Excerpted from Oregon Nurse, Summer 2015

**ONA President**
**Katy Cooper, BSN, RN, CCRN Staff Nurse, OHSU Medical ICU**

It was strawberry harvest time in Oregon and the Rose Festival Fleet had just arrived in Portland when I found myself traveling across country yet again, this time to represent our ONA membership at the 2015 American Nurses Association (ANA) Ethics Symposium in Baltimore, Maryland. It had been a tumultuous time in Baltimore during the spring and this, coupled with my frequent travels, gave me pause at how necessary it really was for me to attend.

Nevertheless, I had committed to represent the viewpoint of staff nurses at this conference and make sure there was content in the program that addressed ONA’s values, expressed by our staffing legislation, nurse practitioner payment parity law, and public health initiatives. Despite my reservations, I boarded the plane to fulfill my commitment.

During the opening session, attendees packed into the ballroom and were thanked for showing the nation, by our presence, that Baltimore is a safe place to visit. As the speakers gave their presentations, I realized why my presence was truly necessary as President of ONA; I was there to show that Oregon nurses honor our ANA Code of Ethics.

ANA President Pam Cipriano, PhD, RN, NEA-BC, FAAN, spoke of our Code being enduring, and it is “not optional” for nurses to adhere to its provisions. I had never given any thought to it being presented like this. How could I have missed that aspect in my 34-year career as a registered nurse? Of course I had read the previous versions of the Code and interpretive statements, and found it in alignment with my values, just as I had read the Oregon Nurse Practice Act, and used both as a guide for my practice.

I had never given any thought to the notion that I wouldn’t follow the provisions of the Code, and it gave me pause to think of framing it in this way. Over the course of the symposium, our Code became a living and breathing document for me rather than mundane and taken for granted. There was further discussion about the integrity and wholeness of nurses and nursing. Examples of ethical dilemmas faced by direct care nurses were reviewed and analyzed by attendees. There were also
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examples of ethical decisions being made by administrators reflected in budget decisions, caring for the health and wellbeing of the caregivers, as well as the obligations of all nurses to take our place in the formation of public policy around the health and wellness of our patients, communities and on the world stage.

Of course we cannot be engaged in all aspects nursing all the time, but when the opportunity presents itself, we must fulfill our ethical obligations as our Code provisions demand of us.

We, as nurses, cannot stay silent on matters of organizational or public policy where health and wellness are at issue any more than we can abandon a patient who is under our care. Honoring our ANA Code of Ethics is not optional in any setting or circumstance.

Our Code defines the essence of who we are as professional nurses, and we are honor-bound to fulfill its tenets – each in our own way – individually and collectively. As I look ahead to my second year as president, I will be more mindful of this responsibility, and I hope all Oregon nurses will re-acquaint themselves with our Code, so that they can do the same.

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Oregon’s Nurse Staffing Law

ONA successfully passed improvements to Oregon’s hospital nurse staffing law in 2015. Thank you to all nurses who attended ONA’s Nurse Lobby Day, contacted legislators and otherwise participated in ONA’s campaign to update the law.

Many provisions of the law, including prohibitions on mandatory overtime for nurses are already in effect. 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. Find out about these important changes and learn how they will affect your facility and your practice.

Click here to learn more about changes to Oregon’s hospital nurse staffing law. Please email practice@oregonrn.org if you have questions about the new nurse staffing law.

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Update Your Contact Information

Throughout the year it is critical 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 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!
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, 800-634-3552 ext. 309 or gannett@Oregonrn.org.

Key Topics and Sessions

- Oregon’ New Nurse Staffing Law
- Working Together to Improve Practice & Staffing
- Standards
- Organizing for Success
- Next Steps: Nurses Leading the Way
- What’s Been Happening In Our Union
- Fighting Back: The Plan to Stay Strong at ONA
- Review of the Victory in Newberg

Who Can Attend?

This conference is specifically for ONA professional union members who are either currently in leadership positions (BU executive team, PNCC members, Staffing Committee members) or those who are interested in taking a more active role in their bargaining unit. ONA Student Affiliate Members are also welcome to attend.

Continuing Education

This program is pending approval by Oregon Nurses Association, CEARP # 301.06.2015 for continuing nursing education contact hours. ONA is an accredited provider approved by Cal BRN, Provider #15089.
OSHA Steps Up Enforcement at Hospitals, Nursing Homes and Long-Term Care Facilities

The federal Occupational Safety and Health Administration (OSHA) announced that it’s going to begin cracking down on hospitals to help prevent an epidemic of back and arm injuries among nursing employees. A June 25 memorandum from Deputy Assistant Secretary Dorothy Dougherty to regional administrators and state designees includes BLS, OSHA, CDC, and NIOSH data on those hazards, information about past OSHA emphasis programs and inspections, and instructions on how OSHA and state plan inspectors should focus on them during programmed and un-programmed inspections at these work sites. They are in the North American Industry Classification System Major Groups 622 (hospitals) and 623 (nursing and residential care facilities).

The announcement revealed that U.S. hospitals recorded nearly 58,000 work-related injuries and illnesses in 2013, representing 6.4 work-related injuries and illnesses for every 100 full-time employees, which is almost twice as high as the overall rate for private industry.

The new policy includes focus hazards:
- Musculoskeletal disorders (MSDs) relating to patient or resident handling
- Workplace violence (WPV)
- Bloodborne pathogens (BBP)
- Tuberculosis (TB)
- Slips, trips and falls (STFs)

According to the memo, the policy became effective immediately, Secretary Dougherty also stated “These focus hazards will be addressed in addition to other hazards that may be the subject of the inspection or brought to the attention of the compliance officer during the inspection. The goal of this policy is to significantly reduce overexposures to these hazards through a combination of enforcement, compliance assistance and outreach.

Outreach, Compliance Assistance, and Training:
The National Office has developed additional information, such as compliance assistance tools to support outreach, and training of compliance safety and health officers (CSHOs) and compliance assistance specialists (CAS), to address technical issues related to the focused hazards, including ergonomics and evaluation of MSD recordkeeping procedures.”

In an “enforcement memo” Dougherty further directed states to develop plans, which “must code inspections conducted in accordance with this guidance as noted in the OSHA Information System. OSHA’s directive takes the agency from merely recommending safe practices to potentially fining hospitals if they do not adopt them.

OSHA also developed a user friendly companion website for hospital administrators on the Department of Labor Website. It is available at https://www.osha.gov/dsg/hospitals/.

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.