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Oregon Health Authority Responds to Buddy System Complaint

As you know, on May 11 our St. Charles -Bend (STC-B)/Oregon Nurses Association (ONA) officers submitted a complaint to the Oregon Health Authority (OHA) regarding the continued use of the “buddy system” to provide meal and break coverage. The OHA conducted a thorough, onsite staffing survey as well as an investigation regarding our complaint on June 19, concluding their investigation July 6. On Aug.15, we were provided the OHA’s “Summary Statement of Deficiencies,” which made clear that, “The allegations contained in the complaint were found to be substantiated.”

The OHA statement found St. Charles Bend in violation of over twenty provisions of the Oregon Hospital Nurse Staffing Law, as summarized below. Follow this link to review the [Summary Statement of Deficiencies](#) for yourself!

- Nurse Staffing Committee Charter does not contain elements required by law including a description of the decision-making process utilized by the Bend Staffing Committee (BSC).
- BSC Meeting Minutes do not reflect appropriate and equal decision-making and fails to document motions made, outcomes of votes taken, name and position of members in attendance and other elements required.
- The hospital failed to implement the hospital-wide Nurse Staffing Plan.
- Nurse Staffing Plans are not fully developed or complete.
- Nurse Staffing Plans were not approved by BSC using valid voting procedures and/or there was no documentation of BSC approval.
- Nurse Staffing Plans were not developed based on competencies and skill mix needed to meet patient needs.
- Nurse Staffing Plans not developed based on unit activities that quantified ADT rates and the time required for those tasks.
- Nurse Staffing Plans not developed based on total diagnoses and staff required to manage diagnoses’.
- Nurse Staffing Plans not developed to reflect nationally recognized standards and guidelines of professional specialty organizations.
- Nurse Staffing Plans not developed to recognize acuity and intensity of the patients.
- Nurse Staffing Plans do not establish minimum numbers of nursing staff required on specified shifts.
- Nurse Staffing Plans do not ensure that no fewer than one RN and one other nursing staff member must be on duty if any patients are present.
- Nurse Staffing Plans do not include a formal process for evaluating and initiating limitations on admission or diversion that allow any RN (staff or manager) to initiate the process.
- Nurse Staffing Plans do not consider meal and rest breaks and other non-direct patient care tasks.
- Nurse Staffing Plans do not provide

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for additional RNs to maintain ratios required by the Nurse Staffing Plan (NSP) during non-direct patient care tasks such as meal and rest breaks.

“...creating the possibility that the unit did not meet minimum staffing required for the duration of tasks not related to direct patient care.”

“There was no assurance that staffing would be in accordance with the NSP during rest and meal breaks.”

“In addition, interviews; review of NSM [nursing staff members] timekeeping records, and daily shift reports and patient assignment documentation...revealed staffing that was not in accordance with the NSP during rest and meal breaks.”

“There was no documentation to reflect how those RN’s patient assignments were covered during the 11 minutes when both RNs were off duty at the same time.”

“...patient census was 21 and there were seven (7) RNs with patient assignments. An additional RN was assigned as a “lunchologist” to provide meal coverage. The time keeping records showed that two (2) RNs were clocked out at the same time for meal breaks....Three (3) RNs took overlapping...breaks...There was no documentation to reflect how all those RNs assignments were covered when two (2) or three (3) RNs were off duty at the same time.”

- The hospital failed to ensure that RNs were not required to work overtime.
- Mandatory overtime has not been documented in writing as required by the law. Failure to document mandatory overtime does not convert it to voluntary overtime as hospital policy states.

The OHA survey conducted in conjunction with this investigation provided some interesting information regarding our knowledge of the Oregon Hospital Nurse Staffing Law and deficiencies in the requirement for staff nurses to be involved in the development of Nurse Staffing Plans:

- 301 of the 365 RNs who participated said they did not participate in creating the Nurse Staffing Plan for their unit.
- 209 of the 365 RNs who participated indicated that the Nurse Staffing Plan for their unit was not

sufficient to meet patient needs.

- 223 of the 365 RNs who participated did not know the unit or hospital policy for evaluating and initiating limitations on admission or diversion.
- 176 of the 365 RNs who participated indicated the hospital did not have or they weren’t aware of a hospital policy on mandatory overtime.
- 261 of 365 RNs who participated said the units are short staffed when they go on a meal or rest break, the unit uses a buddy system to cover for RNs on meals or rest breaks, or they do not know whether the unit has the required staffing when RNs are on a meal or break.

So, what happens now? St. Charles and the Bend Staffing Committee have a lot of work ahead to assure we are functioning in accordance with Oregon state law. All the nursing units have a lot of work ahead to align their staffing plans with the law, especially related to meals and breaks.

It’s clearly time for St. Charles to admit that the “Buddy System” does not align with the law. Nurse unit staffing plans are created so nursing assignments assure safe, quality patient care regardless of when nurses are on break and when they are not. It’s time to collaborate on creating new strategies that are safe and provide the nursing resources required to maintain nursing unit staffing plans when a nurse or multiple nurses are on a break, and when no nurses are on break.

In regards to OHA timelines, the hospital has 30 business days from the date they received the Statement from OHA to submit a plan of correction to the Oregon Health Authority for approval. Development of the plan of correction is already underway and will be a collaborative effort between staff nurses and nurse managers on BSC. When the plan of correction is submitted, no later than Sept. 25, the OHA will review and approve or deny the plan of correction within thirty business days. If the hospital’s plan of correction is denied, a revised plan of correction must be completed and submitted within thirty business days of the OHA denial notice. If the hospital’s plan of correction is approved, it must be implemented within 45 days of the OHA approval notice.

Please share your thoughts regarding the OHA’s findings by posting on our Work News Facebook page, emailing or talking to any STC-B/ONA officer, or emailing our ONA labor representative, Courtney Niebel at Niebel@OregonRN.org.