Oregon’s New Hospital Nurse Staffing Law (Senate Bill 469)

Strengthening Oregon’s Nurse Staffing Law: The Oregon Legislature and ONA successfully passed improvements to Oregon’s Hospital Nurse Staffing Law in 2015 (Senate Bill 469). These changes build on Oregon’s collaborative staffing committee structure by improving much-needed state enforcement, empowering staffing committees, helping resolve impasses, enhancing transparency, and increasing accountability. Read on for a review of new improvements to the law.

Improves Enforcement: Increases the frequency of staffing audits and reduces the time staffing complaints go unresolved.

- Requires hospitals to be audited every 3 years
- Requires state to initiate on-site investigations within 60 days of receiving staffing complaints
- Requires state to re-survey facilities with approved plans of correction within 60 days of correction plans implementation
- Requires state to interview co-chairs of staffing committees as part of audits and investigations

New enforcement provisions take effect immediately.

August Playgroup in the Park

Please join Margaret Ngai, ONA Board member for the inaugural ONA Playgroup!

Bring your children or grandkids and come socialize and network with other nurse parents and families. This free and casual event allows the kids to play while grownups relax and chat with colleagues. We look forward to seeing you there!

If you have any questions, please contact us at ona@oregonrn.org

Saturday, August 22
10 a.m. – noon

Laurelhurst Park
(meet by the playground)
SE Cesar E Chavez Blvd. & Stark St.
Portland, OR
Empowers Staffing Committees: Specifies that staffing committees have the final say in staffing plans. Modifies membership of staffing committees.

- Staffing plans passed by Hospital Nurse Staffing Committees (HNSCs) must be implemented by hospitals, with limited emergency exceptions
- HNSCs must meet quarterly or at the call of either co-chair
- Members of HNSCs must be released from regular assignments to participate in committee work
- Each hospital specialty unit must be represented on the staffing committee by a direct-care RN
- Creates a new position on HNSCs for a non-supervisory, non-RN, direct-care staff member whose services are covered by staffing plans
- The non-RN, direct-care staffer will join the HNSC as part of the direct-care staffs’ fifty percent membership

New staffing committees must be formed by Jan. 1, 2016. New staffing plans must be implemented by Jan. 1, 2017 or on approval of staffing committees if prior to 2017.

Helps Resolve Impasses: Creates mediation rules to promote agreements.

- If an HNSC cannot agree to a staffing plan, either co-chair can call for a 30-day pre-impasse period to work towards a resolution
- After the 30-day pre-impasse period, an HNSC begins a mediation process
- Any agreement reached with a mediator must be based on the staffing plan requirements
- If there is no agreement after 90 days of mediation, the Oregon Health Authority (OHA) may fine the hospital

New impasse rules must be implemented by January 1, 2016.

Enhances Transparency: Increases access to staffing information.

- Oregon’s staffing law and instructions on how to report a violation must be posted on each hospital unit in areas visible to the public

New transparency requirements must be implemented by January 1, 2016.

Increases Accountability: Creates a collaborative advisory board to ensure best practices.

- Creates a 12 member advisory board to advise the OHA
- Advisory Board will resemble collaborative staffing committee model and include equal representation from direct-care staff and nurse managers
- Advisory Board will identify nurse staffing trends and problems and advise OHA on administration of the staffing law
- Advisory Board will report annually to the Legislature

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New accountability provisions take effect immediately.

Makes Changes to Mandatory Overtime:
Establishes reasonable limits on use of mandatory overtime.
- Specifies that nurses cannot be required to work beyond the agreed-upon, prearranged shift
- Specifies that a hospital must provide a 10-hour rest period after a nurse works 12 hours in a 24-hour period
- HNSCs will review patterns of overtime utilization

New overtime provisions take effect immediately. To learn more about Oregon’s nurse staffing law visit www.OregonNurseStaffingLaw.org

For more information contact ONA’s legislative team.

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Is HealthStream Working? Please Take Our Survey on Mandatory Education
Are you able to keep up with your HealthStreams? Do you struggle every month, quarter, or year to complete them on time given your workload? Let us know—go to www.OregonRN.org and select Prov Portland under Find Your Bargaining Unit.

Kronos Grace Period and the Providence Attendance Policy

The Kronos automated time clock system comes with a pre-set grace period of seven minutes on either side of pre-set stop and start time for payroll purposes only. The time clock records time worked in 15-minute increments. If you clock in for a shift that starts at 0700 at 6:52 (eight minutes), then you will be counted as having worked from 6:45-7:00 a.m. If you wait a minute, and clock in at 6:53, it will round up to a 7 a.m. start time.

The expectation for all staff is that you clock in by your start time (0700, 0900, 1500, etc.) and clock out by your end time (1530, 1730, 1930, and so on.)

If you have been called off for the first four hours of your shift, expect to come in on the hour (1100, 1900, and so on) and leave at your regular shift end time (1930, 2330, and so on).

Staff should not normally be expected to work for seven minutes past their end time, unless they are working overtime (clock out past seven minutes over and it rounds up to 15 minutes).

The incremental overtime incurred by clocking out eight or more minutes past your shift end time (remember: clock out at 3:38 and it’s automatically rounded up to 15 minutes of time and one-half pay) can add up! For example, if five nurses on day shift all clock out one minute past the 7-minute grace period (or eight minutes past their shift end time), that minute costs the unit $84.

The attendance policy states “Unplanned and unreported absences, including tardiness or partial day absences, may result in disciplinary action up to and including termination. Employees are expected not to exceed five (5) occurrences of unscheduled, unapproved absences or tardy events in a rolling twelve (12) month period.”

The general expectation is that staff stay through their entire shift, unless they have been approved by their nurse manager, supervisor, charge nurse, or assistant head nurse to go home, or have prior pre-approval to leave early if your work is done. Per the Providence Attendance Policy, a coaching/counseling would occur if there is a pattern of a staff member arriving late or an incident of leaving before their work is completed. Continued occurrences could lead to corrective action.
Think Twice Before Treating Co-workers

There's been a recent spike in nurses administering intravenous fluids to a co-worker without an order. Providence’s reactions to these incidents have been varied. Sometimes Providence has simply spoken to the nurses. Sometimes it has given a low level of discipline to all of the nurses involved. And, in two cases at Providence St. Vincent, an arbitrator upheld the terminations of two long-term nurses when one of the nurses gave IV fluids to another nurse.

Adding to the confusion is the culture of self-help that is very common in the health care industry and within Providence. Regardless of what has happened in the past, you should not give yourself or co-worker intravenous fluids without an order.

Some nurses have understood a physician or nurse practitioner’s comment that a co-worker needed fluids as evidence of a verbal order. That’s a mistake. Even if a provider is telling you to administer intravenous fluids to a co-worker, you still should follow the hospital’s protocols to verify that verbal order before you administer any medications to a co-worker. And, importantly, you should determine that the co-worker is admitted as a patient.

There may of course be emergency circumstances where you will need to treat a coworker before following all of the above protocols. Emergencies are not what we are describing. The circumstances we are describing have all been non-emergent. The nurse was dehydrated, for example, and needed fluids to feel better.

And, it should go without saying, that you should not treat yourself. If you are feeling ill at work, go to Employee Health. Don’t give yourself intravenous fluids (or other medical treatments). You are exposing yourself to discipline both by the hospital and the Oregon State Board of Nursing.

ONA BARGAINING UNIT LEADERSHIP CONFERENCE

Powering Up: Challenges & Opportunities

Please mark your calendars and plan on joining us for the 2015 Annual ONA Bargaining Unit Leadership Conference this fall. This year’s leadership conference, “Powering Up: Challenges and Opportunities,” will be Friday, Sept. 18, 2015, at the Holiday Inn in Wilsonville.

We are excited to present a day of educational sessions focused on strengthening our bargaining units and honing collective bargaining skills, positioning ONA and nurses to be ready for future challenges and to capitalize on opportunities as they arise.

Who Can Attend?

This conference is specifically for ONA professional union members who are either currently in leadership positions (BU executive team, PNCC members, Staffing Committee members) or those who are interested in taking a more active role in their bargaining unit. ONA Student Affiliate Members are also welcome to attend.

Continuing Education

This program is pending approval by Oregon Nurses Association, CEARP # 301.06.2015 for continuing nursing education contact hours. ONA is an accredited provider approved by Cal BRN, Provider #15089.