It’s Time for Sky Lakes Medical Center (SKY) ONA Officer Elections

SKY employs about 260 RNs who qualify to be members of their professional nursing organization ONA, as well as having the benefit of contractual protections for working conditions, wages and benefits.

2014 is a contract negotiation year.

We are seeking nurses from throughout the system who want to have a voice for themselves and their colleagues regarding these important issues.

Nominations are being accepted now for bargaining unit chairperson, vice-chairperson, secretary, treasurer, professional nursing care committee (PNCC) chairperson, grievance chairperson, membership chairperson and the contract negotiation team (which includes all officers plus two additional elected nurses).

Deadline for nominations is February 6, 2014.

Please complete the attached nomination form and fax it to 503-293-0013.
Hold the Date – NFN / AFT Labor Academy and Professional Issues Conference

The Oregon Nurses Association (ONA) is proud to send 10 nurse members to the 2014 National Federation of Nurses (NFN) National Labor Academy and AFT Healthcare Professional Issues Conference held in Baltimore, MD on May 8-10, 2014.

The conference is a great opportunity to meet and engage with state, NFN and AFT leadership, as well as, discuss current issues with nurse colleagues, earn continuing education (CE) credits, and participate in fun events.

The 2014 NFN National Labor Academy will be a rejuvenating and rich opportunity to network with colleagues from around the country who share the same issues and concerns about the nursing profession, nursing practice as members in a strong union of nurses. As in the past, this year’s NFN Labor Academy promises to present a team of noteworthy speaker and workshop session facilitators who will sharpen nurses understanding of the affordable care act, the political landscape and collective bargaining power to name a few.

The AFT Healthcare Professional Issues Conference is an annual conference where members learn about and discuss issues that affect healthcare workers throughout the country. During this conference there will be many CE workshops presented on various topics and a special conference for new leaders, local presidents, health leaders and activists provided as part of the program. The workshops presented will be accredited by the American Nurses Credentialing Center’s Commission on Accreditation and therefore eligible for paid release time if permitted under ONA facility contracts and approved by employers.

More information will be posted on www.NFN.org or http://www.aft.org/yourwork/healthcare/ by the end of February. If you have any questions or are interested in learning more, contact ONA’s Linda Sidney at Sidney@oregonrn.org.

Protect Your License, Protect Yourself!

Should nurses and nursing students carry their own personal liability insurance policy? The answer is an unequivocal yes. Unfortunately, a contrary opinion is apparently being voiced by employers, faculty and nurses themselves. You carry insurance to protect your home, your car and your health. Why not your career? Here are the reasons:

First, a common assumption is that my employer will cover any incident. Technically, an employer is responsible for the acts of its staff. However, the employer’s interest is not necessarily consistent with protecting you individually. Should there be a lawsuit or threatened suit, your best protection is to have your own personal legal representation. Your own attorney can prepare you for a deposition, represent you in a deposition and, most importantly, represent you in any settlement and determination of fault.

Second, your employer’s policy does not represent you in an Oregon State Board of Nursing (OSBN) investigation. In fact, it could be your employer who makes the complaint to the OSBN about an alleged violation of law. The OSBN must investigate each complaint it receives and, even if the complaint is dismissed, there are costs to you. The Oregon Nurses Association (ONA) recommends that all nurses obtain legal representation before responding to a letter from the OSBN related to a complaint. Most of the time, you are much more likely to receive a complaint from the OSBN than to be named in a lawsuit.

Third, you are always a nurse. You may render first aid or advise a family member or friend about a health problem. Should any incident arise about these acts, the only protection you have is your own personal insurance.

ONA urges you to obtain coverage from the Nurses Service Organization (NSO). For about $100 you can protect yourself. For example, should you be the subject of an OSBN investigation, you have up to $25,000 in coverage for attorney fees, travel and so on.

For more information please go to http://www.nso.com. If you would like to discuss professional practice issues you may also call Susan King, Tara Gregory or Connie Miyao at the ONA office 503-293-0011.
Oregon Nurses Association/Sky Lakes
Nomination and Consent to Serve Form
2014 OFFICER ELECTIONS

Nomination and Consent to Serve Form

NOMINATIONS CLOSE FEBRUARY 6, 2014

Please submit nominations and a consent to serve form to Greg Collins or by mailing/faxing to ONA-Attn: Susan Bruce-18765 SW Boones Ferry, Suite 200 Tualatin OR 97062 Fax-503-293-0011.

You don’t have to be a member to nominate someone but the nurse that is nominated must be an ONA member in good standing to serve and must complete the consent to serve form.

Please write in nominee for the position of:

CHAIR PERSON: ____________________________ VICE CHAIRPERSON: ____________________________

TREASURER: ____________________________ SECRETARY: ____________________________

GRIEVANCE CHAIRPERSON: ____________________________

PROFESSIONAL NURSING CARE COMMITTEE CHAIR PERSON (PNCC): ____________________________

MEMBERSHIP CHAIR PERSON: ____________________________

NEGOTIATING TEAM — 2 positions

1. ____________________________ 2. ____________________________

Consent to Run and Serve

If, nominated, I consent to run, and if elected, I consent to serve, for the following offices:

________________________________________________________

________________________________________________________

(List all that apply)

________________________________________________________

Print Name ____________________________ Signature ____________________________ Date ____________________________