In evaluating the effect of industry leaders, how do they measure up? What criteria should be used to assess leaders in health care? Who are the true leaders in health care?

Here are some thoughts.

**Patient Centered Care**

This has become a well used catch phrase for a host of programs, campaign initiatives and studies. What it means to me after years in nursing is that decisions start from the patient’s side and move outward. Key questions are: who needs to provide care and how is the best way to support them so that patients get appropriate care? What do patients want and need from their care? What resources are needed to support care and what resource expenditures are irrelevant? A true leader asks these questions and makes decisions based on the answers that come directly from patients and expert caregivers. A leader by title only disregards the views of patients or clinicians and purchases an exorbitantly priced, poorly-designed electronic record system that is both inefficient and potentially dangerous. A leader by title only focuses on productivity metrics without understanding what it takes to work directly with patients and families.

**Cost Effective Care**

This is another familiar phrase. In today’s health care environment, every sector is trying to save money. A true leader, faced with the need to reduce costs, preserves care at the patient’s side and looks for ways to help make care more efficient by eliminating non essential tasks and barriers. A true leader sits with those who provide care and encourages the conversation about ways to reduce costs. A leader in title only hires consultants to propose unworkable, unwise and unnecessary interventions.

**Quality Focused Care**

Unfortunately, our country remains focused on the notion that more care is better care, despite overwhelming evidence of its harmful outcomes. The true leader looks for ways to improve, even if it means that her or his position becomes less necessary. The true leader seeks to find simpler solutions for delivering care, like using the telephone. The leader in title only often utilizes publicity campaigns created by a new layer of staff to achieve what could be done by good old fashioned teamwork. The true leader recognizes and respects the art and science of providing care to human beings and that care is rarely defined only by the use of expensive equipment and procedures.

Do you see yourself in either of these care categories? I do. I see true nurse leaders at their patient’s side advocating for time to be with patients. I see true nurse leaders looking at the system and asking “how can we...?” I see true nurse leaders using existing evidence to make their decisions and propose solutions. Almost always, those nurse leaders are those of you who provide care directly to patients and families. You are the true leaders in health care.
We must all equip ourselves with the tools we need to become strong nurse leaders – leaders who advocate for safe working conditions while continuing to provide quality focused, patient centered care.


Titled Stability in the Storm – Nursing’s Role and Authority in a Changing Environment, the convention’s CE Day has been designed to inspire, inform and empower each attendee to become a true nurse leader.

Nurses are facing a sea of change as a result of the Affordable Care Act (ACA). To weather this storm, we must all equip ourselves with the tools we need to become skilled nurse leaders – leaders who advocate for safe working conditions while continuing to provide quality focused, patient centered care.

Building new expertise requires diligence, discipline and making a conscious decision to seek new information. Our CE Day will help you gain knowledge, skills and abilities crucial to achieving continued success in your practice.

Throughout the day, we will address our profession’s most pressing issues with topics that include emerging roles for nurses, communicating in conflict for collaboration, trends and case studies in Board of Nursing actions, pathways to leadership and making a science out of your art, among others.

To ensure that you experience high value from the day, we’ve assembled a panel of nurse experts, a nationally renowned speaker and we’ve planned ample opportunities for you to share experiences and concerns with your colleagues from across the state.

Barbara Blakeney, MS, RNFR, FNAP, our keynote speaker, will empower us with examples of exemplary health care delivery. Blakeney is an Innovation Advisor at the Center for Innovations in Care Delivery, Massachusetts General Hospital and has been recognized by the Centers for Medicare and Medicaid Services for her ability to design innovative solutions for complex health care problems. Her experience will add substance to our conversation on thriving in these challenging times.

Please explore this edition of the Oregon Nurse. I believe you will find valuable insight to apply in your practice. Then schedule time off – May is just around the corner. I look forward to joining you at this year’s convention and CE Day.
Should We Expand ONA Representation Beyond Nurses?

Paul Goldberg, RN, BSN, BA
Assistant Executive Director for Labor Relations, ONA

As a registered nurse activist who has devoted his career to defending and expanding the profession of nursing and its values for over 25 years, I believe that it is time for us – as an organization that advocates for our profession and our patients – to consider expanding our membership base beyond registered nurses to other health care classifications.

Although this is a radical departure from our current structure, this is not a new concept and has been periodically raised and considered (and thoughtfully rejected) over the years by our leadership. These proposals have ranged from membership expansion limited to other licensed and certified health professionals to a broader membership of all health care workers. In the past, continuation of our all-RN model has been the right decision, evidenced by our organizational and representational success.

Now, however, the health care landscape is dramatically shifting. Our leaders, including the Oregon Nurses Association (ONA) Cabinet on Economic and General Welfare and Board of Directors are seriously revisiting this question.

As health care transformation unfolds around us, ONA has a choice to adapt or to run the risk of being rendered less relevant to the practice of nursing and health care policy development and implementation in Oregon.

Most of us thought that the future of nursing was bright because nurses would be the logical coordinators of health promotion and care in community-centered health homes. We thought that nursing would be the evidence-based cost-effective solution to lowering the expense of hospitalization. This could and should still be the future, but we as an organization and profession are facing challenges that only thoughtful strategic planning will address.

For ONA to remain viable and effective, we need to reassess some of our core beliefs and strategies, including the composition of our membership base. We need to honestly face and address these issues in order to maintain our positive influence on the direction of health care reform and to enhance our voice at the bedside, in the community and legislatively. We need to do this for our patients and to promote professional nursing practice.

The Triple Aim’s long-term goals of improving the experience of care, improving the health of the population, and reducing per capita costs of health care, has the real possibility of paradoxically resulting in the short-term de-skilling of care and decreasing the numbers of nurses at the patient’s side. Add to these short-sighted and ill-conceived employer strategies, the power-shift created by corporate mergers and consolidation of hospitals into mega-systems, and corporate sponsorship of anti-union ballot measures that threaten our influence if not our existence. The perfect storm is completed with the potential of decreasing membership revenue because of the reduction of the numbers of nurses employed in our acute care bargaining units and our replacement by erosion of our scope of practice.

As members of ONA, we are leaders and advocates for our profession and for our patients. In the near future we will increasingly be practicing as an integral part of health care teams composed of many disciplines.

I believe that to continue to be an effective dynamic voice in the workplace and in the legislature we need to thrive as an organization, not simply circle the wagons and protect what we have proudly achieved through a very successful all-RN model of the past.
Expanding ONA Representation continued

We need to create a future that makes sense in this new world of health care delivery.

In the months ahead I ask that you discuss and debate the pros and cons of expanding ONA representation beyond RNs. There is no single correct path forward but please consider the following rationale for expanded representation:

- To create a representational structure and sufficient membership base that will allow us to effectively represent nurses and other health care workers within new models of health care delivery, including health care teams.

- Other AFT locals have successful histories of representational models consisting of mixes of various job classifications. Some are limited to RNs, professional and technical classifications, while others are more expansive.

- To proactively address (and have the increased ability to address because of increased membership) the health care workforce generally, including establishing appropriate scope-of-practice parameters for each health care classification, including RNs.

AFT locals have not reported significant conflicts regarding scope-of-practice issues related to the multiple classifications that they represent.

- To make it economically feasible for ONA to organize smaller bargaining units (like clinics, home health agencies, and so on) that would otherwise not be economically viable.

With health care reform and the projected slowing of expansion of RN positions in acute care facilities, ONA needs to grow by organizing in other settings. The ability to represent wall-to-wall units will make this option possible.

- To increase union density within the hospital and health systems where we represent nurses and in the health care sector generally.

ONA is uniquely positioned to organize non-RNs within Oregon hospitals where we represent RNs. Union density is important in the face of corporate health system consolidations: as the systems grow, it is important for professional association membership to grow so that we retain the ability to influence the system and health care policy more broadly. This includes the ability to influence the employer’s contractual provisions that impact RNs, but are standardized across classifications of all health care workers, such as retirement contributions and health care insurance coverage.

- To maintain ONA's viability into the future by keeping several options open. These options include (1) offsetting membership losses and maintaining economic viability and (2) keeping open the possibility of closer collaboration with AFT affiliates.

The issue of expanded ONA membership is sure to raise many questions.

I would encourage you first to talk to your colleagues and then to reach out to your elected nurse leadership on the ONA Economic and General Welfare Cabinet and ONA Board of Directors if you have questions, concerns or recommendations.

ONA staff will also respond by email or by ONA’s Friday Enews to keep you up-to-date on concerns that are brought to our attention.

If our leadership decides to move this concept forward, they will ensure that there will multiple forums for all members to fully discuss and debate their recommendations.
Only a Matter of Chance?

Katy Cooper, BSN, RN, CCRN
Staff Nurse, OHSU Cardiac Medical ICU

As a young woman, I decided to pursue nursing as a career so that I could do something meaningful for others while also creating a good life for myself. My mother was a registered nurse and growing up I recognized that she knew what to do in every situation, and her kindness always shined through. It seemed to me that nursing would fulfill my altruistic goal and give me the personal security I would need. I couldn’t imagine facing life without that type of preparation, so I began working my way into nursing school.

In nursing I found myself surrounded with individuals who, like myself, wanted to follow along with the crowd, but were compelled by circumstance to stand out as leaders. This is as true today as it was in the 1980’s when I started my professional career. Nurses are kind and compassionate people who want to focus all of their energy towards caring for their patients, but we are called on to find solutions to problems on multiple levels beyond providing direct care to patients and their families. Problem solving demands leadership skills and no one is better at this than nurses. Nurses demonstrate leadership in professional practice, education, research, business and advocacy. My personal passion is advocacy.

I was once asked if my picture were on the cover of a magazine, what it would be representing. I answered that I would hope it would be as a patient advocate. Today I might also answer, as an advocate for nurses and the nursing profession.

Like most of my colleagues, I first became a leader by assuming preceptor and charge nurse duties, and eventually became a nurse manager for a while. Over the years I have continued to have leadership opportunities in hospital nursing committee work. When nurses at my hospital chose to walk out on strike in 2001, my perspective changed and I came to the realization that nurses cannot fully advocate for our patients if we do not also advocate for ourselves. After working along side nurses towards a successful conclusion to our strike, I renewed my commitment as an ONA member, Later I served as a delegate to the ONA state convention, and joined the Professional Nursing Care Committee at OHSU. I realized that we could make a difference in nursing practice if we stayed connected and shared in our collective problem solving efforts. Eventually, continued adversity in my workplace led me to join our bargaining team and run for office for our bargaining unit/constituent association. All along the way, I have found myself growing in my leadership skills in ways I never anticipated and I have achieved successes I never dreamed I could.

I was once told that if someone ever taps you on the shoulder and tells you that you will be good at something, you should take them seriously and consider it, because they must see something in you that you may not see in yourself. I took that to heart and it has served me well. For nearly four years now I have served as the president of the ONA Bargaining Unit at OHSU where we successfully bargained new contracts in 2010 and 2013, and our nurses achieved Magnet recognition in 2012. The personal satisfaction I have felt while fulfilling this role has inspired me to seek even greater challenges in my career. Little did I know where my journey would lead when I set out in life to make a difference in the lives of others. To now find myself poised to advocate for nursing issues on the state level is truly an unexpected honor.

While working in a profession that I love, I have treasured my personal integrity, found significant causes to support, and raised a great family. Given that, my journey into nursing leadership has been perhaps, “only a matter of chance.”

“It isn’t really important to decide when you are very young just exactly what you want to become when you grow up. It is much more important to decide on the way you want to live.

If you are going to be honest with yourself and honest with your friends, if you are going to get involved in causes which are good for others, not only for yourselves, then it seems to me that is sufficient, and maybe what you will be is only a matter of chance.”

Golda Meir
Making an Impact at Rogue Regional Medical Center

David Baca, BSN, RN
Staff Nurse, RRMC

I first became involved in with the Oregon Nurses Association (ONA) in 2008 at Rogue Regional Medical Center (RMMC) during my second year of nursing. I started in a communications role which at the time, consisted of a black and white printed publication only. From the beginning, I really enjoyed how ONA empowers the bedside nurse into changing policy not only in their hospital, but throughout the state. Everyday as bedside nurses we continue to face the challenges of increased patient needs in the form of their acuities – in many aspects of nursing – while at the same time, we face austerity measures of our hospitals. In the hierarchy of hospital politics, these austerity measures place nursing and thus our patients “on the back burner”.

Currently it seems that hospitals would rather focus on compensation for their executives rather than on services for their patients. ONA is the only voice that is able to fight against these hierarchal principals which impair nursing at the bedside. Conditions will continue to get worse as finances become tighter.

My role as a leader has now evolved into quite a list of responsibilities and duties. We have expanded our communications to include an electronic newsletter, Facebook page and also other means of communication. Getting our message out to the nurses of RRMC at a moment’s notice is the most important aspect of my job. This goal continues to evolve, and hopefully in the near future we can perfect them, so we can reach EVERY nurse with EVERY message.

In addition to my communication duties, I have managed to add a few new roles. I am preparing to negotiate my second contract this summer. I’m a member of the Labor Management Committee which deals with contractual issues that arise during the term of the contract and I am also on the ONA task force, which gives bedside nurses a direct line to a member of the ONA Board of Directors.

We are seeking a contract this year in the Rogue Valley that will continue to lead the state in nurses’ benefits. In addition to wages, we would like to see stronger contractual language in other aspects of our profession. Unsafe staffing needs to be added so that the hospital must be held accountable financially when nurses are forced to work in unsafe conditions. Schedules and bidding preference language must be made stronger to ensure RRMC nurses are getting the respect from management that they have earned with their seniority.

These are just a few of the issues that we are looking to negotiate this year. When negotiating, I must remember that it is because of ONA that we are able to negotiate these terms and set our own bar for our profession.

In Solidarity,
David Baca, RN

Currently it seems that hospitals would rather focus on compensation for their executives rather than on services for their patients. ONA is the only voice that is able to fight against these hierarchal principals which impair nursing at the bedside. Conditions will continue to get worse as finances become tighter.
A New Leader at Good Samaritan Regional Medical Center’s PNCC
Pam Gordon, RN

Pam Gordon, didn’t expect to become a leader. But after two tragedies and attrition among members of Good Samaritan Regional Medical Center’s Professional Nursing Care Committee (PNCC) in Corvallis, only three seasoned PNCC committee members remained on the team. Gordon stepped up and became a co-chair of the crucial committee.

Immediately the new team began grappling with big issues. Thinking back, Gordon noted “We all felt lost. We talked. Everyone was busy. We felt we needed to stay on track and yet our new committee didn’t have relationships (yet).”

And now, barely six months after stepping up, Gordon reflected on her growth and emphasized how well the committee has come together. “We have some amazing people on our committee – everybody sees things from their own perspective. Each area in the hospital has its own policy on staffing issues and all of us feel we want a balance. If you’re going to take a pulse of an entity you need to have people from all over. And we do.”

Since August, the PNCC has concentrated on updating its Staffing Request and Documentation Forms (SRDFs). Gordon has begun realizing new strengths as her leadership grows. “Things just occur to me,” she noted. “I can say, one of my strengths is I look for patterns. I see patterns sometimes that can be indicators. Working with ONA on our safe staffing forms has given me a more accurate picture of when conditions shift.”

Thinking more about her approach, Gordon added, “I don’t always know what to ask or who to ask…I try to listen to people. Because everybody is new, as we’re getting to know each other on the committee, we’re also getting to know the hospital as a whole. We have great strength in our diversity so I’m just paying attention to what everyone is concerned about staffing-wise. Then, I often go back to patterns.”

One pattern is clear, as the committee becomes more clear minded and solution oriented, it is working very successfully as a team. Gordon and her team are feeling truly optimistic about the progress they are making. They know they are moving forward.

Recently the PNCC held a meeting that involved new participants. Again, Gordon took a leadership role. “I wanted a way for people to connect the dots without explaining everything that came before.” The process, which utilized lists and new participants’ interaction, was a solution that Gordon devised specifically for the occasion. “The idea just came to me and it totally worked,” she said. Going forward, Gordon will undoubtedly find an opportunity to see more patterns among the staffing issues at GSRMC. When she does, she will use her ideas to devise more alternative processes. “We’re accomplishing something new,” she said. “We’re excited.”
Empowered to Lead
Rebecca S. Garcia, MN, NP-C, FNP

Cathy Van Zyl, BA, MBA
Press and Publication Specialist, ONA

Rebecca Garcia has honed her skills as an advanced practice nurse, advocate and leader since the day she realized she could not identify the other advanced practice nurses who worked in her hospital. It began simply - she asked herself “Why don’t we know who we are?”

After observing multiple attempts by other individuals to start an advanced practice nursing committee, Rebecca became energized: “I received a memo from the hospital notifying me that advanced practice nurses were not allowed in the physician staff room. Why not? I paid my medical staff dues.”

Garcia stepped into action. She contacted a pharmaceutical representative, acquired a list of all advanced practice nurses at the hospital and began to organize. Reaching out to the nurses, she assembled a strong group. “A lot of people say they want to do something,” Garcia noted. “It’s just a choice. Do you see it and talk about it or do you choose to make that change? Everyone’s busy. You have to make a choice to make a change.”

Now an NP for emergency general surgery at Oregon Health & Sciences University (OHSU), Garcia has affected change in key ways.

We had a great opportunity to increase the nurse / provider relationship,” Garcia noted as she began observing systems at OHSU. “Historically, there has been miscommunication and a lack of communication among nurses and other providers in the hospital.”

I started by asking the question “Do nurses lead rounds? I thought it would be a great opportunity to show that nurses are leaders who play a huge role in our patient populations. We need to be known among the doctors and other providers, not just as a name on a chart.”

“I also knew that we needed a structure so I created ours. I modified a Structured Interdisciplinary Bedside Rounds (SIBR) form to create 10A’s Orchestrated Rounding report. We now use a “Plan of the Day – Plan of the Stay” team approach at every bedside to review the prior day.

“A lot of people say they want to do something. It’s just a choice. Do you see it and talk about it or do you choose to make that change? Everyone’s busy. You have to make a choice to make a change.”

In our rounding system

- The nurse presents the patient (to the team), noting what’s been observed and delineating their needs.
- The intern introduces the team (to the patient).
- Pharmacy reviews lab values and performs a medication review.
- The case manager discusses issues relating to disposition of the patient – such as where they will go when they leave.
- Then the medical team does its assessment. This way, we put in real time orders.

“The approach has reduced our stay length significantly. We all know where we’re going.”

“Our rounds system has also been really good for improving bed side manner,” Garcia added. “Recently an intern asked me ‘What do you do when a nurse asks a question?’ I replied: this is a teaching institution. If you’re respectful and you know it’s your teaching moment, the nurses will love it. So teach them and they will teach you too.”

continued on page 12
Leadership Opportunities for Nurses

Connie Miyao RN, BSN
Nursing Practice Consultant, ONA

The health care system has begun a transition that promises to change the practice of nurses and provide many opportunities for nurses to participate in shaping the future delivery system. Unprecedented changes are impacting health care in all practice settings – many help promote uncertainty in the direction of health care reform. New financial pressures, mandates from regulatory agencies to improve quality and patient safety, advancing technology, looming workforce shortages and changes in the patient population are challenges for today’s decision makers. While these considerations challenge decisions on resource allocation and can adversely affect the work environment, they can also create opportunities for nurses and the nursing profession. A greater voice for nursing in health care policy, expanded employment opportunities, and an enhanced image for nurses and the profession, are all possible outcomes.

In order to successfully capitalize on these emerging opportunities, it is important for nurses to work together across employment settings and roles to lead the profession. Nurses comprise the largest professional group within health care and have been recognized by the public as the most trusted profession (Gallup 2013). Since 2005, more than 80 percent of Americans have rated nurses as having “high” or “very high” levels of honesty and ethical standards. Still, despite nursing’s inherent strengths in size, diversity and their unique relationship with the public, the full potential for influence by the nursing profession has yet to be realized.

In preparing to reap future benefits from health care system reform, the responsibility of changing today’s workplace falls squarely on the shoulders of nurses at the point-of-care. Nurses need to advocate daily for their profession’s desired future.

As an RN, working as a practice consultant for ONA, I have had the opportunity to observe many nurses in a variety of practice settings. The most effective advocacy outcomes I have seen include those with a well formulated professional position – one that is supported by relevant data and evidence. I recently observed one such proposal.

As the chair of her unit based council, the RN presented a new staffing plan to the hospital’s staffing committee. Importantly, she utilized data to support her recommendations.

Preparation

Initially, the RN completed a literature search on the care needs of the patient population her unit typically cared for. Next, the nurse reviewed performance outcomes on the unit (HCAHPS scores, infection rates, falls). Then the nurse prepared an observational report of the various staffing ratios that initiated an increase in Staffing Request Documentation Forms (SRDFs). The report documented shift-specific issues and the impact of incorrect staffing levels on care delivery for the unit.

The nurse’s professional recommendation was further supported by a reference list that she attached to the proposed staffing plan. It documented vetting of recommendations by other nurses assigned to the unit.

Presentation

Finally, the RN’s oral presentation was concise, fact-based and direct. Because she had done her “foot work”, she was able to respond to inquiry and challenges to the recommendation.

It is important that all nurses begin to engage in developing similar processes in their work settings and advocate for realistic changes that meet the needs of both patients and staff.

Whether working within one’s own employment setting to advocate for a safer work environment, or at the state level to achieve policy action, the processes and skills required for successful advocacy are the same. They include effective problem-solving, communication, influence, collaboration and consistency.

Emerging health care delivery models often place nurses in the position to advocate more effectively for patients, for themselves and for the nursing profession. The impact of advocacy from registered nurses on patient outcomes is increasingly evident. Nurses’ input into organizational decision making as it relates to safety and quality initiatives has never been more important.

continued on page 13
Grassroots Activism Among Leadership Activities
James Leaf, RN

James Leaf works as a staff nurse in orthopedics at Sacred Heart Medical Center at Riverbend in Springfield. Leaf credits his nursing career change for helping him find a challenging and rewarding career and enabling him to redefine his vision of himself.

Leaf serves on his local Bargaining Unit Executive Committee, on ONA’s Oregon Nurse Political Action Committee (ON-PAC) and Nurses United Political Action Committee (NU-PAC), and is an advocate for equal rights.

As a member of Sacred Heart’s Bargaining Unit Executive Committee, Leaf has participated in bargaining and labor issues. As a member of ONA’s PAC Boards, Leaf has actively participated in ONA’s election candidate interview and endorsement process, ballot measure work and grassroots activism.

How did you decide to become a nurse advocate?

Years ago, I was forwarded an email from a non-ONA member who had been emailing large groups and trashing ONA for one of its political endorsements. I took offense to the email and responded with an email defending ONA. That email was forwarded along to Jack Dempsey, who was ONA’s Director of Health Policy and Government Relations at the time.

At the next ONA Convention, Jack walked right up to me, pointed his finger at me and said, ‘I want you on ONA’s PAC boards.’ I didn’t know what the PACs were or what they did at the time, but in hindsight I’m so grateful he asked me to apply and to get involved with ONA’s political work.

What have you learned from your advocacy?

I’ve learned how government works, how laws get passed, how candidates are elected and how individuals can influence that process and have a real impact.

As an ONA PAC Board member, I get to be part of a community of people who want to make the places they live better and who work to get candidates elected who can help make that happen.

What advice would you offer to other nurses?

You don’t have to be crazy about politics or advocacy to step up and get involved. Anyone who joins ONA’s PAC boards will benefit from it.

It’s an opportunity to gain a better understanding of how our government works, how to participate in it and how to make the changes you want to see for our patients and for nurses.

If you are interested in getting more involved with ONA’s political advocacy, contact Kevin at mealy@oregonrn.org.
The Efficacy of Nurse Practitioners as a Emerging Solution for Health Care Delivery

Tara Gregory, MSNHA, FNP-BC
Nursing Practice Consultant, ONA

Health care is changing with more and more patients experiencing an earlier transition to receiving care outside the hospital setting. Care teams are being formed for the first time or are being reconfigured to meet historic shifts in health care delivery. Because the majority of care will soon be delivered in community settings and in the home, health care entities are finding that they must also reconfigure the mix of their care providers to ensure that they can provide safe, comprehensive, high quality care and also, care that is cost effective.

To do this, both hospital systems and policy makers are taking a hard look at the efficacy of their care providers. Following the lead of the 2010 Institute of Medicine (IOM) Report, The Future of Nursing: Leading Change and Advancing Health, outlining the need to balance quality and cost of care, more of these stakeholders are identifying nurse practitioners (NPs) as the providers of choice for primary as well as some specialty care.

Supporting these choices are other studies addressing the question of efficacy of NPs. The majority of the studies demonstrate that the quality of care that NPs deliver is “equal to and at times, better than comparable services by physicians, and often at a lower cost.”

The Grimes study also scored NPs higher than physicians on patient satisfaction and on treating chronic conditions such as high blood pressure and high blood sugar. It also found that patients who saw a NP were more compliant with taking their medications and recommendations such as keeping appointments than physicians’ patients were.

NPs in primary care currently perform physical examinations, diagnose and treat both acute and chronic health conditions, order and interpret diagnostic tests and prescribe medications. In addition, they counsel patients on self-care, educate them on treatment options and follow patients into the community setting.

NPs also practice in emergency departments, specialty areas such as oncology, hematology, orthopedics, gastroenterology, as examples. In doing so, they work to ensure care continuity occurs across settings. In addition, they help educate family members about the condition being treated and identify ways to help the patient regain optimal health.

One can now find nurse practitioners in every health care setting from patient centered primary care homes to rural and urban health clinics, from school health settings to hospital settings and in short term to long term care facilities. As health care models continue to emerge, one can expect to see an increasing number of NPs taking the lead in the health provider mix.

Rebecca S. Garcia MN, NP-C, FNP – Empowered to Lead continued from page 7

Garcia practices what she advises. She teaches OHSU’s medical school classes for interns and physician assistants. The reason? “Proper documentation through the assessment process and making a plan are key. You need to carry-over a plan from all consulting services so others can come behind and do a good job.” Garcia answered, and then followed: “The NP’s role is to teach residents how to medically manage a surgical patient, making sure their documentation reflects their acuity.”

Addressing the enormous acuity in Unit 10A, Garcia also focused on mobility and sleep. “After surgery, mobility is huge and sleep is huge. We’re thirteenth nationally in acuity so we have to teach everyone here to use their resources systematically.” And then she quipped, “If a patient won’t get up and a nurse comes to me with concerns, I’ll go do it – I’m not afraid! I say to the patient ‘I’m here to help you so you don’t get blood clots – I’m here to help you so you don’t get a urinary infection – I’m here to help you so you don’t get pneumonia.’ And they get up.”
Leadership Opportunities for Nurses  continued from page 10

Membership on committees, councils, and quality improvement teams can provide important opportunities to initiate measurable change. Engagement in organization wide activities also provides a framework to advocate for the profession.

Nurses also have openings to advocate for the profession by describing the strengths of the profession whenever they are asked about their work. As previously noted, nursing is consistently rated as the most honest and ethical profession, but the role of the nurse is not well understood by the public. Many people do not understand that nurses have an independent practice responsibility beyond following the doctor’s orders. There is an important need to educate the public that a nurse’s role is to assess, plan, and intervene to address health care issues. Nurses can help to portray a more accurate picture of nursing by talking specifically about what they do, describing the complexity of their work, and explaining the types of clinical judgments they make.

Clinical Nurse Specialists Demonstrate Influence-Based Leadership in Their Diverse Settings

Leadership is a core element of the practice of Clinical Nurse Specialists (CNS). Regardless of clinical specialty area, patient population or setting, a CNS’s practice is the kind of leadership that results in advancing the practice of nursing.

The practice leadership of the Clinical Nurse Specialist (CNS) is gained through completion of a master’s nursing program at a minimum, successful recognition as a CNS by the Oregon State Board of Nursing (OSBN), national specialty certification, hospital practice privileges (for some), and ongoing continuing education in the population/specialty area.

CNS practice utilizes influence-based leadership. This kind of leadership is different from line- or authority-based leadership.

The following two pages include four situations that describe how CNS have used influence-based leadership to achieve important outcomes for patients, nurses and the facility or organization itself.

For more information about Clinical Nurse Specialists in Oregon, visit Oregon Council of Clinical Nurse Specialists webpage at www.OCCNS.org.
CNS Scenario One

The clinical problem

A CNS was working on the implementation of new CDC guidelines in of a pneumococcal vaccine to be used in the transplant and general patient population.

New recommendations from the Centers for Disease Control would require a second, new pneumococcal vaccine that would be given under a complex algorithm.

The CNS began the coordination of this project with two patient populations, and a complex vaccine intervention methodology.

What did the outcome need to be?

Transplant patients, in particular, and all patients in this CNS’s population needed to correctly receive the two pneumococcal vaccines in the correct order, frequency and time intervals, and the vaccines had be correctly documented in the computerized chart.

What steps were used to solve this problem?

A meeting The team and the infectious disease service staff met to ensure everyone was in accord with the new guidelines.

Smooth processes were developed with team members. The pharmacist ensured that the vaccine was procured and available. Infection Control worked with the nurse in charge of policy and procedures to revise hospital documents. Computer vaccine templates were revised.

Education was provided by the clinic administrator of computer and pharmacy staff.

Providers and nurses on units and in clinics were notified that the vaccine was available and could be ordered.

Buy-in was obtained from clinical coordinators.

What was the outcome?

Transplant patients now routinely and appropriately receive the pneumococcal vaccines in keeping with the new guidelines. Other patient groups are receiving the vaccine, but not at the same level as Liver Transplant Services patients.

CNS Scenario Two

The clinical problem

A health care organization needed to recruit and potentially hire nurses into the perioperative area of nursing. The problem was ensuring that there was a plan for hiring nursing staff on an ongoing basis to fill positions in specialty areas.

What did the outcome need to be?

Increased numbers of new graduates who are prepared to begin their practice of nursing in the perioperative environment.

What steps were used to solve this problem?

A new partnership was formed between a large acute care facility and a baccalaureate nursing program.

A perioperative CNS was given adjunct faculty status to develop a rotation for a student group in the operative care division of the facility.

After the rotation ended, two students were selected out of the group for a 190 hour intensive clinical. If the students successfully completed the intensive, graduated and became licensed, they would then enter (as employees) into a six month intensive perioperative training course which is taught by the CNS.

What was the outcome?

The perioperative area of the hospital is testing an innovative, pre-licensure, pre-employment program which can provide a steady flow of newly graduated/licensed nurses into the perioperative practice area.
CNS Scenario Three

The clinical problem
A patient was admitted to a long term care setting. The patient deteriorated and was identified as having H1N1 influenza.

What did the outcome need to be?
Limited spread of the H1N1 virus and prevention of negative sequelae to patients and staff in the setting

What steps were used to solve this problem?
The CNS immediately collaborated with laboratory and Emergency Department nurses and doctors to promote rapid influenza PCR testing.

Other steps included:
Timely Tamiflu treatment and appropriate initiation of droplet precautions
Bed utilization was monitored to deal with large numbers of patients seeking Emergency Room (ER) care.
Visitor restrictions were initiated.
An executive huddle was held to assess unanticipated problems, assure adequate isolation and patient care supplies and stocks for staff prophylaxis in the long term.

What were the outcomes?
- Time from patient assessment to confirmation of influenza is now two hours.
- More than 60 H1N1 patients required hospitalization, and 25 patients required an ER visit. Although the number of cases exceeded the 2009 season, there were no patient deaths and an outbreak was avoided in a high risk long term care setting.

CNS Scenario Four

The clinical problem
A sepsis care bundle needed to be implemented in the emergency departments of a large health care system.

What does the outcome need to be?
Quality care of all potential and actual septic patients that present in the Emergency Department (ED).

What steps were used to solve this problem?
Key front line staff were identified including nursing staff and providers. Using education and Kanbans to assess sepsis identification and care knowledge, Barriers to excellent care such as EMR and hand off processes are identified, eliminated or reduced. Follow up data and recheck of groups is provided. Improvement plots are developed.

What was the outcome?
The project is ongoing.
What’s on the Ballot in 2014?

Sarah Baessler, BA, BS, Director of Health Policy and Government Relations, ONA

We’re two months in to 2014, and already it feels like the November election is just around the corner. This fall, Oregon voters will make many decisions that will impact the state for years to come. Here’s a brief overview of what’s ahead.

While most measures have not officially qualified yet, early indications show that it could be a very crowded ballot, giving voters the ability to decide issues like marriage equality, legalization of marijuana, and several measures that deal with workers’ rights and unions.

In November, we’ll select Oregon’s next Governor and have the opportunity to re-elect U.S. Senator Jeff Merkley. Additionally, legislative races around the state will determine the make-up of Oregon’s next state legislature, which will be critical towards ONA’s effort to pass meaningful nurse staffing reform in 2015.

From local legislative races, to ballot measures, to U.S. Senate and House races and a Governor’s race, the decisions ONA voters make this fall will affect our state for the next several years and we encourage your participation.

As always, ONA’s candidate endorsement process is a member-led process and we look forward to working together to support candidates who share our collective values and who commit to a partnership with ONA on the issues that matter most to nurses and the patients you serve.

We have plenty of work ahead of us and would love to have you involved. For more information, or to find out about candidate interviews in your area, please contact Kevin Mealy in ONA’s Government Relations Department. Kevin can be reached by email at mealy@oregonrn.org or by calling 503-293-0011.

Join NPO and the Oregon Insurance Division online to find out how Oregon’s new NP Parity law works and how it may affect your practice.

Sign up today to receive information about an upcoming webinar the new law.

Email Kevin at mealy@oregonrn.org to receive additional information.
Survey after survey reveals that those nurses who practice in acute care hospitals report that conditions are deteriorating.

What are the factors that are causing that view? It should come as no surprise that staffing is at the top of the list.

In Oregon, there has been a dramatic increase in the number of Staffing Request and Documentation reports (SRDFs) that detail shifts when staffing is inadequate to meet the needs of the patient population.

While the Oregon hospital staffing law requires that hospital staffing plans must be based on the acuity and needs of the patient and national specialty standards, many facilities are instead using benchmarks that are not tied to quality but simply to comparisons between allegedly like facilities and units.

This intentional disregard for the law and the risk it poses to patients is the backdrop for the development of improvements to the law that ONA plans to request in the 2015 legislature.

A stakeholder group of ONA members and our partners in the Oregon Federation of Nurses and Health Professionals are in the process of developing the proposals to strengthen the protections and assurances that patients and nurses expect from the law.

Want to get involved? Email Kevin Mealy at mealy@oregonrn.org.

We look forward to sharing our legislative framework at the House of Delegates in May.
On February 3, the Oregon State Legislature convened to begin its second “short” legislative session. Since 2012, the legislature has met yearly, holding longer sessions in odd-numbered years and shorter sessions in even-numbered years.

Short sessions give legislators a chance to make minor budget adjustments, hold informational hearings, and pass non-controversial legislation. It also gives ONA additional opportunities to put nurses’ issues in front of lawmakers and advocate for policy changes that will help patients and nurses.

Because the length of short legislative sessions is limited to only 35 days, ONA’s Cabinet on Health Policy strategically decided to pursue a limited set of issues that have existing support in the legislature or from partner organizations. A number of the issues on ONA’s agenda this session have been discussed during previous legislative sessions, or have a time-sensitive component that makes it difficult to wait for the full session in 2015.

As of this article’s publication, the legislature is still in session and ONA is still working to pass a number of important bills. Each bill’s status as of publication is included below.

**Senate Bill 1561: Practitioner Dispensing**

**Status: Non-Legislative Agreement Reached**

One of the most important issues for nurses this session was Senate Bill 1561, which dealt with practitioner dispensing. When session started, the Oregon State Board of Pharmacy was considering implementing rules that would regulate all practitioners who have dispensing authority as drug outlets. This would affect many providers who have dispensing authority through their licensing boards, including Nurse Practitioners (NPs) who have dispensing authority through the Oregon State Board of Nursing.

The Board of Pharmacy’s rules would have added unnecessary regulations for NPs and other providers with dispensing authority, and may have resulted in additional fees and investigations. ONA, in cooperation with the Oregon Medical Association, Oregon Dental Association and other provider groups, introduced SB 1561 to preserve the current regulatory structure for practitioners who dispense and prevent the Board of Pharmacy from implementing burdensome new rules and regulations.

Following a committee hearing in the legislature, provider groups, including ONA, were able to come to agreement with the Board of Pharmacy. As part of the agreement, the Board of Pharmacy committed to a collaborative process that would include professional associations and licensing boards. The Board of Pharmacy also agreed not to implement rules until after the 2015 session, when there will be an opportunity to pursue legislation that would protect patient safety and avoid redundant regulations on providers.

With this agreement in place, ONA and our partner organizations decided not to pursue SB 1561 or other dispensing legislation at this time. **ONA supports the non-legislative agreement.**

**SB 1548: Nurse Practitioners and Physician Assistants – Technical Fixes**

**Status: Passed Legislature – waiting on Governor’s signature**

There are a number of instances in Oregon law that reference physicians but need to be updated to include references to multiple practitioners, including nurse practitioners and physician assistants (PAs).

Senate Bill 1548 fixes this problem by making technical corrections to Oregon statute to add references to NPs and PAs where their scope of practice indicates they should be included. The bill does not expand or change any practitioner’s scope of practice.

ONA is working on this bill in conjunction with the Oregon Society of Physician Assistants and has met with other practitioner groups to ensure their support. **ONA supports SB 1548.**

(continued on page 19)
SB 1551: Firearm Background Checks

**Status:** In the Senate Judiciary Committee

Senate Bill 1551 would expand Oregon’s background check requirements for gun purchases. Under the bill, background checks would apply to all gun sales except sales between family members. The bill is similar to one that did not pass the legislature in 2013. SB 1551 is not expected to advance this session. **ONA supports SB 1551.**

OHSU Bonds

**Status:** Under Consideration

Oregon Health & Science University is asking the legislature to approve $200 million in capital construction bonds to build two new cancer research facilities. The ask is connected to Nike founder, Phil Knight’s Knight Cancer Challenge. If OHSU can raise matching funds within two years, Knight will donate $500 million to OHSU for cancer research.

For more information and updates on health care legislation, go to www.OregonRN.org and sign up for ONA’s Legislative Updates.

SB 1569: Toxics Disclosure

**Status:** In the Joint Committee on Ways and Means

In 2014, multiple health, environmental and consumer advocacy groups will work to pass Senate Bill 1569, the Toxics Disclosure for Healthy Kids Act. This piece of legislation has undergone major changes since a version of the same bill passed the Oregon House but died in the Senate in 2013.

The current bill would require manufacturers to report, but not phase-out, the use of certain “chemicals of concern” in children’s products. The bill would initially require reporting of 66 chemicals, but chemicals could be added or removed from the “chemicals of concern” list by petition. SB 1569’s future this session is uncertain. **ONA supports SB 1569.**

SB 1560: Telehealth Reimbursement

**Status:** In the Senate Committee on Health Care and Human Services

Senate Bill 1560 (SB 1560) would have required insurers to reimburse providers for services provided via telehealth, if the insurer would reimburse for the same service when provided in person.

Currently, insurers must only reimburse for telemedicine services if the telemedicine service is not easily accessed in person. This bill would have applied to Nurse Practitioners who provide telemedicine services.

SB 1560 will not pass this session. An informal work group will be created to discuss this issue further. **ONA supports SB 1560.**

SB 1543: Health Care Accountability Act

**Status:** Will not pass this season

Senate Bill 1543 would have helped ensure that more Oregonians can access health care by preventing employers from reducing workers’ hours solely to avoid providing employees with required health insurance. This bill is in response to national reports of employers reducing workers’ hours specifically to avoid paying for health insurance. SB 1543 did not receive a committee vote before a key deadline and will not advance this session. **ONA supported SB 1543.**
In her January 10, 2014 article “How the Rise of Women in Labor Could Save the Movement: A new wave of labor leaders are winning by thinking big”, Bryce Covert, Economic Policy Editor for ThinkProgress and a blogger at TheNation.com wrote that new women leaders such as Randi Weingarten of the American Federation of Teachers (AFT), Mary Kay Henry of Service Employees International Union (SEIU) and Saru Jayaraman, founder and director of the restaurant worker organizing Restaurant Opportunities Centers United (ROCUnited) could be doing just that.

Just last year, January 23, 2013, Steven Greenhouse of The New York Times reported that America’s share of the workforce working in a union dropped to a 97 year low, representing just 11.3 percent of the labor force. Now, Covert notes that women, who were barely represented just 50 years ago are making headlines and their power is on the rise.

Covert believes that women’s rise to power in labor unions is occurring in part because women:

“are bringing new ideas and strategies to labor organizing, many of which are borrowed from the women’s movement – like making the connection between what workers face on the job and what they’re dealing with at home. Rather than targeting corporate bosses, they are bringing a new group of unrepresented people into union positions and their strength is growing because they are tackling the workers’ tough day-to-day issues such as schools, families and housing. Covert notes that while these and issues such as pay discrimination are typically not in a typical contract, they are issues ‘central to workers’ ability to hold a job and feed their families.”

“The male leadership have been very pleased with the assistance and support of women activists and leaders,” said Ileen Devault, a professor of labor history at Cornell University, “but they haven’t been so eager to give them actual power in the movement, so progress has been slow.” (2014 Covert)

Now new leaders such as Jayaraman of ROCUnited are gaining both recognition and support as their memberships grow. Jayaraman is taking a very strong two-pronged approach to her organizing in the restaurant industry. Tackling new issues in creative ways, she is advocating for wholesale change in the restaurant industry. Jayaraman targets consumers as well as restaurant executives. She relentlessly pushes employers to improve poor workplaces for employees and treat their workers better. When they do, Jayaraman makes examples of restaurants who tackle these issues and publicizes their turnaround. “I think the only way we’re going to be able to really lift standards for working in America is being creative, thinking about it a little differently, reaching a much wider audience than we’ve been talking to and shifting their perceptions about work,” Jayaraman explained. (2014 Covert)

Covert concluded her blog by noting that while the labor movement struggles to rebuild itself into the social movement it had in the past, leaders with creative ideas and strategies are the most likely to succeed. Who does Covert look to succeed? Women. “The female workforce holds perhaps the greatest opportunities for worker organizing, and women leaders are the most likely to have success – and bring about surprising results. Incorporating women is one way of reinvigorating a movement still struggling to bring itself back to power.”

To read this article in its entirety please go to: http://www.thenation.com/article/177880/how-rise-women-labor-could-save-movement.
Dear ONA Member:

Welcome to the Oregon Nurses Association’s 2014 Election. This year, ONA is again using Election-America as the service provider for this election. Voting instructions were mailed or emailed to each ONA member in February for online voting and the result of the elections will be announced to members online.

The election opened on Monday, February 3 and closes at 12:00 noon PST on Friday, March 7, 2014. Please vote.

I respectfully submit my name as a candidate for a second term as ONA Secretary and kindly request your support and vote.

Director (three open positions)

James Sims, ARNP, MSN, RN
Nurse Practitioner – Peace Health Medical

I wish to be involved in the developing policies that promote nursing as a profession as we progress through the 21st century.

Cabinet on Health Policy (one open position)

Erin Shawn, MSN, FNP, RN
Nurse Practitioner – Mid County Health Center

I am interested in working on the Health Policy Cabinet because I am passionate about public/community health. I also want to learn more about the legislative process and want to be a part of making health policy that can impact the health of Oregonians.

I am an excellent candidate for this committee due to my 10 years of public health experience. I have worked as a Family Nurse Practitioner (FNP) for 7 years in a primary care medical home. I am currently the co-chair of the bargaining team for the RN/NP/PA’s at Multnomah County and have been in the position for 3 years. This position has given me experience working with Multnomah County elected officials and upper management. My knowledge of the Multnomah County Health Department practices will be an important contribution to the committee. I will also bring a labor lens through my work with the union.

(continued on page 22)
Laura Galbraith, BSN, RN
Relief Charge Nurse
Providence Vincent Medical Center

I am very interested in bettering myself and nursing in the form of becoming more involved in ONA.

Cabinet on Education (four open positions)

Janet Killen, MSN, BSN, RN
Nursing Faculty – Lane Community College,
Staff Nurse Sacred Heart Medical Center

I have come to a time in my career where I would like to “give back”. I have been in the medical field since 1972 and a nurse since 1978. I have witnessed and worked with so much of the advancing technology through the years. I am familiar with moving from my “comfort zone” and being a change agent and advocate.

Health care is in crisis and ONA is very active in addressing the issues. As a nursing instructor, I am looking for new and improved ways to facilitate preparation of the future of our profession. I have strong (but flexible) feelings about the proposed direction for the nursing profession and would like to be instrumental in ensuring the process continues to move forward.

As a current member of ONA’s Cabinet on Education, I have found comfort with the members and feel we present a united front with forward thinking. I would like to continue to be a part of this cabinet, helping to shape the future of our profession and education.

Patricia Bellamy, RN
Retired

As a member of ONA for over thirty years, I have seen first-hand the support for nursing education and continuing education our professional organization has provided for Oregon nurses. The Cabinet on Education is in concert with my commitment to “lifelong” learning. Educating and precepting nursing students and nursing residents was the most rewarding portion of my over 40-year nursing career. If elected to the Cabinet on Education, I will bring my experience in support of the cabinet’s goals and “lifelong” learning

Nursing Practice Research (one open position)

Charity Pape, BSN, RN, HNB-BC
Staff Nurse – OHSU
In-Home Nurse – State of Oregon

My interest in holding a position is multifaceted. Foremost, I am dedicated to implementing the most current evidence-based practice and holistic care into my practice. I desire also to encourage other nurses to do the same in an effort to increase patient outcomes and patient satisfaction. I believe in the importance of ongoing professional development to stay up-to-date with current practices and changes in systems. I work on a unit that is currently implementing Releasing Time to Care (RT), and I participate in unit changes within RT. One of my greatest concerns as a is about the lack of holistic, whole-person care of our patients. Specifically, I believe that a person’s emotional, psychological and spiritual well-being is often overlooked in the acute care setting and I am interested in bringing more attention to addressing those needs of our patients. With my experience, certification in holistic nursing, and desire to improve nursing care, I believe I can be a beneficial contributor to the on Nursing Practice Research.

Cabinet on Economic and General Welfare (E&GW) (one open position)

Susan V. Johnson, BSN, RN
Staff Nurse
Samaritan Albany General Hospital

I am a highly skilled professional with over 40 years in hospital, clinic, primary care, and field environments including emergency preparation and management.

I am currently the Vice Chair of the Cabinet on Economic & General Welfare, a past member of the board, former chair of a bargaining unit and have served as an ANA delegate, ONA and of Military Surgeons of the (AMSUS).

Sharon Rose, RN
Charge Nurse
Providence St. Vincent Medical Center

I am currently on the Cabinet on Economic & General Welfare. I have spent the last three years learning what my contribution is to this wonderful team. They do a great job of representing staff nursing in ONA in Oregon. I would like the opportunity to continue this role, continue

(continued on page 23)
to grow myself in learning what the cabinet does, and contribute my unique perspective as a bedside charge nurse to this arm of ONA. Thank you for considering voting for me. I am honored to be serving you and nursing in Oregon.

Nominating (three open positions)
No candidates filed.

Elections (three open positions)
No candidates filed.

ANA (two open positions)
Steve Rooney, RN
Charles Medical Center Bend; President, ONA
I wish to continue to provide my expertise for the advancement of Nurses (ANA) and nursing.

Becky McCay, BSN, RN
Resource Nurse – St. Anthony Hospital, Labor Relations Representative – ONA
As I continue to evolve in the nursing profession, I’ve learned that patient advocacy and nursing advocacy must go hand-in-hand. I am completing my Masters Degree in Nursing in order to broaden my knowledge base and help empower nurses to be able to efficiently and safely perform the work of caring. As we juggle health care reform, generational workforce changes, and struggle to balance bedside care with computerized methods, it is more important than ever that we continue to advocate for the ability to safely provide this care. Through my personal work as a nurse, ONA labor representative, elected NFN board member, or community citizen, I remain dedicated to having crucial conversations that address the future of health care for all of our nurses and for our patients.

Diane Hedrick, RN
Retired
I have served as a delegate from Oregon to the ANA House of Delegates and Membership Assembly nearly every year they were held in the last two decades. As a result, I have forged a working relationship with continuing delegates from other states that are helpful in advancing our agenda in this work. I have taken an active role in presenting Oregon’s positions on issues by speaking in meetings and on the House floor. These actions are even more important now as our delegation numbers have been significantly reduced by the ANA through their structural changes.

Therefore, I respectfully submit my name as a candidate for another term as ANA delegate and kindly request your support and vote.

Last ANA Delegate Alternate
Susan King, MS, RN, CEN, FAAN
It is important for ONA to have a full delegation to both the ANA Membership Assembly as well as the first AFT convention to which we send representatives. As a staff person who works closely with both of our national organizations, I can serve as a delegate in the event one of our elected delegates is unable to attend.

NFN Delegate (three open positions)
Becky McCay, BSN, RN
Resource Nurse – St. Anthony Hospital, Labor Relations Representative – ONA
As I continue to evolve in the nursing profession, I’ve learned that patient advocacy and nursing advocacy must go hand-in-hand. I am completing my Masters Degree in Nursing in order to broaden my knowledge base and help empower nurses to be able to efficiently and safely perform the work of caring. As we juggle health care reform, generational workforce changes, and struggle to balance bedside care with computerized methods, it is more important than ever that we continue to advocate for the ability to safely provide this care. Through my personal work as a nurse, ONA labor representative, elected NFN board member, or community citizen, I remain dedicated to having crucial conversations that address the future of health care for all of our nurses and for our patients.

George Haefling, BSN, RN
Staff Nurse
Rogue Regional Medical Center
As a professional registered nurse for 32 years and as an active member of my professional organization in many capacities at the unit, hospital and now state levels (I’m currently a member of the Cabinet on Economic & General Welfare), I feel I have demonstrated my commitment to health care and the ONA in a myriad of
ways. I have demonstrated my allegiance to union activity as early as the late 1960s (retail clerks union), the 1970’s (AFSCME) and from 1986 to the present (ONA). As an RN, I am in a strong position to formulate and promote health care legislation within both the state structure as well as at the national level as a constituent member of AFT.

Carolyn Starnes, RN
Staff Nurse
Mercy Medical Center

With 28 years of nursing experience, I want to be part of our continual growth as a nursing professional, participating in improving policies for nurses in Oregon and improving standards of care.

Clarice Gerlach, BS, BSN, RN, CCRN
Staff Nurse – OHSU

I would like to be considered for delegate to AFT and NFN. I have been involved on a local level with AURN (OHSU) participating on the Grievance Committee and PNCC. Also in the last contract negotiation I was actively involved on the bargaining team. For the last few years, I have been involved in the state level of ONA serving on the E & GW Cabinet. I enjoy all the work that I have been able to participate in on these committees and I believe that being able to serve as a delegate on a national level will expand my knowledge base to be more productive in all areas.

Bobbi Turnipseed, RN, CCRN
Staff Nurse
St. Alphonsus Medical Center – Ontario

I left an RN manager job after 16 years. I left because leadership became more about money and less about excellent patient care. I returned to the bedside and joined ONA. I immediately became a member of our negotiations team. Since that time, I have served on the PNCC committee and am a chairperson of our staffing committee. I have also served for two terms on ONA’s Cabinet on Economic & General Welfare and am grievance chairperson for our bargaining unit. I have had the privilege of attending the NFN Labor Academy at the beginning of our NFN affiliation.

I have seen the significant shift in hospital priorities. I believe our only recourse is through union membership. Today our only source of power or voice in our workplaces is through collective bargaining. I love nursing and will work to protect our welfare and our patients’ welfare in the workplace.

Lisa Seaman, RN
Staff Nurse
Providence Medford Medical Center

My passion in working for the benefit of having a voice for all nurses has grown over the last few years. Being involved in all things concerning support for my peers and sharing the ideas for change in a larger setting, gives me the feeling that things can and will change and that I can be a part of it. I am enrolled at University of Great Falls in Montana, and I am in the process of furthering my nursing education with the goal of obtaining my Master’s Degree.

NFN Director (one open position)

Susan V. Johnson, BSN, RN
Staff Nurse
Samaritan Albany General Hospital

I am a highly skilled professional with over 40 years in hospital, clinic, primary care, and field environments including emergency preparation and management.

I am currently the Vice Chair of the Cabinet on Economic & General Welfare, a past member of the board, former chair of a bargaining unit and have served as an ANA delegate, ONA delegate and AMSUS delegate.

Lynda Pond, RNC
Staff Nurse
Sacred Heart Medical Center

As the current chair of the Cabinet on Economic & General Welfare, I serve on the National Advisory Board of NFN and on the PPC of AFT. I feel that it is important that I attend NFN and AFT conventions as an elected representative of my state labor organization.

AFT Delegate

Becky McCay, BSN, RN
Resource Nurse
St. Anthony Hospital
Labor Relations Representative – ONA

As I continue to evolve in the nursing profession, I’ve learned that patient advocacy and nursing advocacy must go hand-in-hand. I am completing my Masters Degree in Nursing in order to broaden my knowledge base and help empower nurses to be able to efficiently and safely perform the work of caring. As we juggle health care reform, generational workforce changes, and struggle to (continued on page 25)
balance bedside care with computerized methods, it is more important than ever that we continue to advocate for the ability to safely provide this care. Through my personal work as a nurse, ONA labor representative, elected NFN board member, or community citizen, I remain dedicated to having crucial conversations that address the future of health care for all of our nurses and for our patients.

George Haefling, BSN, RN
Staff Nurse
Rogue Regional Medical Center

As a professional registered nurse for 32 years and as an active member of my professional organization in many capacities at the unit, hospital and now state levels (I’m currently a member of the Cabinet on Economic & General Welfare), I feel I have demonstrated my commitment to health care and the ONA in a myriad of ways. I have demonstrated my allegiance to union activity as early as the late 1960s (retail clerks union), the 1970s (AFSCME) and from 1986 to the present (ONA). As an RN, I am in a strong position to formulate and promote health care legislation within both the state structure as well as at the national level as a constituent member of AFT.

Carolyn Starnes, RN
Staff Nurse
Mercy Medical Center

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Susan King, MS, RN, CEN, FAAN
Executive Director, Oregon Nurses Association

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Katy Cooper, BSN, RN, CCRN
Staff Nurse
OHSU

I have served as bargaining unit chair at OHSU since 2010, and during that time, I have experienced first-hand the benefit of having the power of the AFT behind us at the bargaining table. I hope to gain a greater understanding of the AFT organization and the political considerations facing all of us, and to bring that knowledge back to ONA to facilitate development of mutually beneficial goals for the future. I would like to strengthen our relationship with the AFT on the local and national level through participation as a delegate to the AFT convention.

Paul Goldberg, BSN, RN
Assistant Executive Director Labor Relations
ONA

AFT’s role in support of collective bargaining as a means to promote and enhance professional nursing practice should be encouraged and maintained. Oregon’s continued prominent leadership role in national nursing labor issues is supported by our membership and should be supported by delegates to AFT’s House of Delegates. As a 30-year RN, labor representative, I have negotiated and enforced multiple labor agreements on behalf of Oregon-represented registered nurses; in this capacity I have successfully and productively participated in multiple labor-management committees and interest-based bargaining sessions, supervised and advised labor staff performing similar activities. I currently serve as a National Federation of Nurses Advisory Board Member, a committee member on the AFT Health care Program and Policy Council, a representative on the Oregon Workers’ Compensation Management-Labor Advisory Committee, a vice-president of the Oregon State AFL-CIO and am currently employed as ONA Assistant Executive Director of Labor Relations; I am in a unique position to represent our members’ perspective within AFT’s evolving role within nursing. I would be honored to serve as your representative as an AFT delegate.
I have seen the significant shift in hospital priorities. I believe our only recourse is through union membership. Today our only source of power or voice in our workplaces is through collective bargaining. I love nursing and will work to protect our welfare and our patients’ welfare in the workplace.

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Susan V. Johnson, BSN, RN
Staff Nurse
Samaritan Albany General Hospital

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Contracts In Negotiation
American Red Cross, Portland
Expiration date 6/29/13
Providence Hood River, Hood River
Expiration 12/31/13
Providence Medford Medical Center, Medford, Expiration 12/30/13
Providence St. Vincent Medical Center Portland, Expiration 12/30/13
Washington County Health, Hillsboro
Expiration 6/30/14

Coming Up
 Marion County Health, Salem
Expiration 6/29/14
St. Alphonsus Medical Center, Baker City
Expiration 3/31/14

2014 ONA Leadership Calendar

March 7
ONA statewide electronic elections close at 12:00pm

March 21
Elected Constituent Association Delegates list due

March 29
NPO 2014 Spring Pharmacology Conference

May 20-21
ONA Annual Convention and House of Delegates – Holiday Inn Wilsonville

May 22
Board of Directors, ONA Headquarters – Tualatin

June 13-14
ANA Membership Assembly Washington, DC

July 11-14
AFT National Convention – Los Angeles Convention Center & Hotel

October 16-18
Annual NPO Educational Conference – Governor Hotel, Portland
Nurses are facing a sea of change as a result of the Affordable Care Act (ACA). In Oregon, and as in states across the country, our health care environment is rapidly changing. While there is general agreement on the goals of providing affordable and accessible health care, the process of change is difficult and fraught with challenges. Varying opinions exist on how to best achieve the ACA’s goals.

During this transformation, many nurses face changes and challenges directly related to their practice. From safe nurse staffing levels, to scope of practice issues for nurse practitioners, to an attack on the labor movement across the country, the implications for nursing and nurses are great.

When looking at all of these factors, the sea of change can seem more like a storm. But in this storm, it is important to remember that regardless of the challenges we face, we nurses will continue to provide quality care. We will continue to be the heart of health care as the main contact with patients. We will continue to advocate for our patients on all levels. We will be a stabilizing force in the storm.

As we face this storm, it is important as nurses, to understand our authority and role in the changing environments. The more we understand where we stand as the world is changing around us, the more we can be proactive and work to guide the change to better serve our patients. The 2014 ONA Convention will focus on education and skill building sessions to equip nurses with the necessary tools to not only weather the storm, but navigate the treacherous waters and lead others to a better, healthier place.

Conference Theme and Order of Business
The ONA 2014 Convention and House of Delegates, titled Stability in the Storm: Nursing’s Role and Authority in a Changing Environment, will be held on May 20-21, 2014 at the Holiday Inn in Wilsonville, OR.

The first day, Tuesday, May 20, will be a Continuing Education Day with educational sessions developed to help nurses understand their roles, responsibilities, opportunities and authority in various clinical settings within the changing health care and labor environments.

The second day, Wednesday, May 21, will be the ONA House of Delegates.

Conference Objectives
- To assist participants in considering their role as a professional leader
- To provide participants with information that can be applied to situations in clinical practice
- To provide information on leadership roles, skills and opportunities
- To provide information about the health care, labor and political environment

Continuing Education
Program is pending approval by Oregon Nurses Association, CEARP #301.04.2014 for 6.0 continuing nursing education contact hours. ONA is an accredited provider approved by Cal BRN, Provider #15089.

Logistics
For more information including the complete conference schedule, lodging, exhibitors and sponsors, documents and rates and registration please go to: www.oregonrn.org.
California Casualty Celebrates 100 Years
Debbie Harris, Assistant Vice President, California Casualty Group Relations

It’s a goal very few family owned companies can boast – 100 years of doing business. California Casualty celebrated the milestone January 1, 2014. California Casualty was founded in 1914 by Carl G. Brown who conceived a novel form of worker’s compensation insurance. The company has since branched out to provide exceptional automobile and home insurance to members of select affinity groups. Throughout the years, California Casualty has survived two world wars and the Great Depression while being run by four generations of the Brown family who have built 100 years of relationships.

Reaching the century mark is a noteworthy achievement, especially considering that only 13 percent of family-owned businesses are viable by the third generation. For California Casualty, the 100th anniversary signifies the company’s financial strength, enduring relationships, and high customer satisfaction – characteristics quickly established by its founder and carried forth by subsequent generations.

Carl G. Brown Jr., took California Casualty into a new era. In 1951, California Casualty pioneered the concept of affinity group insurance with the endorsement of the California Teachers Association (CTA). This new partnership set the stage for the company’s future focus and specialization that now includes: generous discounts for nurses, because you are some of the safest drivers on the road; $500 personal property protection for items lost in a collision, fire, or theft from a vehicle – including equipment used for nursing such as scrubs, stethoscopes, etc.; reduced deductibles for vandalism or collision to your vehicle while it is parked where you work as a nurse; a one-year lock in rate, twice as long as other company rate guarantees; exclusive Identity Defense at no additional cost and online account management to accommodate nurses hours.

California Casualty also offers personal liability umbrella, earthquake, flood, boat, RV, snowmobile and even pet insurance through a variety of partners.

California Casualty is dedicated to protecting America’s heroes. They give back through a variety of Community Impact Programs including $5,500 Give A Nurse A Break® all expenses paid trip for four to the Hotel Hershey® in Hershey, Pennsylvania, (http://www.giveanurseseabreak.com) and the Impact Teen Drivers, a peer-to-peer messaging program promoting awareness and education of the dangers of reckless and distracted driving, the primary killer of teens in the U.S. (http://www.calcas.com/impact-teen-drivers).

California Casualty is proud to protect the assets of the men and women who work tirelessly to improve our communities, as it observes its 100th anniversary. The company has earned an A.M. Best A- (excellent) rating and a 99.8 percent level of customer satisfaction. Half of its existing customers have been with the company more than 10 years – and half of them for more than 20 years!