

Sacred Heart Medical Center Executive Committee (SHMC)

Co-Chair: Lynda Pond,
RN, LDR

Co-Chair:

Nancy Deyhle, RN, ICU

Secretary:

Suzanne Seeley, RN

Mother Baby

Treasurer:

Kevyn Paul, RN, ED-UD

Beth Harvey, RN,

Float Pool

Matt Calzia, RN, ICU

Larry Wilt, RN, ICU

Karl Christman, OR

Tore' Murvin, RN,

8 Medical

Grievance Chair

Laura Lay, RN

Mother Baby

Sacred Heart Home Care Executive Committee

Chair:

Susan Walters, RN

Home Health

Vice-Chair:

Shirley Holfeld, RN

Home Infusion

Maggie Yokum, RN

Home Health

Cindy Rasavage, RN

Home Health

Maureen Smith

ONA Labor Relations

Representative

smith@OregonRN.org

541-726-0772

Oregon Nurses Association

18765 SW Boones Ferry Road

Suite 200, Tualatin OR 97062

1-800-634-3552

within Oregon

www.OregonRN.org



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Nurses Deserve a Break

Nurses on 8 Medical are concerned about consistently working without meal and rest breaks. So, late last year they decided to proactively utilize section 8.5.1 of our ONA contract to propose a solution. In November 2014, the 8 Medical Unit Based Council (UBC) began developing a proposal for an alternate start-time position dedicated to proactively providing meal and rest breaks for staff nurses and charge nurses on the floor. The proposal was supported by our unit manager, presented to our unit, and ratified by an overwhelming majority of the nurses.

According to our ONA contract,

8.5.1 Unit plans. Each nursing unit will maintain a written plan designed to provide meal and rest periods in accordance with Section 8.5. Plans will be modified by the Unit Based Council and ratified by consensus of the manager and a majority of the staff nurses on each unit. These plans may include the use of short shift positions as referenced in Paragraph 1.b of Appendix G, and/or

positions with alternative start times, to facilitate meal and rest periods. The Medical Center will make a reasonable effort not to regularly assign charge nurses or facilitators a primary patient assignment, unless otherwise agreed to, so that they may assist in meal and rest period coverage; provided that this provision will not interfere with the staffing needs of smaller nursing units as determined at the unit level. The Medical Center will schedule sufficient staff to implement each unit's plan. The Medical Center will provide copies of unit plans to the Association.

Our UBC developed a proposal that was "ratified by consensus of the manager and a majority of the staff nurses" in our unit. However, that proposal was denied, with administration alleging that nurses on 8 Medical have not been effectively utilizing resources already available to them (such as the use of "white boards"). The meal and break plan was supported by 40 out of 41 voting nurses (that was a 74 percent turnout on the vote.)

Nurses Deserve a Break *continued from page 1*

We filed an Association Grievance March 5 because the issue involves all RNs on 8 Medical. Thirty two nurses signed onto our grievance, which indicates just how strongly we feel about the need for these additional resources.

Our first grievance meeting was with Heather Wall April 2. We had scheduled two hours of time for this meeting in order to be able to present all of the evidence on this issue. Less than 24 hours before the meeting was to take place, however, ONA was notified that “something had come up” and Heather Wall would only be available to meet with our representatives for an hour. In attendance at that meeting were: 8 Medical RNs: Robin Avidan, Grace MontKelly, Trisha Lande, Diana Weller and Tore’ Murvin. Management representatives were: Heather Wall, Vicki Edwards, Justin Thomas Human Relations (HR) and Marie Stehmer (HR). ONA representatives: Maureen Smith and ONA Executive Committee Co-Chair Lynda Pond.

After the meeting, Heather Wall issued a denial of our grievance, stating that she did not believe “the plan proposed by the UBC was ratified by the Nurse Manager.”

Our contract states that, when Unit Based Councils are developing meal and break plans, it must be ratified by consensus of the unit manager and the majority of the staff nurses. Nurses believed that the manager was supportive of the plan and the UBC minutes indicate she was “100 percent behind the proposal.”

Nurses are disappointed that administrators are not upholding their part of our contractual agreement.

Our next step is to present the grievance to Chief Nursing Officer, Louella Freeman and if we’re not able to reach a resolution at that meeting, arbitration may be the next step.

Nurses on 8 Medical are still hoping that an alternate start time meals and breaks RN will be scheduled, to provide us with our legal right to uninterrupted rest

periods and to appropriately care for the patients in our unit while the primary nurse is away. A meals and breaks RN would administer medications, check charts, answer call lights, toilet patients and fulfill hourly rounding requirements.

This scenario will be a big improvement over our current working environment: a nurse managing 10 – 12 patients, able only to respond emergently and reactively to our unit’s patients they are covering. We believe the meal and break plan we passed, when implemented, will improve patient satisfaction and decrease incremental overtime, caregiver burnout, patient falls and medical errors. What better way to serve PeaceHealth’s mission of “*safe compassionate care: every time, every touch*” than this?

Meanwhile, nurses on 8 Medical will continue to document our missed meals and breaks in Kronos. We’re encouraging nurses on other floors to do the same. It is unlawful for nurses to be threatened with corrective action for reporting violations of the law and/or our contract.

We also encourage other unit councils to develop a meal and break plan that provides sufficient resources for your unit. Once your plan is developed, you should put it to the vote of the unit. The contract calls for a “consensus of the manager and a majority of the staff nurses on each unit.” The manager should not block a proposal if a majority of the nurses support it. Ask your manager to support safe staffing in your unit!

If you have questions or concerns about developing your meal and break plan, you can refer to our contract, approach your ONA unit representative or an Executive Committee member with your questions.

Nurses on 8 Medical will continue to pursue this grievance to a satisfactory resolution – it’s time for a dedicated RN to give nurses a break.

Thanks to Grace MontKelly, 8 Medical, for contributing to this article!

Meet our New Executive Committee Members!

We are pleased to introduce the new ONA Executive Committee, who will be leading our bargaining unit through the next two years.

Each team member has agreed to be a point of contact for nurses in several units, however, they'll have their hands full and will need help from all of us to make sure nurses are always in the loop about what ONA is working on.

We need nurses in every unit and on every shift who can support the new executive team members by

being the "eyes and ears" for ONA in their area and helping to share information with colleagues when necessary.

Our new team members (*and their assigned units*) are below. If you are willing to assist by being a Unit Representative for your unit/shift, please reach out to your assigned team member or contact Lydia at hallay@oregonrn.org



2015 ONA Executive Committee Members

If you have questions about ONA or our contract and are unable to locate a Unit Representative, please contact your assigned Executive Committee member.

Name	Role in ONA	Works In...	Contact Info	ONA contact for the following units:
Lynda Pond	Bargaining Unit Co-Chair for Executive Committee	Labor and Delivery Evening Shift	Email: espressoLynda@gmail.com Phone: 541-514-5026	LDR, NICU SPA
Nancy Deyhle	Bargaining Unit Co-Chair Grievance Committee Member	ICU Night Shift	Email: nancydy@msn.com Phone: 541-937-2248 (home) 541-543-1662 (cell)	Cath Lab, Endo Clinic Neuro, IV Therapy, Wound and Ostomy, Radiology
Suzanne Seeley	Secretary, Executive Committee PNCC Member	Mom Baby Night Shift	Email: sseeley1946@gmail.com Phone: 541-852-8577 (text only) Home phone: 541-484-7463	Mom/Baby Pediatrics
Kevyn Paul	Treasurer, Executive Committee Grievance Committee Member Shared Governance Liaison	University District ED Day Shift	KPaul@peacehealth.org nyvekrn@yahoo.com 541-554-2140	All UD: UD-ED, Johnson Unit House Coordinators, Regional Infusion Center, Rehab, Medical
Karl Christman	Executive Committee Member PNCC Member	OR, Day Shift	Email: eastlynxhollow@gmail.com Phone: 541-942-8882	Main OR, CVOR PACU, Endo
Larry Wilt	Executive Committee Member	ICU Night Shift	Email: larwil4@gmail.com Phone: 541-968-3316	RiverBend ED ICU (Night Shift)
Matt Calzia	Executive Committee Member	ICU Day Shift	Email: mcalzia@mac.com Phone: 541-337-3487	ICU (Day Shift) ICU Step Down
Tore Murvin	Executive Committee Member Unit Representative Liaison	8 Medical Evening Shift	Email: silverwheel10@gmail.com Phone: 541-579-4980	8 Medical, 7 Surgical, 7 N Oncology
Beth Harvey	Executive Committee Member Shared Governance Practice Council	Float Pool Evening Shift	Email: Bharvey0118@gmail.com Phone: 541-517-1690	Float Pool, OHVI 4 & 5, Cath Prep Recovery, Ortho

Update on ONA Education Funds at SHMC

Each contract, we negotiate for money and hours to be available for our membership to attend educational programs and conferences of their choice for their professional development. In 2012 we were able to get an increase in negotiated funds for education up to \$195,000 and 10,400 hours. These are both “use it or lose it” funds and if not used go back to the Medical Center.

We’ve been hearing concerns from our members that it is increasingly difficult to get the time off needed for education opportunities. Because of this, there are more unused funds and hours than usual going into pooled funds.

As of April 1, \$84,089.95 and 4,116.8 hours went into pooled funds. The Professional Nursing Care Committee (PNCC) met April 9 and discussed reimbursing nurses who had expenses exceeding the unit fund maximum from conferences/education events that occurred from 7/1/14 - 3/31/15 and being able to receive additional funds from pooled monies on a prorated basis. These requests would be processed after all pooled funds requests have been paid (including receiving extra monies for expenses over the pooled funds maximum).

Thus there would be four passes through pooled funds monies:

- 1) Pooled fund requests for events occurring 4/1 - 6/30/15 up to the \$400 maximum per event, one per nurse on a first come, first served basis.
- 2) Pooled fund recipients who requested funds for more than one event, on a first come, first served basis (if a nurse requested more than two, their third would be after everyone received funds for their second).
- 3) Pooled fund recipients who had requests over the maximum and;



Sacred Heart PNCC members are: Back row - Ray Zielonka, Float Pool; Brian Smith, OHVI 5; Karl Christman, OR; Front row - Leah Trank, 7 North Oncology; Patty Trachtenberg, Orthopedics; and Suzanne Seeley, Mother Baby. (absent: Mary Phoenix, ICU)

- 4) Fund recipients who received unit funds and had expenses over the unit maximum (with receipts). If number 3 or number 4 depletes the funds, those nurses will be paid on a prorated basis. On motion, this was approved.

The PNCC wants to be sure that there aren't barriers to nurses in accessing these funds. Please contact PNCC Chair Brian Smith, or PNCC Secretary Suzanne Seeley, with questions about use of these funds or any problems you've had in utilizing them.

We encourage unit councils to review their education guidelines and think about increasing the amount available to each nurse. Many units haven't updated their guidelines in years and the cost of attending conferences is increasingly expensive.

The education funds are allocated each fiscal year with the next one beginning July 1, 2015 so now's the time to make sure your guidelines are working for your units.

Sacred Heart Home Care Services

New officers were selected for the ONA Home Care Services Executive Committee: Susan Walters will be the Chair of the committee with Shirley Hofeld serving as Vice-Chair. The other executive team members are Cindy Rasavage and Maggie Yokum. We do not have a representative from Hospice and would like to have a liaison from that program to make sure your voices are heard. Please contact Susan Walters if you're interested in participating. You would be asked to attend occasional meetings with the Executive Committee and/or Labor Management depending on the issues at hand.

The Professional Nursing Care Committee (PNCC) is conducting a survey of nurses in Home Health and

Hospice regarding their workload. The survey deadline has been extended to allow for more participation and results will be shared with management at the upcoming May 6 Labor Management meeting along with the recommendations of the Staffing Taskforce workgroups. If you haven't completed a survey yet, you can print one by following this link http://c.ymcdn.com/sites/www.oregonrn.org/resource/resmgr/Sacred_Heart/SHHCS_Survey-March2015.pdf_cidee=c21pdGhAb3JlZ29ucm4ub3Jn&urlid=0 or contact Shirley Hofeld, Home Infusion.

Surveys are due to Shirley Hofeld, Friday, April 24.

Hospitalists Win Outsourcing Victory but Negotiations Move Slowly

After nearly a year, Sacred Heart Hospitalists have successfully prevented the outsourcing of their positions to Sound Physicians, a private, for profit corporation.

With the support of you and other RNs, the hospitalists delivered petitions to administration, went to the media, met with fellow hospital stakeholders and publicized Sound Physician's 14.5 million dollar settlement with the Justice Department involving allegations of Medicare overbilling.

They thank you for your invaluable support during this long struggle. *Without you, they would not have been successful!*

Additionally, for the first time in months, interviews are commencing for new hospitalists and, while it is not perfect, staffing has improved in the last month.

Unfortunately, these successes have not yet resulted in much progress towards a strong first contract. After five sessions, the

hospitalists have submitted nearly all of their proposals.

On April 10th, the hospitalists received two counter proposals. They have not reached a tentative agreement on any articles.

In the coming weeks and months, the hospitalists will again need your support and solidarity in their efforts to have a voice in adequate staffing and safe patient care delivery.

Stand Up for Better Nurse Staffing

We know it's difficult for many nurses to travel to Salem to talk with their legislators about improving nurse staffing. Thankfully, the state's powerful budget writing group, the Joint Committee on Ways and Means, is holding a public meeting in Springfield on April 23 to hear from nurses and other community members about the bills and topics you care about.

The Ways and Means Committee is one of the legislative committees that will have a vote on ONA's Nurse Staffing Bill, Senate Bill 469 (SB 469). It is crucial that these lawmakers hear from nurses like you so they can better understand the impact nurse staffing has on patients and staff and why we need to improve Oregon's Nurse Staffing Law.

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We're asking you to commit to attend this meeting and let lawmakers know why nurse staffing is important to you and your community.

Joint Ways and Means Committee Meeting

Thursday, April 23, 2015

Springfield City Hall Library Meeting Room

6:30 to 8 p.m. (225 5th Street, Springfield)

RSVP to Jenn at baker@oregonrn.org for additional details. ONA's Government Relations staff is happy to work with you on staffing talking points and bill information.

Thank you for your support to improve nurse staffing statewide!

Lynda Pond Elected to ONA Statewide Office

Lynda Pond, ADN, RN, Sacred Heart Medical Center (SHMC), Eugene was elected as Vice President of ONA's statewide board of directors for a two-year term beginning July 1, 2015.

Lynda has had a long history of involvement in ONA at the local, state and national level. She was first appointed to Cabinet on E&GW December 29, 2009 and served until June 30, 2012. April 11, 2012, she was elected in ONA's state-wide elections to the Cabinet on E&GW and will serve until June 30, 2015.

Lynda has served as a member of the ONA SHMC Executive Committee as a co-chair SHMC grievance committee member, co-chair of the staffing committee, a bargaining team member, chair of the PNCC (2000-2001) and a District 5 board member.

Lynda was a key participant in the implementation of

HB2800, the first Hospital Nurse Staffing Law. She is also an ONA Director on the National Executive Board of the National Federation of Nurses (NFN).

A hospital charge nurse whose primary nursing specialty is maternal and child health, Lynda has been a full-time registered nurse for 30 years. Her bargaining and vast negotiations experience in multiple roles will be beneficial in her new role as ONA's vice president. We're fortunate to have Lynda's leadership at Sacred Heart Medical Center where she has been instrumental in our campaign to address safe staffing at Sacred Heart. **Congratulations, Lynda!**



Improvements in the Super Float Pool

Unit representatives have been meeting with Pam Herrmann and Heather Wall to discuss how things were going in the Super Float Pool since the reorganization last year. Stormy Greenawald, Beth Harvey, Tawny Dwyer, Lynda Pond, Nancy Deyhle, and Maureen Smith have participated in the meetings. Nurses have expressed concerns: including the orientation for Super Pool nurses; Med/Surg Super Float Pool nurses being floated continuously to ED Holding despite it not being one of the units they're supposed to support; vacant positions in the Super Float Pool – particularly the Critical Care (now called Intermediate Care) Super Float Pool; and SPA, Mother/Baby and Pediatrics pulling out of the Super Float Pool and more.

At a meeting on April 1, we reached agreements with Heather and Pam about several of these concerns. We support these changes – they provide the senior float pool staff an opportunity to continue to float to units that they like working in. We think it makes sense to have a float pool that is more flexible to the needs of the hospital than “locking” nurses into only 4 units if they have experience and skills in more areas. Here are some of the highlights of the agreements: (for the full text – follow this link: http://c.ymcdn.com/sites/www.oregonrn.org/resource/resmgr/Sacred_Heart/SHMC_SuperFloatPoints_2015-0.pdf)

The reorganization and frequent changes in management of the Float Pool over the past year

Improvements in the Super Float Pool continued from page 6

and a half have been hard on the unit. Following the reorganization, approximately half of the float pool staff left the unit and transferred to other units in the hospital.

Agreements include:

- Super Float Pool nurses will continue to have a hired-in cluster:
 - RB Med Surg (8 Med, 7 Surgical, 7 Oncology, 6 Neuro, 6 Ortho, OHVI 5)
 - UD (BHS, 3 Med, Rehab, RIC-day shift only)
 - Intermediate Care (OHVI 4, RB ED, UD ED, IMCU)
- Current Super Float Pool staff will be allowed to work in all units previously oriented to, if they still want to. Heather Wall will be calling each nurse to review and validate with them the units each person is thought to be oriented to, and to discuss if they want to continue to support those units and if any further orientation is needed. Prioritization of staffing will be given to those units in which your position was hired to cover, ahead of any “extra” units you are oriented to.
- For Caregivers whose selected positions included SPA and IV Therapy, an opportunity to select a different unit to replace this unit will be given, by seniority.
- For Caregivers whose selected positions included Mother/ Baby and Pediatrics, those selections will be honored and nurses will be oriented to those units (if they still want to go there). The goal is to have this orientation completed by June 30, 2015.
- The staffing grid on Nursing Online will be updated to reflect all current information. The Staffing Office and House Supervisors will be educated to our new processes.
- The UBC will develop a process for coverage of any new organizational needs that arise in the future.

We still have not resolved the issue of the Med/Surg Float Pool staff being the primary support for ED Holding. We will continue to discuss this and our concerns of having an area of the Emergency Department being staffed by all Float Pool and/or Float nurses. This also takes the Float Pool nurses away from being able to support the units that they’ve been hired and trained to support.

Thanks to the unit representatives – Stormy, Tawny and Beth – for their hard work, long hours and dedication to making the Super Float Pool a unit that nurses want to work in so they can attract and retain the staff needed to make it a success.

2015 Nurses Week Activities!

Sacred Heart RiverBend Thursday, May 7

RiverBend Conference Room 200CD
0700 -1700 Great Food and Raffle Drawings

Sacred Heart University District Tuesday, May 12

Delivering Great Food, and Raffle Drawings
to the Units: 0500-0630; 0930-1100; 1700-1830

Sacred Heart Home Care Services,
More Information on Activities to Follow!



Emergency Department Holding Area (also known by many other names, such as, Hall / Zone 5 or 6)

ONA has been contacted by many nurses with concerns about their float experience in the Emergency Department (ED) Holding area. We've brought those concerns to management's attention but they said they were hearing quite a different story. When managers attended the March Staffing Committee Meeting, they shared an orientation packet that had been put together for Float Pool and float nurses and said that whenever they asked nurses how things were going – they only received positive response. In order to get a better understanding of what was actually happening, ONA leaders decided to conduct a survey of nurses that had floated to the area within the past 30 days. We wanted to make sure that the information we gathered was recent and not about the concerns with the Clinical Decision Unit or former configurations of the area. The survey was open from March 9-23.

We had 27 nurses complete the survey. We have since found out that approximately 50 RNs have been floated to the ED Holding area so that is over 50 percent response rate.

Here are some of the highlights:

While you were working in this area, did you have concerns about patient safety?

78 percent Yes and 22 percent No.

Sample comment: "The pace at which we are expected to "turn patients around" is what makes patient safety concerning. They can be in our care for as little as an hour before being moved upstairs, or conversely, patients have had to wait in the transitional area for up to 30 hours."

"We are expected to receive and settle such a high volume of patients that they are not being thoroughly assessed, and a subtle change in their condition would almost certainly be missed by the nurses down there because once we receive a patient, we leave their room to go receive another patient or transfer

one upstairs and it may be hours before we go back into a patients room to reassess or round in them."

During your shift, did you have adequate supplies to provide patient care?

44 percent Yes and 56 percent No

Sample comments: "Hall 5 and hall 6 are set up different and neither is organized like a floor unit. Much of the shift is spent trying to locate needed supplies. Whether it is from patient rooms, clean and dirty utilities or the med rooms.; There is no lift equipment. The second day I was there we had an obese wheel chair bound patient and no way to move her."

Prior to your shift, were you provided an orientation to the work environment?

37 percent Yes and 63 percent No

Sample comments: "No, the first 15 minutes consisted of three float nurses trying to figure out what was going on and how to divide assignments. We received a stack of SBARs, that we had to accept, the minute we got there; I was shown where meds were supposed to be and where they kept supplies."

Did you feel you had the competency and training to care for your patients during the shift (for example, were you asked to care for telemetry patients and have the training to do so)?

58 percent Yes and 42 percent No

Sample comments: "No, I have been asked several times to watch patients who are on tele monitoring for possible stroke. I did complete a telemetry class, but have never received telemetry training on the floor. I do not have NIH training; I was handed a phone and informed I was the charge nurse because I had more seniority than the other RN floated there. I received text messages from patient placement that I had no idea what they meant...;. The only instance of feeling inadequate was when asked to care for acute confirmed strokes. I have acs/telemetry, but I'm often paired with nurses who don't."

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During your shift, did you feel supported by the staff in the ED, house supervisor, etc.?

37percent Yes and 63 percent No

Sample comments: “The ER does not have the time, staff or equipment to support another 10 beds on top of the beds in the ER; not supported by house super; ED charge nurse – absolutely. They have been very supportive these last few weeks. I am not sure how available they can be, as compared to a floor charge nurse. The house supervisors have not always been the most supportive.

During your shift, have you had difficulty with ancillary orders, labs, meals, Respiratory Therapy, etc?

60 percent Yes and 40 percent No.

Sample comments: “I had to make five calls to get a first dose of Tamiflu for my influenza positive patient. Getting menus completed and sent so they were to arrive on time was challenging. I didn’t need lab or respiratory during my shift. Medications from the pyxis are a challenge. Once the person is discharged from the ED they disappear from the pyxis. I have to add them back in, pull medications from the stock, and then manually chart the medications given on paper. This process defeats all of the safety of the barcode medication administration. This is clearly an issue that could be resolved by simply setting up the

holding hallway as a real, staffed and managed unit.; The kitchen closes at 7 p.m. Most patients have been in the ED for hours without nutrition. They come to the ED holding with diet orders and all they get is a sandwich, at best... I have definitely noticed an improvement in lab and RT.”

Maureen Smith presented the survey results at the April 6 Staffing Committee meeting. Nurses have asked for improvements to orientation, a small info sheet to keep with them during the shift, permanent staff for the “area” rather than always using float RNs, concerns about skill mix and the nurse’s right to refuse assignments when in their professional judgement, they do not have the skills and/or experience to safely handle the assignment.

Thank you to everyone who completed the survey and for your thoughtful comments. Nurses have recognized some recent improvements to the ED holding area however, there is still much that can be done to improve patient safety and better support the staff that are being asked to deliver care in this unique environment.

If you have any additional comments or concerns, please contact Maureen Smith, Staffing Committee Co-Chair Cheryl Brewer or Executive Committee Co-Chair Nancy Deyhle.

ANA Offers Free Webinar with CE Credit During Nurses Week 2015



The American Nurses Association (ANA) is offering a webinar entitled *My Patient, My Code, My Practice: Ethical Decision-making and Action Thursday, May 7, 10 a.m.* to address the ethical dilemmas related to patient care that nurses face every day in their practices. The webinar will provide practical

advice, based on lengthy research that will help both staff nurses and managers take the lead in ethical situations.

Topics to be covered include:

- Tools and resources needed to effectively recognize, manage and resolve a wide range of ethically challenging scenarios.
- How to better understand the importance of the inter professional team you work with and the roles the team members take in addressing ethical dilemmas.

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ANA Offers Free Webinar with CE Credit During Nurses Week 2015 continued from page 8

- How to incorporate and employ systems thinking about ethical challenges and the measures that need to be in place to gain resolution.
- How to stay resilient and morally resolute in your ethical decision-making and actions.

My Patient, My Code, My Practice: Ethical Decision-making and Action provides 1.0 contact hour (60 minute contact hour), which will be awarded to nurses who individually register and successfully complete the webinar. Webinar attendees will receive a link to an online evaluation at the end of the webinar. Each attendee must complete the evaluation and confirm attendance at the webinar, thus earning the contact hour. Once the online evaluation is completed, a CE certificate may be printed.

The American Nurses Association Center for Continuing Education and Professional Development is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

- ANCC Provider Number 0023
- ANA is approved by the California Board of Registered Nursing, Provider Number CEP6178, for 1.2 contact hours (50 minute contact hour).

To register, please go to: <https://goto.webcasts.com/starthere.jsp?ei=1059159>

Help Improve Staffing with One Email

Right now, your state legislators are considering important changes to Oregon's Hospital Nurse Staffing Law that will empower direct-care nurses, increase hospitals' transparency and accountability and allow patients to get the care they deserve. But these crucial staffing improvements can't happen without your help.

Legislators have repeatedly said that your input will be one of the most important factors in their decision to vote for improved nurse staffing. You can tell your legislators why you support improved nurse staffing with one simple email.

Go to OregonNurseStaffingLaw.org to email your state legislators and share your experiences with nurse staffing at your facility. Ask your legislators to vote for Senate Bill 469, which will improve Oregon's Hospital Nurse Staffing Law for nurses and patients.

Your email can make the difference for you, your fellow nurses, and patients and families across the state.

Thank you for your support!

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. The ONA website, mail at home and emails at home continue to be the best methods of getting newsletters 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.

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!