SAB Elections to be Held February 13, 2014, 4-7 p.m.  
In the Powder River Room at the hospital

Absentee voting online will begin 4 p.m. Friday January 31, 2014.  
*Please see instructions at the bottom of this page for casting an absentee ballot.

The following candidates have filed to fill SAB leadership positions. All positions are for 2 year terms.

**Bargaining Unit/ Negotiating Team Chair:**
Marianne Stone
Kim Anderson
Melissa Robertson

**Vice Chair/Negotiating Team Member**
Amy Branaugh-Baker
Melissa Robertson
Marianne Stone
Kim Anderson

**Secretary/Treasurer/Negotiating Team Member**
Marianne Stone
Riley Hall
Amy Branaugh-Baker
Melissa Robertson
Tanya Foltz
Kim Adkins

**Membership Committee Chair**
Marianne Stone
Chris Mays

**Professional Nursing Care Committee (PNCC) Chair**
Kim Anderson
Tanya Foltz
Kim Adkins

Two Additional **Negotiating Team Members** (May include Grievance Chair, Membership Chair, PNCC Chair and/or Unit Representatives)
Riley Hall
Marianne Stone
Amy Branaugh-Baker
Melissa Robertson
Tanya Foltz
Kim Adkins

**Unit Representatives:**
**Emergency Room and Intensive Care Unit combined**
Chris Mays
Karen Cartwright
Marianne Stone

**Medical-Surgical Floor and Obstetrics combined**
Tanya Foltz
Riley Hall
Lana Bentley
Scott Allen
Kim Adkins
Melissa Robertson

**Surgical Services**
Kim Anderson
Amy Branaugh-Baker
Ashley Dunten

Please Note: absentee ballots are available for online voting. If you cannot vote on site but want to vote, you must request an online code by contacting Melissa Tangedal at tangedal@oregonrn.org or 503-293-0011, ext 323. Deadline for submitting absentee ballots is 4:30 p.m., February 12, 2014.
A Message from ONA’s Board President, Steve Rooney, RN

Reprinted from Oregon Nurse Winter 2014

The situation at the hospital where I practice provides a good illustration of some issues that are nearly universal to acute care facilities in Oregon and across the country.

In 2012, we experienced difficult negotiations, with administrators proposing the hospital save money by shifting resources from the bedside. As a result, we saw reductions in both RN staffing and hospital support staff. Thankfully, our ONA team worked with the Staffing Committee, and was effective at forestalling the worst of the proposals.

Next, the St. Charles’ Board of Directors hired a consultant whose verdict was: “Your culture is broken”. This is the exact message our bargaining unit leaders, ONA staff, PNCC and the Staffing Committee have been telling administrators for years. On this we all agree.

The consultant’s solution, just underway, is called the “Cultural Evolution”. Our first project is attending classes that teach us that caring is healing. It is called “The Soul and Science of Caring”. Class one featured recent physician research that asserted medicine is not providing a healing environment – that if we started caring, our patients would do better. To a room of nurses (and others) this message was hardly new. In fact, many of us were dumbfounded that a speaker should suggest such a long standing value and practice of nursing had been “discovered” by medicine. The entire “Soul and Science of Caring” project is scheduled to last 18 months and will include bi-weekly small group meetings as well as four weekend retreats. Its evolution will be interesting to follow.

So what are the big picture points?

Health care facilities have amazing resources in their army of front line caregivers – nurses. If administrators would seek and adhere to the advice of their nurses and reallocate resources, we would devise a system that delivers better outcomes at lower cost.

We know how to care and we bring about healing in our patients. We also know that caring doesn’t stop at the bedside. Caring means RNs standing up and fighting for the proper resources needed to provide effective care.

Another important point, historically, is our voice. Nurses have done the research showing caring is healing, dating back to Florence Nightingale. Unfortunately, unless a physician completes the same research, the results go unheard outside the nursing community.

This same thing is happening in our efforts to reform health care. Physicians and administrators have voices that dominate. Government staff, writing new health care regulations, often defer to them. Nurses’ voices, which represent the largest group of health care workers, are all too often not heard – or worse, heard and not heeded. If nurses are to affect lasting change, we must become full professional partners with physicians and administration in our new health care environment.

One solution is: join together with your fellow nurses in your professional association and union, ONA. Collectively, your voice is powerful on the issues that matter to our patients. It is only through collective action that we will be able to shape the future of health care.

Join me. We’ll make the difference.

Let’s Keep Oregon Working

Now more than ever, nurses need to come together. Over the past few years, nurses have seen corporations across the US grab record profits by cutting workers’ wages, benefits and hours. Now out-of-state corporate interests and billionaires like the Koch Brothers are pushing Bill Sizemore’s old ideas back onto Oregon’s ballot.

In 2014, anti-worker ballot measures that would hurt nurses’ ability to advocate for safe staffing levels, safe working conditions and modern equipment will likely appear on Oregon’s ballot.

Learn more: Join Keep Oregon Working on Facebook NOW!

https://www.facebook.com/keeporegonworking

ONA has joined the Keep Oregon Working coalition to fight these harmful anti-worker measures and ensure that Oregon’s nurses can continue to have a voice in the workplace and join together to negotiate for better safety for nurses and patients.

Stand with ONA and show your support for Oregon’s working families by visiting Keep Oregon Working’s Facebook page and clicking ‘Like’ today https://www.facebook.com/keeporegonworking