as the committee representative, and one direct care registered nurse representative, who serves on a different staggered term, will serve as the alternate representative.

New direct care registered nurse representatives will receive no less than two paid hours of orientation, which may take place at the last committee meeting of the year, before beginning their term on the committee.

4. The decision making process for the Bend Staffing Committee will be by consensus. All votes taken will be by open ballot and will be recorded specifically in the minutes.
5. The Hospital has defined the following specialty areas and will include at least one direct care registered nurse from the following specialty areas on the Bend Staffing Committee (subject to change upon the consensus of the Bend Staffing Committee):
 - Critical Care (includes ICU, IMCU and Dialysis);
 - Medical Services (includes IV Therapy) and Surgical/Specialty;
 - Ortho/Neuro;
 - Rehabilitation

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- *Women and Child Services includes family birth center (FBC), neonatal intensive care (NICU), pediatrics (Peds)*
 - *Emergency Services;*
 - *Behavioral Health (includes Sage View and the PES unit);*
 - *Peri-Operative Services (includes OR, PACU, PCU, Pre-Surgery Clinic, and MDU);*
 - *Radiology, MRI, Cath Lab; and*
 - *Patient Care Support (includes Rapid Response RN's and Med-Surge Floats).*
6. *Any nurse or nurses desiring staffing changes on his/her/their unit will meet with the unit manager to discuss such requested changes. If the issues leading to the requested changes remain unresolved, a nurse or nurses may bring those concerns to the attention of the Bend Staffing Committee.*
7. **Meetings**
- a. *The meetings of the Bend Staffing Committee will be co-chaired by one direct care registered nurse and one nurse manager.*
- b. *The Bend Staffing Committee will determine how often it needs to meet to achieve its duties, but the Committee will meet at least every month, or as defined by statute.*
- c. *The members of the Bend Staffing Committee will be paid for the time spent during meetings, preparation and follow-up time.*
- d. *Minutes of the meetings will be taken and will be available for review by all nurses on Caregivernet within a month following the meeting.*
- e. *The annual schedule for meetings will be set in advance and available for review by nurses on Caregivernet.*
- f. *The names of the members of the Bend Staffing Committee and their respective units to be represented will be communicated to the nurses on Caregivernet.*
- g. *The Bend Staffing Committee will be asked to develop a plan to educate nurses on its role and responsibilities.*



2016 STATEWIDE ELECTIONS

Considering running for an ONA office?

January 20, 2016 is the deadline to self-announce candidacy for the statewide ONA elections. If you are interested in candidacy for any of the above positions, please complete the *Talent Bank & Consent to Serve* form found by clicking the *ONA 2016 Elections* button on ONA's home page and

mail it to:

ONA, 18765 SW Boones Ferry Road, Suite 200, Tualatin, OR 97062 or submit an online form on ONA's website www.oregonrn.org.

For more information, please contact Kathy Gannett at 503-293-0011 or 800-634-3552 ext. 309. *Thank you.*

ONA's Open Offices – 2016 Elections

- President**
- Secretary**
- Director (3)**
- Cabinet on Health Policy (1)**
- Cabinet on Education (4)**
- Cabinet on Nursing Practice and Research (3)**
- Cabinet on Human Rights and Ethics (2)**
- Cabinet on Economic & General Welfare (2)**
- Nominating Committee (4)**
- Elections Committee (1)**
- ANA Delegate Alternate (2)**
- Last ANA Delegate Alternate (1)**

PLEASE UPDATE YOUR CONTACT INFORMATION

Together we can make sure everyone is involved and stays informed!

Please update your contact information, especially your address and personal email, as soon as possible.

Your team is encouraging all nurses go to www.OregonRN.org and click on

Update Your Information under the *Membership Services* tab to provide ONA with updated information so that we can be in touch with you during our upcoming mediation sessions.

OSHA Steps Up Enforcement at Hospitals, Nursing Homes and Long-Term Care Facilities

The federal Occupational Safety and Health Administration (OSHA) announced that it's going to begin cracking down on hospitals to help prevent an epidemic of back and arm injuries among nursing employees. A June 25 memorandum from Deputy Assistant Secretary Dorothy Dougherty to regional administrators and state designees includes BLS, OSHA, CDC, and NIOSH data on those hazards, information about past OSHA emphasis programs and inspections, and instructions on how OSHA and state plan inspectors should focus on them during programmed and un-programmed inspections at these work sites. They are in the North American Industry Classification System Major Groups 622 (hospitals) and 623 (nursing and residential care facilities).

Dougherty's memorandum stated *"the goal of this policy is to significantly reduce overexposures to these hazards through a combination of enforcement, compliance assistance, and outreach."*

The announcement revealed that U.S. hospitals recorded nearly 58,000 work-related injuries and illnesses in 2013, representing 6.4 work-related injuries and illnesses for every 100 full-time employees, which is almost twice as high as the overall rate for private industry.

The new policy includes focus hazards:

- Musculoskeletal disorders (MSDs) relating to patient or resident handling
- Workplace violence (WPV)
- Bloodborne pathogens (BBP)

- Tuberculosis (TB)
- Slips, trips and falls (STFs)

According to the memo, the policy became effective immediately, Secretary Dougherty also stated "These focus hazards will be addressed in addition to other hazards that may be the subject of the inspection or brought to the attention of the compliance officer during the inspection. The goal of this policy is to significantly reduce overexposures to these hazards through a combination of enforcement, compliance assistance and outreach.

Outreach, Compliance Assistance, and Training:

The National Office has developed additional information, such as compliance assistance tools to support outreach, and training of compliance safety and health officers (CSHOs) and compliance assistance specialists (CAS), to address technical issues related to the focused hazards, including ergonomics and evaluation of MSD recordkeeping procedures."

In an "enforcement memo" Dougherty further directed states to develop plans, which "must code inspections conducted in accordance with this guidance as noted in the OSHA Information System. OSHA's directive takes the agency from merely recommending safe practices to potentially fining hospitals if they do not adopt them.

OSHA also developed a user friendly companion website "*Worker Safety in Hospitals, Caring for our Caregivers*" for hospital administrators on the Department of Labor Website. It is available at <https://www.osha.gov/dsg/hospitals/>.