

**October 28, 2015****ONA Executive
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When to File a Staffing Variance Form

Providence Milwaukie Hospital (PMH) Nurses have asked when it is appropriate to file a Staffing Request Documentation Form (SRDF). As part of an annual review of the effectiveness of nurse staffing plans, ONA and Providence track nurse staffing issues on the units at represented Providence hospitals. The main tool that is used for that purpose is the SRDF, which should be available on your unit. Use of the SRDF

by nurses alerts all of the interested parties to the presence of a staffing issue on a particular unit and shift. Processes are in place to address the issues raised in a SRDF, including an open communication and resolution process involving the PMH Hospital-Based Nurse Staffing Committee (HBNSC), the nurse manager, and the nurse.

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You are Not Required to Pick Up Additional Standby or Regular Shifts

Most nurses know that the nursing profession requires some flexibility and willingness to "pitch in" when patient care needs require it. Sometimes the hospital is in a staffing pinch and we recommend helping out when it works for you. But nurses also need and deserve adequate rest and time to relax alone or with family and friends.

New in our PMH Nurses Association 2015-2017 contract is a provision that protects nurses from being saddled with unwanted additional shifts or standby. Specifically, Article 6, Section A now states that "Once the schedule is posted,

changes may be made only with the mutual agreement of the affected nurse and the hospital." This means that you cannot be required to pick up additional standby or regular shifts without your consent. The only time you can be placed on standby without your consent is during the remaining hours of your scheduled shift when you are cancelled or your shift is cut short due to a Mandatory Day Off (MDO).

Please let us know if you have any concerns about scheduling practices on your unit .

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SRDFs are an important source of evidence regarding staffing plan compliance and the effectiveness of unit staffing plans. Oregon's hospital nurse staffing law requires hospitals to implement nurse staffing plans that have safe patient care as their top priority. The HBNSC uses SRDFs as its primary source of information to determine whether staffing plans are being followed and whether they are meeting patient care needs.

You should feel comfortable filing a SRDF and knowing that Providence encourages their use to address nurse staffing problems. We encourage nurses to file as a group when there is agreement that lack of staff contributed to the problem.

We also urge you to continue to file SRDFs whenever the staffing problem reoccurs.

An SRDF should be filed when a problem is due, in your judgment, to inadequate nursing or ancillary staff. The SRDF itself provides a list of the possible consequences of inadequate nurse staffing, such as delayed medications or care, omitted care, missed breaks or meals, and overtime. Whenever any of these consequences occur and the primary cause is inadequate staffing, it is appropriate for nurses to fill out a SRDF. When these consequences are caused by issues unrelated to staffing, other reporting mechanisms may be more appropriate.

Your Right to Representation



PMH Nurses have a right to representation, known as ***“Weingarten Rights,”*** when they reasonably believe that questioning by supervisors or management may lead to discipline. An ONA labor relations representative or PMH nurse representative is usually available within 48 hours. When you invoke

this right, you do not have to respond to any questioning until your ONA/PMH representative arrives. If you are concerned that questioning by, or an upcoming meeting with, a supervisor may lead to discipline, ask the question directly: *“Is there any chance this questioning (or meeting) may lead to discipline?”*

If the answer is not an unequivocal “no,” you have a right to be represented. We recommend asking the question via email so that you have a written response. If you don't get a response, assume discipline is a possible outcome and request representation.

It is important to know that if you do not ask for representation, management has no obligation to provide it or even tell you that you are entitled to it. Most PMH Managers are good enough to proactively

tell you that a meeting may lead to discipline, and that you should obtain representation.

You should be aware of the circumstances which activate this right.

What situations give rise to Weingarten rights?

Where the nurse has a reasonable expectation that discipline may result; for example, where a meeting is part of the employer's disciplinary procedure.

Where the purpose of the meeting or any questioning is to investigate a nurse's allegedly inadequate work performance or other misconduct, and where discipline of any kind is a possible result.

Where the purpose of questioning is to elicit facts, the nurse's "side of the story," or obtain admissions or other evidence either to determine whether or not a disciplinary investigation or discipline is warranted OR to support a disciplinary decision already made.

Where the nurse is required to explain or defend his/her conduct in a situation which the nurse reasonably fears could affect his/her working conditions or job security (this could include post-event debriefings and other reviews).

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What situations DO NOT give rise to Weingarten rights?

- Where the meeting or discussion is merely for the purpose of conveying work instructions, training or needed corrections.
- Where the purpose of the meeting is simply to inform the nurse about a disciplinary decision that has already been made and no information is sought from the nurse.
- Where the employer has clearly and overtly assured the nurse prior to the interview that no discipline or adverse consequences will result from the interview.

- Where any discussion that occurs after the employer has notified the nurse of the discipline has been initiated by the nurse rather than the employer.

Who will represent you?

It is up to the Association to decide who actually represents a nurse at an investigatory meeting.

At PMH we usually call on a local Association officer or unit representative who is acceptable to the nurse to be investigated, or in some case our ONA labor representative.

Join Us! ONA Unit Representative Training



**9 a.m. to 1 p.m., Saturday, Jan. 16, 0900-1300,
or 9 a.m. to 1 p.m., Saturday, Jan. 23, 0900-1300
ONA Offices – 18765 SW Boones Ferry Road, Tualatin**

ONA unit representatives are nurses who help other nurses navigate employment at PMH. ONA unit representatives help new nurses get acclimated to life on the job, answer questions about employment and contract issues, organize unit nurses around issues of concern, disseminate information about ONA activities, and assist nurses with grievances and disciplinary issues. ONA unit representatives help our units function more efficiently by helping to solve problems and resolve issues in an orderly and professional manner.

Our contract recognizes the value of all nurses' right to come to each other's mutual aid and assistance. You can turn to your unit representative for assistance in a wide variety of situations concerning your career, your unit or nursing in general. No one knows what you're going through like the nurse who works on your unit!

We'd like to have more unit representatives to support the needs of our membership. We'd like to have a unit representative available on each unit and every shift! If you see the need on your unit and want to help, please reply today.

ONA will provide a four hour unit representative training program for Providence nurses January 16 and 23 at its offices in Tualatin.

The training takes place from 9 a.m. to 1 p.m. Morning refreshments and a lunch are provided.

If you are interested in attending one of the training sessions, please contact ONA Labor Relations Representative Sam Gieryn, gieryn@OregonRN.org.



Oregon's New Hospital Nurse Staffing Law

Thanks to ONA members' support



the Oregon Legislature passed improvements to Oregon's Hospital Nurse Staffing Law in 2015. These important improvements ensure that nurse staffing committees have the final say in hospitals' staffing plans, increase state-led investigations and audits, enhance staffing plans' transparency, establish reasonable limits on mandatory overtime, create a mediation process for staffing committees to resolve impasses, and more. Over the past few months, ONA highlighted various parts of Oregon's new hospital

nurse staffing law in their weekly e-news. If you missed any of these segments, you can now view a recorded presentation on YouTube to help better understand the new law.

Click [here](#) to view the presentation on [YouTube](#) now!

If you want to learn more, you can also visit the ONA website [here](#).

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



2016 STATEWIDE ELECTIONS

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.*

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)

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.

*Source: Institute of Labor Study, Discussion Paper No. 8259, June 2014, Dube, et al., Bonn.