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**Clock All Your Missed Breaks and Meals**

You've probably heard an earful about the impacts of nurse fatigue on patient care and the need for nurses to take sufficient breaks and meals at work to allow our minds and bodies to rejuvenate so we can practice at the top of our skills.

We're often asked how many breaks and meals a nurse should receive and whether downtime at work is sufficient to serve as a break. The number of meals and breaks to which each nurse is entitled depends on the

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**PSH Hospital Staffing Committee Nurses Win ONA Award**

PSH staffing committee received the "Staffing Committee of the Year" award at the ONA convention last week.

"Despite numerous hurdles and roadblocks Providence Seaside Hospital's staffing committee has continued to fight for appropriate and safe staffing on their unit", said ONA nursing practice consultant Jordan Ferris as she presented the award. "They have been champions of Oregon's nurse staffing law both old and new and have tirelessly advocated for their nurses and ancillary staff. It is with great pleasure that we recognize and present Providence Seaside nurses with the award for Best Staffing Committee."

"Brenda West and Mary Romanaggi were proud to accept this award on behalf of all of the hard work all the staffing committee members do to ensure excellent and safe patient care. Thanks everyone!"
Clock All Your Missed Breaks and Meals

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length of the shift. Per the Oregon Nurses Association (ONA)/Providence Seaside Hospital (PSH) collective bargaining agreement, the hospital is expected to provide two paid, duty-free, 15-minute breaks per shift (three for 12-hour shifts). All nurses are also entitled to a 30-minute unpaid, uninterrupted, and duty-free meal period. Breaks and meals can be combined to some extent (see Section 8.3 of your ONA/PSH contract). Nurses are paid at the appropriate rate for missed meals, including overtime, if appropriate.

But what constitutes a real break or meal period?

Both meals and breaks must be completely duty free and uninterrupted. It was not a legal break if the break or lunch was in any way interrupted by duty-related concerns. If you are required to do anything, like monitor patients, stay on the unit, read work related emails or required study materials, or do anything you would normally do on the clock, then a break did not happen.

You are required to let your supervisor or charge nurse know, before you miss your meal or break. They may be able to help make arrangements to get your break or meal covered. If not, please clock the missed break or meal in Kronos when you clock out for the shift.

Why clock a missed break or meal?

Our patients are depending upon us to be there for them, rested, nourished and alert. Also, you get paid overtime for most missed meals. A nurse who misses one meal per week and makes $40/hour loses $3,120/year by not clocking them. But what about breaks, why should nurses bother clocking?

When you clock a missed break, you give the PSH staffing committee the data it needs to justify increasing staffing to allow nurses to take all of their breaks. Our contract acknowledges that PSH will not always be able to provide breaks, however, the Oregon Nurse Staffing Law requires PSH staffing plans to provide the necessary staff to allow nurses to take breaks. When you fail to clock a missed break, you are giving the PSH staffing committee a false signal that staffing is sufficient to allow nurses to take all of their breaks while still providing adequate care to patients.

If staffing is insufficient to allow nurses on your unit to consistently receive all of their meals and breaks, please talk with your fellow nurses about clocking all the missed breaks and meals so we can have accurate information about the scope of the problem.

Rest Between Shifts

Under the Oregon Nurse Staffing Law (441.151 to 441.192), a nurse is entitled to the 10-hour rest break after any shift or combination of a shift and/or call-in that exceeds 12 hours in a 24-hour period. Whether or not the nurse volunteered for the hours worked, he or she must be provided the 10-hour break if requested prior to the next shift. So whenever you clock out, no matter what the reason you were working, be it regular hours, a call-back, a meeting or education session, you count up your hours worked over the previous 24 and if you worked 12 or more, you then have a right to a 10-hour rest period.

Volunteerism – This is not a prohibition on nurses volunteering to work more than 12 hours in 24-hour period. Nurses may volunteer to work or be on-call without the 10-hours of rest.
Addressing Respect at Seaside

We recently filed a grievance alleging that Providence failed to promptly investigate and address bullying behavior by one of its managers here at PSH, and that the manager retaliated by providing a negative evaluation of the nurse. We’ll let you know the outcome of the grievance as we move forward.

Workplace bullying has been defined as the repeated, unreasonable actions of an individual (or group) which are intended to endanger, intimidate, degrade, humiliate, or undermine another individual (or group). If you have experienced bullying from any PSH employee please let us know. All contacts are strictly confidential. Section 10.5 of our contract is an agreed upon procedure for handling bullying.

In Section 10.5, PSH and our ONA/PSH nurses agree that mutual respect between and among managers, employees, co-workers and supervisors is integral to a healthy work environment, a culture of safety and to the excellent provision of patient care. Behaviors that undermine such mutual respect, including abusive or “bullying” language or behavior, are deemed unacceptable and will not be tolerated.

The procedure for addressing disrespect and bullying is found in Section 10.5(a-c). The nurse is to raise concerns with their supervisor as soon as possible. If the supervisor is unavailable or if the nurse believes it would be inappropriate to contact the supervisor, the nurse should raise their concerns with their supervisor’s manager or with human resources.

Any nurse who in good faith reports such behavior, or who cooperates in an investigation of such behavior, will not be subject to retaliation by the hospital. The hospital is to promptly investigate any reports of such behavior and take appropriate action to prevent the reoccurrence of such behavior.

Section 10.5(d) also provides that PSH will communicate to the nurse who has reported such behavior the findings of the investigation. PSH may choose to keep confidential, consistent with hospital policy, the level of discipline given to an employee who has been found to have engaged in such behavior.

Oregon Nurses Association Unit Representative Training

Oregon Nurses Association (ONA) unit representatives are nurses who help other nurses navigate employment at their facility. ONA unit representatives also help our units function more efficiently by helping to solve problems and resolve issues in an orderly and professional manner.

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!

ONA will provide a 4-hour unit representative training program for ONA nurses from 9 a.m. to 1 p.m., May 14 at Providence Milwaukie Hospital, 10150 SE 32nd Ave, Milwaukie, OR.

Morning refreshments and lunch are provided.

If you are interested in attending the training session, please contact ONA labor relations representative Sam Gieryn at gieryn@OregonRN.org.
March 23 we met with PSH Chief Nursing Officer Janiece Zauner and human resources director Theresa Osburne for our regular nursing task force meeting. Part of the meeting included a discussion of PSH’s response to the petition that was circulated and presented to PSH administrator Kendall Sawa by ONA/PSH nurses, and which requested that Providence provide full-time security staff capable of restraining violent individuals.

Sawa appeared to take nurses concerns seriously. January 21 he wrote the following email to his leadership team at PSH, with direction to share this information with nursing staff.

To PSH Leadership Team,

Subject: Patient & Staff Safety

As many of you may or may not have known, I was presented with a petition last week requesting we look into bringing in full-time trained security officers to our hospital. In an effort to ensure you are all as up-to-date as possible I would like to share our plan for addressing some of the concerns that have been brought forward. First and foremost, I want everyone to know that we have made this a priority and are looking into all options that might present themselves.

Over the past week I have been meeting with Janiece and Ray to better understand where we may have opportunities for improvement and action, and we are now at the point of needing to take our proposed action plan to the next step. Janiece and Ray have drafted a very thorough “Staff Safety & Security Action Plan” that incorporates recommendations such as conducting a system level security assessment, exploring reallocation of resources, policy review/creation, staff training & education, potential changes in physical environment etc.

Next Steps:
- Development of a multidisciplinary Task Force that will meet regularly to address the action plan. Task Force membership will include CNO/COO, Facilities Manager, Communications, ED Staff Rep., Acute Care Staff Rep., and others as needed as content experts.
- Development of a communication tool used to keep leadership and caregivers up-to-date on the activities of the task force.

Please share this communication with your teams as you see appropriate and feel free to contact Janiece, Ray or myself if you have any recommendations or questions.

Sincerely,

Kendall Sawa
Chief Executive
Providence North Coast Service Area
Security Update  Continued from page 4

PSH has since developed an ambitious action plan to ensure they are doing their best to protect everyone in the hospital. The entire action plan can be viewed on our ONA/PSH webpage.

The plan includes evaluating the hospital’s current security capabilities against current security needs, increasing caregiver awareness and preparedness, evaluating the physical environment (specifically in emergency department (ED)), improving communications and adherence of existing security and safety policies and clarify roles and responsibilities as they relate to managing behavioral issues PSH is also attempting to standardize response processes and activation of both internal security resources and external law enforcement resources.

In addition:

An onsite security assessment was conducted on February 23.

The ambulance bay doors are now locked from 11 p.m. to 6 a.m.

All other external doors to the hospital are closed by 8 p.m.

A new surveillance camera has been installed in the ED

10 new PMAB classes were scheduled. Sign up on HealthStream

Shelby Gosser has been conducting “Pre-code grey” drills, designed to get you help when you need it and before aggressive patients become violent.

Behavioral health case managers are now available 10 hours per day, seven days per week, which is expected to reduce the length of stay for behavioral health patients.

What do you think?

Do you see improvements in security happening on your unit? Do you feel that PSH is following through on its Security Assessment Plan. Please let us know, you can send a confidential email to Kaycee Berndt kayceeluyt@hotmail.com

Who Do You Call?

We raised a concern that nurses who need security assistance are being instructed to call Providence Regional Security in Portland rather than contacting PSH security staff directly. The perception was that it was quicker to go to PSH staff directly. The problem is that PSH security staff are not always available to take your call or receive messages.

Providence Regional Security will activate radio-based dispatch communications with PSH staff immediately upon hearing your request for assistance, and stay on the job until that assistance is contacted and responds to your need.

All staff will receive additional training regarding when and how to request a security response. Of course, you should treat any threatening, violent, or potentially violent situation the same way you would treat it in your home, and use your discretion in dialing 911 in addition to Providence Regional Security.

Full-Time Security?

So far, we haven’t heard PSH say they’ll provide the full-time dedicated security staff ONA/PSH nurses requested. However, PSH told us at the meeting that they are now evaluating their security staffing.
Negotiations — Just Around the Corner

Our current contract with PSH expires November 30. That’s less than eight months away. Starting this summer, your ONA/PSH bargaining team will assemble to begin developing proposals for our next contract.

What improvements would you like to see?
Some of you have worked at other unionized hospitals and may be aware of benefits nurses had there that are missing from our contract. Please let us know. You can reply to Brenda West brenwest71@yahoo.com.

ONA Unit Representatives — Training Program Graduates

Mary Romanaggi, RN and Shun Soller, RN recently completed an ONA Unit Representative Training Program held here in Seaside.

Don’t forget to discuss any concerns you have about nursing practice, your ONA contract, or employment at PSH with Romanaggi, Soller, or any of the executive committee members. Your contact is strictly confidential.

Have You Ever Experienced— Wage Theft?

Last legislative session, ONA helped pass a bill intended to make it more difficult for companies to get away with cheating workers out of pay. A version of the bill passed but with a key provision removed that severely weakened its effect. While this legislation is a step toward protecting workers from wage theft, the reality is that it’s going to take more to fix what’s broken with our system.

Wage theft covers a variety of illegal employment practices that deny workers the wages they’ve earned. Tactics include refusing to pay overtime, forcing employees to work “off the clock” or “under the table,” denying legally-required breaks and flat out just not paying workers for time earned.

ONA will be working with our labor partners and state legislators in the coming years to give workers the tools necessary to expose employer wrongdoing, reduce the barriers that prevent workers from getting help and recovering the wages they are owed and put an end to workplace abuses that leave workers and their families shortchanged.

Do you have experience with wage theft? It’s only with workers like you coming forward to talk about these issues that we will be able to make change. If you have experienced wage theft, please contact Catie at Theisen@oregonrn.org to learn more about how we can help.