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ONA Labor Representative Moving to Represent Peace Health
ONA-BAH Leader Steps into ONA-CVH Labor Representative Roll

Claire Syrett is taking advantage of an opportunity to work in her local community and is transitioning to serve as a labor relations representative at Peace Health Riverbend and University District Hospital in Eugene.

Lori Shott, has stepped up to serve as labor relations representative for the Oregon Nurses Association (ONA) in the Bay Area.

Lori brings strong community ties to her new position, having been born and raised in Coos County area. She earned her nursing degree at Southwestern Oregon Community College and has been a registered nurse for past 12 years. Soon after graduation, Lori worked four years as the Facility Nurse Consultant, where she oversaw two Coos Bay assisted living facilities.

She joined the nurses of Bay Area Hospital in 2007, as a labor and delivery nurse and then moved to a position in clinical informatics, where she has worked for the last three years on electronic health records.

Lori has served on ONA-BAH bargaining unit leadership teams since 2009, where she participated as a negotiations team member, as well as secretary and vice-chair before her position as their bargaining unit’s chairwoman.

Lori also brings a variety of past experience from teams such as Unit Based Practice Councils (UBC), Professional Nursing Care Committee (PNCC), Labor Management Council, Patient Satisfaction Team, Quality Division/LEAN Team, and Documentation Standardization and Compliance. Lori is ready to put her past experience as a nurse to work, in the service of Coquille Valley bargaining unit members and their contract.

Lori can be reached by email at shott@oregonrn.org or via text and phone at 541-294-9326.

Please welcome Lori in her new role.
Oregon’s Nurse Staffing Law

Senate Bill 469, the Oregon nurse hospital staffing bill, was signed by Governor Brown on July 6, 2015 and is now law. Parts of the law became effective immediately, others effective Jan. 1, 2016, and all final parts of the law become effective Jan. 1, 2017.

New provisions in the law give more authority to nurse staffing committees, increase transparency, improve working conditions for nurses, and give the state new tools to enforce the law.

- Hospitals may not REQUIRE a nurse to work beyond the agreed up and prearranged shift, regardless of the length of the shift.
- Hospitals must provide a 10-hour rest period after a nurse works 12 hours in a 24-hour period. The 24-hour period starts when a nurse starts their shift.
- The law doesn’t affect voluntary overtime – meaning the nurse can decide to work overtime but the organization cannot make it mandatory.
- Time spent on call or standby where you are required to be on the premise counts toward hourly limits; but time on call or standby away from the hospital premise does not count.
- Requires the state to initiate on-site investigation within 60 days of receiving a complaint.
- Requires the state to re-survey facilities with approved plans of correction within 60 days of plan implementation to ensure compliance. This makes sure that hospitals aren’t just writing plans of correction without actually implementing the changes.
- When making an investigation the state will interview both co-chairs of the staffing committee.
- After the investigation the state will provide the findings to the hospital and the co-chairs of the staffing committee.
- The state will make these audits, findings, plans of correction and penalties public record and post them on the Oregon Health Authority website.

Look for more information from the new hospital nurse staffing law each week in the Friday E-News or visit the ONA website here.

If you have questions or need clarification, please contact ONA’s professional services department at practice@oregonrn.org

Oregon’s New Staffing Committee Guidelines

One of the strengths of SB 469, Oregon’s 2015 Nurse Staffing law is strengthening guidelines for hospital staffing committees. The law’s requirements include:

- The law provides that the Hospital Nurse Staffing Committee shall include at least one direct care registered nurse from each hospital nurse specialty or unit.
- Every effort should be made to secure an alternate for each direct care RN specialty area committee member so that the work of the committee can continue in cases of scheduled or unscheduled absence.
- A majority of the committee must be present to conduct staffing meetings
- Decisions about hospital nurse staffing must be made by a vote of a majority of the members of the committee.
- Only an equal number of hospital nurse managers and direct care staff may vote
- The staffing committee must have two co-chairs. One co-chair shall be a hospital nurse manager elected by the members of the committee who are hospital nurse managers and one co-chair

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shall be a direct care registered nurse elected by the members of the committee who are direct care staff.

- If the committee is unable to reach an agreement on the staffing plan, either co-chair of the committee may invoke a 30-day period during which the committee shall continue to develop the staffing plan. During the 30-day period, the hospital shall respond in a timely manner to reasonable requests from members of the committee for data that will enable the committee to reach a resolution. If at the end of the 30-day period, the committee remains unable to reach an agreement on the staffing plan, one of the co-chairs shall notify the Oregon Health Authority of the impasse.

- The staffing committee shall review the hospital wide staffing plan at least annually and any time called on by either co-chair.

**Why Take Time to Fill Out a SRDF?**

Have you ever been frustrated by when you have brought a problem to management and they have stated “We didn’t know?”

The Staffing Request and Documentation Form, or SRDF, is the tool that has been created to make sure that all individuals involved in making the staffing decisions have the correct data.

Not making management aware of a staffing situation could be held against you as the nurse, who is caring for a patient, if an incident occurs.

Nurses have been reported to the Oregon State Board of Nursing (OSBN) for many situations that directly resulted from poor staffing conditions.

If a patient is harmed or does not receive the care they feel that they should of received, due to staffing, nurses have an obligation to speak up. The data collected by the SRDFs can be used by staffing committees and management to support staffing decisions and requests. It can also help facilitate a conversation when there are challenges in a unit or department. We need to protect our patients and our fellow nurses. This is why the SRDF has the following, very straight forward following statement:

*I indicate my acceptance of the assignment under protest. It is not my intention to refuse to accept the assignment and thus raise questions of meeting my obligations to the patient nor am I refusing to obey an order if such were given.*

However, I hereby give notice to my employer of the above facts and indicate that for the reasons listed, full responsibility for the consequences of this assignment must rest with the employer. Copies of this form may be provided to any and all appropriate state and federal agencies.

This statement on the SRDF:

- Puts the facility on notice of inadequate staffing
- Protects the nurse’s license
- Collects useful data to track trends and long term staffing concerns
- Assists Staffing Committee to make sound decisions and recommendations
- Creates a paper trail
- Returns ownership of staffing inadequacies to the facility while allowing the nurse to care for the patient

Please take time to help us create safer staffing. Your input as a bedside provider is valuable. **At no time can the person, or persons, filling out these forms be disciplined or retaliated against for providing this valuable information.**

SRDF forms can be found at the nurses station, or online at OregonRN.org under forms. Any questions or concerns regarding the SRDF forms please get in touch with an ONA staffing committee member or Lori Shott, your labor representative.
Considering running for an ONA office?

January 20, 2016 is the deadline to self-announce candidacy for the statewide ONA elections. If you are interested in candidacy for any of the above positions, please complete the Talent Bank & Consent to Serve form found by clicking the ONA 2016 Elections button on ONA’s home page and mail it to: ONA, 18765 SW Boones Ferry Road, Suite 200, Tualatin, OR 97062 or submit an online form on our website www.oregonrn.org.

For more information, please contact Kathy Gannett at 503-293-0011 or 800-634-3552 ext. 309. Thank you.

2016 STATEWIDE ELECTIONS

ONA’s Open Offices – 2016 Elections

President
Secretary
Director (3)
Cabinet on Health Policy (1)
Cabinet on Education (4)
Cabinet on Nursing Practice and Research (3)
Cabinet on Human Rights and Ethics (2)
Cabinet on Economic & General Welfare (2)
Nominating Committee (4)
Elections Committee (1)
ANA Delegate Alternate (2)
Last ANA Delegate Alternate (1)

Update Your Contact Information

Throughout the year it is critical the bargaining unit team and ONA labor relations representatives are able to communicate openly and efficiently with nurses. It is even more critical during contract negotiations. The ONA website, mail at home and emails at home continue to be the best methods of getting negotiation updates to all members as quickly as possible.

Unfortunately, many members aren’t getting the most up-to-date information because ONA doesn’t have a current mailing address or a home email address on file for them or the email address on file is a work email. ONA is often restricted when sending out mass emails to employer-based email addresses and if we don’t have a current mailing address or home email address that results in many members not receiving the critical information they need as quickly as they should. To remedy this situation, ONA is encouraging all members to go to www.OregonRN.org and click on — Update Your Contact Information, to update their information on file to include a personal (non-work) email address to ensure the messages get through in a timely manner.

Together we can make sure everyone is involved and stays informed!

California Study: Unionized Hospitals Outperform the Rest

A recent study* of nurse unionization in California hospitals estimates the impact of nurse unions and nurse union organizing drives on health care quality using patient discharge data. The study found that hospitals with a successful union election (between 1996-2005) outperformed non-union hospitals in 12 of 13 nurse sensitive patient outcomes measures.

The study also found that nurse union organizing drives tend to occur when these same patient outcome measures are declining and that the timing of the quality improvement is consistent with a causal impact: the largest changes occur precisely in the year of unionization. The biggest improvements are found in the incidence of metabolic derangement, pulmonary failure, and central nervous system disorders such as depression and delusion, where the estimated changes are between 15 percent and 60 percent of the mean incidence for those measures.