

# Sacred Heart RiverBend Safe Floating Alert

Since the start of 2016, there have been increasing reports from nurses, and numerous SRDFs filed, describing unsafe and distressing situations encountered while caring for patients in the ED holding area, also known as Hall 6 or Zone 6. Despite our repeatedly bringing these concerns to Sacred Heart nursing administration's attention, many of the problems persist.

Of immediate concern are reports from RNs floated to the Emergency (ED) holding area who have encountered obstacles, discouraging remarks and intimidation when they've attempted to point out safety concerns or refuse patient assignments if they are not qualified to provide safe patient care.

In response, **we have created a volunteer on-call group of nurse leaders willing to provide support to any RNs encountering problems or attempting to document or raise concerns about patient safety issues while assigned to the ED holding area.**

The volunteer nurses' names and phone numbers are located on page 2 and will be posted in the ED break room.

As all licensed nurses know, the Oregon Nurse Practice Act requires that licensed RNs can and must refuse to accept care for a patient if they are not qualified to give the appropriate care, and must report and take action regarding client safety and environmental concerns. Your ONA contract also protects your rights in these situations.

You can see the relevant sections of the Practice Act and your ONA contract on page 3.

A Sacred Heart nurse manager recently sent a memo reiterating that **nurses cannot refuse a float assignment to Zone 6**, but clarifying that they can and should refuse any individual patient they are not qualified to care for.

If you are working in ED holding and encounter a situation that you think would put patient safety (and therefore your license) in jeopardy, please see the "Steps to Address Concerns in ED Holding" sheet on page 2 for the steps to take to address the situation, and a list of experienced nurses to call for support if needed. This information will be posted in the ED break room as well.



# Steps to Address Concerns in ED Holding

If you are working in ED Holding and encounter a situation that you think would put patient safety (and therefore your license) in jeopardy, here are the steps to take to address the situation:

- 1** If you are not qualified to care for a patient (due to skill sets such as Telemetry or the total number or acuity of your patients or other factors), you can let your charge nurse (CN) or facilitator know that you refuse to take a particular patient assignment.
- 2** If you encounter safety or environmental concerns that can or do impact your patient, bring them to the attention of your facilitator, CN, nurse manager (NM) or house supervisor.
- 3** Follow the steps outlined for escalating this situation to your facilitator, charge nurse, nurse manager, house supervisor or Administrator-on-Call.
- 4** File a Staffing Request and Documentation Form (SRDF). This can happen as soon as you encounter the situation and have reported it to your CN, NM, etc. as in item 2 above. However, if you are unable to do so immediately an SRDF can be filed at the end of your shift or even several days later. Reporting can seem difficult but is very important in documenting the particulars of the problems and the continuing pattern of concerns, and in protecting yourself from potential license violations.
- 5** If you encounter ANY difficulties as you attempt to follow these steps, please call one of the following nurses who have volunteered to be on call (on their own time) to provide support to any RN floated to ED Holding.

These experienced Sacred Heart Medical Center RNs have made themselves available to provide support and information to any RN attempting to address a situation in ED holding that may pose a patient safety risk or other substantive concern. If you do not reach someone on the first try, please feel free to call another person on the list, regardless of the time of day or night.

Name	Unit/Shift	Cell Phone
Cheryl Brewer	OHVI 5 / Eves	(541) 206-8551
Matt Calzia	ICU / Days	(541) 337-3487
Nancy Deyhle	ICU / Nights	(541) 543-1662
Scott Kearney	RRT / Days	(713) 264-1603
Brian Smith	OHVI 5 / Eves	(541) 515-3363

The following excerpts from the Oregon Nurse Practice Act (ONPA) and your ONA contract show the language relevant to patient safety and environmental concerns, and the policies for nurse floating at the Sacred Heart Medical Center.

## From the Oregon Nurse Practice Act:

Scope of Practice Standards for All Licensed Nurses 851-045-0040

- (2) Standards related to the licensed nurse's responsibilities for the environment of care. The licensed nurse:
  - (a) Promotes an environment conducive to safety and comfort for all levels of care, including self-care and end-of-life care; and
  - (b) Identifies client safety and environment concerns; takes action to correct those concerns and report as needed.
- (3) Standards related to the licensed nurse's responsibilities for ethics, including professional accountability and competence. The license nurse:
  - (a) Has knowledge of the statutes and regulations governing nursing, and practices within the legal boundaries of licensed nursing practice;
  - (b) Accepts responsibility for individual nursing actions and maintains competence in one's area of practice;
  - (c) Obtains instruction and supervision as necessary when implementing nursing practices;
  - (d) Accepts only nursing assignments for which one is educationally prepared and has the current knowledge, skills and ability to safely perform;

## From your current ONA contract:

**8.9.1** The Staffing Committee may create unit clusters for purposes of cross-orientation. The Medical Center may require cross-orientation of a nurse to any or all units in his or her cluster. In the event of such a requirement, the Medical Center will provide the nurse with sufficient cross-orientation opportunities and opportunities to be scheduled in other units within the approved cluster. The Medical Center will provide the nurse with sufficient orientation to the unit(s) and its patients. Based upon the nurse's previous clinical experience and the similarity of skills to those the nurse already possesses, the nurse and the appropriate supervisor(s) will mutually agree on the length of orientation in the applicable nursing unit. The Medical Center will take into consideration the nurse's expressed needs in determining the individualized orientation.

**8.9.2 Super float pool nurses.** Super float pool (referred to elsewhere in contract as "float pool") unit nurses may be required to orient to up to four (4) nursing units. For each unit to which a super float pool nurse is required to orient, the nurse will receive sufficient orientation to allow the nurse to have the documented competencies and skills required to provide direct care to patients on the unit. The provisions of section 8.9.1 apply equally to Super Float Pool Unit nurses.

**8.10 Floating.** A nurse who is scheduled to work on his/her regular unit may be required to float to any other nursing unit, except that nurses in the Women's and Children's Complex (NICU, Labor and Delivery, Pediatrics and Mom/Baby) will not be required to float to units outside of the Complex.

**8.10.1 Float assignments.** Nurses shall receive float assignments commensurate with their skills, competencies and the patient populations to which they have been oriented. Among nurses on a unit who are competent to perform a float assignment, volunteers shall be first, followed by agency, traveler and temporary nurses, then float pool nurses, and then by an equitable system of rotation among the remaining nurses on the unit. The system of rotation shall be in accordance with float

guidelines established between the unit manager(s) and a majority of the nurses on the nursing unit. These float guidelines shall be written and available for review on each nursing unit. At a minimum, nurses assigned to float will receive or will have previously received basic information needed to work on the unit, including unit layout, location of supplies, and essential unit protocols. If a nurse at any time during the float assignment process determines in his or her professional judgment that the nurse does not have the skills or experience required for the assignment, the nurse's judgment will be respected. In that situation, another nurse who has received sufficient orientation may be floated, or the assignment shall be modified. A Charge Nurse may be required to float when not assigned to perform the duties of the Charge Nurse for that shift. A bargaining unit nurse who is assigned primary preceptor duties for that shift shall not be subject to the float rotation for that shift.

**(FYI -any nurse can be sent as a “Supplemental Assist.”)**

**8.10.2 Supplemental assistance.** In addition, any nurse may be required to provide supplemental nursing care on any unit where the need arises, without specific unit orientation, provided that the nurse may refuse any specific component of such an assignment that the nurse, in his or her professional judgment, does not assess is appropriate. In such a case alternate nursing care duties will be assigned in the unit. This right of first refusal shall be limited to units where the nurse has not completed orientation specified in Section 8.9. All such assignment of nursing care shall be consistent with licensure requirements for registered professional nurses in Oregon. Such a nurse shall not be required to take a primary patient care assignment, but shall be expected to perform the functions identified in the list of supplemental assist functions formulated by the Staffing Committee.