



ST CHARLES MEDICAL CENTER BEND

NURSE NEWS

CURRENT ONA TEAM

Executive Team:

Chair:

Vice Chair:

Joe Sack (IMCU)

Treasurer:

Judy Gage Scott (PACU)

Secretary:

Andrea Rombach (ED)

Membership:

Kyle Swantek (CC float)

Member at Large:

Unit Rep Liason

Jody Holland (NICU)

Member at Large:

Lynda Coats (O/N)

Member at Large:

PNCC Coordinator

John Nangle (ED)

Grievance Co-Chairs:

Shelley Lewis Leander

Tom Boarman

ONA Labor Relations Representative
Alison Hamway

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At the Oregon Nurses Association (ONA) St. Charles Medical Center–Bend (Hospital) Negotiating Team (Negotiating Team) meeting on Tuesday April 23, the team agreed that we will not seek to replace our chair at this time, and Joe Sack will remain as vice chair during this time period, while we exercise our contractual process on behalf of Bruce Humphreys. The team, as always, will stay united and strong, and will work together on behalf of nurses at St. Charles Medical Center–Bend. We will continue to advocate for our members and for improved quality, safe patient care.



STAFFING COMMITTEE UPDATE: INFORMATION AND RUMOR CONTROL

First, I want to thank all of you for continuing to deliver the very best, safest care to all of our patients. No matter what distractions we have been dealing with over the last several months, please remember that your first duty is to keep our patients safe. We are experiencing many changes in our work environment that will require every nurse to ensure that these changes do not adversely impact patient care delivery.

To that end, I want to clarify where we are on some of the issues. The Hospital nurse staffing committee is alive and well. Most of you by now have received your copy of the new contract between St. Charles Medical Center-Bend and ONA. Please refer to your contract language as questions come up regarding some of the issues at hand. I strongly encourage every nurse to also review the Oregon Nurse Staffing Law and administrative rules. This law was enacted to ensure that direct care

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nurses have a say in what safe patient care looks like.

There are a lot of questions regarding charge nurses and what that role will look like as we go forward with the implementation of the clinical supervisor role. Please refer to Article 7.15.1 Charge Nurse Unit Assignment and 7.15.2 Charge Nurse Guidelines, page 19.

...staffing committee will be used to determine any future changes in the number of charge nurses. Charge nurses and relief charge nurses shall have written patient assignment guidelines established in each nursing unit by nursing management in collaboration with charge nurses and each units UPC.

The intent of this article is to ensure that direct care nurses have input into what the guidelines look like for their unit and specific patient population. It does not mean the nursing management

can give a directive and we must accept it. This cannot be a “cookie cutter” one size fits all set of guidelines.

ORS 333-510-0045 Nursing Services Staffing

(1) Each hospital must be responsible for the implementation of a written hospital-wide staffing plan for nursing services. The nurse staffing plan must be developed, monitored, evaluated and modified by a hospital nurse staffing committee.

There are many rumors circulating regarding the future of the rapid response team (RRT)/critical care float nurses. As co-chair of the staffing committee, I have not been informed of any changes. W09075 The Bend Staffing Plan-Patient Care has not been changed or amended and delineates the RRT role as follows;

A Rapid Response RN is scheduled each shift to be utilized on a rotating basis wherever there is need. Other float and relief staff are

assigned. The Rapid Response RN is relinquished into a staffing assignment only when other attempts to cover the need have failed.

Revisions to our current RRT model must be decided collaboratively by the Bend staffing committee and must be based on documented quality assurance activities and have as its primary consideration the provision of safe patient care and adequate nurse staffing.

I’m hopeful that the recent “Values Survey” will help to identify the disconnect and discontent that so many of us have felt over the last few years. I’m also hopeful that we can come together in the focus groups and begin the dialogue that will return us to the healing environment that we once had.

Respectfully,
Lynda Coats, R.N.C., Charge Nurse and Co-Chair Bend Staffing Committee

IHI TRAINING OPPORTUNITY - AVOIDING NORMALIZING DEVIANCE

As many of you know, St. Charles Medical Center–Bend has committed resources to educate every employee with the title of manager and higher to complete the Institute for Healthcare Improvement’s (IHI) Open School, an online education centered around quality improvement and patient safety. Although no resources were allocated for direct care nurses, the professional nursing care committee (PNCC) has purchased the identical online modules for ONA nurses. Please contact a member of the PNCC if you are interested in this educational opportunity!

The IHI Open School illuminates how complex our work environment, the health care system is, and that leading organizations within the health care system recognize this and create an environment to deal with that complexity. A foundation of dealing with this complexity is having a “deliberate and reliable way of responding to concerns and weak signals that workers raise”.

The sad story of Mrs. Grant is shared in the IHI module, Managing Health Care Operations 101: Achieving Breakthrough Quality, Access, and Affordability. She

dies as a result of a medication error. But as IHI points out, this was not simply a “nursing medication error”, rather a catastrophic failure of the organization’s system and complexity. The organization that Mrs. Grant sought out for her care had no “deliberate and reliable way of responding to concerns and weak signals that workers raise”.

IHI goes on to point out that organizational leaders need “to set the expectation that people should speak up about little hazards” or weak signals in order to avoid

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catastrophes associated with quality and patient safety. According to IHI, “the little problems that crop up in our daily routine become so familiar (to nurses) that we start assuming they’re completely normal. This tendency is so common that it has a name: normalizing deviance”.

IHI’s message to health care organizations, in order to avoid “normalizing deviance”, is that they

need to create an open collaborative environment to better see and solve problems “before they have a chance to result in harm”. IHI specifies the conditions that organizations must have “that allow staff members to escalate problems (weak signals) effectively”:

- The people doing the work must recognize they have a problem
- Someone must be responsible for solving that problem

- The people doing work must be able to notify the responsible person in a timely way
- The responsible person must show up without blame and with a desire to solve the problem collaboratively
- There must be enough time and resources to solve the problem

John Nangle, R.N., C.E.N.
Negotiating Team Member

JUST CAUSE

Article 5 of our St. Charles Medical Center–Bend/ONA contract provides that registered nurses (RN) can only be disciplined or discharged for just cause. Just cause is a labor relations term. This is an important right in labor relations, so it is important for RNs to understand this contract term. Below is the standard definition of just cause (based on Wikipedia):

The U.S. labor movement has secured a number of important rights for unionized workers. Among such rights, just cause provides important protections against arbitrary or unfair termination and other forms of inappropriate workplace discipline. Just cause has become a common standard in labor arbitration, and is included in labor union contracts as a form of job security. Typically, an employer must prove just cause before an arbitrator to sustain an employee's termination, suspension, or other discipline. Usually, the employer has the burden of proof in discipline and discharge cases.

In the workplace, just cause is a

standard that an employer must meet to justify discipline or discharge. Just cause usually refers to a violation of a company policy or rule. In some cases, an employee may commit an act that is not specifically addressed within the employers policies but one of which the employer believes warrants discipline or discharge. In such instances, the employer must be confident that they can defend their decision.

When an arbitrator looks at a discipline dispute, the arbitrator first asks whether the employee's wrongdoing has been proven by the employer, and then asks whether the method of discipline should be upheld or modified. Arbitrator Carroll Daugherty expanded these principles into seven tests for just cause in a 1966 decision. The concepts encompassed within his seven tests are still frequently used by arbitrators when deciding discipline cases.

Daugherty's seven tests for just cause are:

- Was the employee fore-

warned of the consequences of his or her actions?

- Are the employer's rules reasonably related to business efficiency and performance the employer might reasonably expect from the employee?
- Was an effort made before discharge to determine whether the employee was guilty as charged?
- Was the investigation conducted fairly and objectively?
- Did the employer obtain substantial evidence of the employee's guilt?
- Were the rules applied fairly and without discrimination?
- Was the degree of discipline reasonably related to the seriousness of the employee's offense and the employee's past record?

The last test, the degree of discipline, is important because arbitrators want to ensure that the "punishment fits the crime."

ADVOCATING FOR PATIENT CARE

There are several difficult discussions ahead as the unit based practice councils (UPC), charge RNs, and management jointly discuss the roles of charge RNs and new clinical supervisors. Part of the job of nursing is to be able to have difficult discussions and to advocate for patient care. That includes advocating for your individual patients, and advocating to provide best practices within your unit and within the Hospital, based on evidence and outcomes. It also includes advocating for the correct staff mix to care for patients. Oregon's safe staffing laws give RNs a voice in assessing patient needs and patient assignments.

Here are some guidelines for discussions, and some insights about participating in groups in a way that protects yourself from retaliation, and is safe for group process.

1. In staffing committee members and in labor management committees, RNs participate as equal team members to the management. Behavior and decision making are governed both by statutes, and by the ground rules of the committee.

2. In staff committees and in other meetings with management, RNs are there as employees of the hospital. You can and should participate in the meetings in a professional manner. By professional manner, this means speaking in turns, not interrupting, listening to the other side, being open and respectful, and staying on the topic of the meeting.
3. As a professional, you are expected to give your opinions, and as a nurse you are expected to advocate for decisions that will improve patient care.
4. Problem solving should be encouraged and welcomed, whether the proposed solution comes from staff or management.
5. Generally speaking, meeting participants are more effective if they listen to others, don't interrupt, ask clarifying questions, and allow others to respond.
6. Meetings don't work if no one shows up!

The new contract provides for a collaborative process in discussing charge nurse assignments in each

unit, specifically:

7.15.2 Guidelines Charge nurses and relief charge nurses shall have written patient assignment guidelines established in each nursing unit by nursing management in collaboration with charge nurses and each unit's UPC. These guidelines will be available to all staff nurses.

This language recognizes that each nursing unit functions differently. The discussions within each unit should look at what charge RNs are currently doing now in the unit, and should review the job description for charge RNs that was agreed to in negotiations as well as the contract language. (There was NO agreement in the language or in the job description to a 50 percent assignment). The collaborative group should evaluate what would work best within their unit for the nurses and for patient care, and what is a reasonable and fair job for charge RNs within their unit – within the contractual language, and within the job description.

Nurse Peer Advocate Training on May 23

Learn how to assist nurse colleagues in the early stages of recovery from a substance use or mental disorder. The Nurse Assistance Network (NAN), a program of the Oregon Nurses Foundation, is hosting a 3-hour volunteer training the morning of Thursday May 23, 2013 in Tualatin.

Visit the News and Events section of www.OregonRN.org for details.

