Join us for Nurses Night!

ONA & PMMC NURSES NIGHT

CLYDE’S CORNER
APRIL 24TH
4495 S PACIFIC HWY
SUITE 580, PHOENIX, OR
Time: 17:00 to 20:30
Food & Drink provided

Sponsored by your ONA Leaders
Full ONA members only.
RSVP with Misha Hernandez, ONA
TEXT: 541-210-4905
hernandez@oregonrn.org

Mark your Calendar for Monday, April 24
We will be hosting ONA PMMC Nurses Night at Clyde’s Corner in Phoenix, Oregon.
This is a union event sponsored by your ONA officers and is for ONA full members only.

Food and beverages will be provided and you are welcome to register and bring a plus one - RSVP with Misha Hernandez via text at 541-210-4905 or email hernandez@oregonrn.org.
**Groundbreaking Gains**

**Nurse-to-Patient Ratios**

Key components of the amended bill include establishing **first-in-the-nation nurse to patient ratios, in state statute**, for a wide range of acute care settings, including emergency departments, intensive care units, labor and delivery units, operating rooms, and others.

Here is a breakdown of the ratios we have proposed be included in state statute (a reminder: California’s ratios are enforced through state regulations, not in statute. Oregon’s ratios will be enshrined in state law!) These ratios are as good, and in many cases better, than those found in California.

### Oregon RN-to-Patient Safe Staffing Ratios Table

<table>
<thead>
<tr>
<th>Department</th>
<th>Amended Bill</th>
<th>California Comparison**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department (Trauma)</td>
<td>1RN:1Patient</td>
<td>1Nurse:1Patient</td>
</tr>
<tr>
<td>Emergency Department (Non-Trauma)</td>
<td>1RN:4Patient***</td>
<td>1Nurse:4Patients</td>
</tr>
<tr>
<td>Intensive Care Unit (ICU)</td>
<td>1RN:2Patients</td>
<td>1Nurse:2Patients</td>
</tr>
<tr>
<td>Intermediate Care Unit (IMCU/Step-down)</td>
<td>1RN:3Patients</td>
<td>1Nurse:3Patients</td>
</tr>
<tr>
<td>Labor &amp; Delivery (Active Labor or Complications)</td>
<td>1RN:1Patient</td>
<td>1Nurse:1Patient</td>
</tr>
<tr>
<td>Labor &amp; Delivery (Not Active Labor or Complications)</td>
<td>1RN:2Patients</td>
<td>1Nurse:2Patients</td>
</tr>
<tr>
<td>Postpartum Couples</td>
<td>1RN:4Couples</td>
<td>1Nurse:4Couples</td>
</tr>
<tr>
<td>Post-Anesthesia Care Unit (PACU)</td>
<td>1RN:2Patients</td>
<td>1Nurse:2Patients</td>
</tr>
<tr>
<td>Operating Room (OR)</td>
<td>1RN:1Patient</td>
<td>1Nurse:1Patient</td>
</tr>
<tr>
<td>Medical Surgical (including ortho, neuro, etc.)</td>
<td>1RN:5Patients before June 2026, 1RN:4Patients after</td>
<td>1Nurse:5Patients</td>
</tr>
<tr>
<td>Oncology</td>
<td>1RN:4Patients</td>
<td>N/A</td>
</tr>
<tr>
<td>Telemetry</td>
<td>1RN:4Patients</td>
<td>1Nurse:4Patients</td>
</tr>
<tr>
<td>All Psychiatry</td>
<td>TBD by Staffing Committee</td>
<td>1Nurse:6Patients</td>
</tr>
<tr>
<td>Out Patient Ambulatory Care</td>
<td>TBD by Staffing Committee</td>
<td>Silent</td>
</tr>
</tbody>
</table>

**California ratios allow up to 50% LPNs**

***Averaged over the shift, with no nurses ever having more than 1 RN to 5 Patients at a time

CNA Ratios: 1 CNA to 7 Patients (Day Shift), 1 CNA to 11 Patients (Night Shift)

All other departments are determined by staffing committees, visit SafeStaffingSavesLives.com for more information

**A Special Note on ED Ratios**

ED ratios are more complicated, and possibly more confusing, than any of the other ratios in the bill. As a result, it is important to identify that the ratio in the ED in this amended legislation is an average throughout the shift. This means that the ratio is 1:4 as averaged throughout the shift - **the standard is 1:4, not 1:5.**

Also, please note that this ED ratio excludes trauma patients, who are 1:1.

1:5 is the max at any time, but, for every amount of time the ratio exceeds 1:4, and a nurse has had to care for 5 patients at once, this must be offset during that same shift by a nurse caring for only 3 or fewer patients during at least that same amount of time.

*continued on page 3*
Staffing committees are just as crucial as they were before and have the power to approve staffing plans that are better than these minimum safe standards. This is a floor, not a ceiling and our staffing committees will work to set standards appropriate for their facility.

This is the same work that we have been doing collectively for the last ten years. Moreover, we can continue to build on the work that has already occurred. It is also important to remember that current staffing plans that satisfy the minimum standards of the new statute will remain in place.

Wall-to-Wall Staffing Committees
Additional elements of the consensus bill language include establishment of new staffing committees for service workers (like Environmental and Food services), technical providers (such as Radiology Technicians and Ultrasound Technicians) and professional providers (like Physical Therapists and Occupational Therapists). These new staffing committees will empower hospitals and workers to adopt staffing plans based on clear and comprehensive criteria which will then be submitted to, and enforced by, the Oregon Health Authority. Our health care colleagues will now be able to shape and influence the quality of care they provide right alongside nurses and give them a voice in the crucial decisions made in care delivery. These new staffing committees are a huge success for ONA-represented techs and pros and for our health care colleagues, and ONA is deeply grateful to OFNHP, SEIU 49, and AFSCME for their powerful advocacy.
ENFORCEMENT
ONA members know that one of the key failures of Oregon’s health care system is the lack of enforcement by the Oregon Health Authority. Our proposed legislation dramatically increases the enforcement mechanisms needed to uphold the provisions of our bill. That includes enforcement that is complaint driven, with specific timelines for investigations into those complaints, and clear, unequivocal direction to OHA on its role as the enforcement agency. This is a major shift away from the ineffective and inefficient “audit and survey” model currently used by OHA. In addition, our law creates a series of financial penalties levied against hospitals who consistently violate the law, putting real teeth into these provisions (see table below for more detail).

OHA Enforcement Fines Table
Proposed consensus amendments for HB 2697

<table>
<thead>
<tr>
<th>Violation</th>
<th>1st Offense</th>
<th>2nd Offense</th>
<th>3rd+ Offense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed break</td>
<td>Warning</td>
<td>$200 from the employer to the employee or, if no CBA, up to $1,000 from BOLI</td>
<td>$200 from the employer to the employee or, if no CBA, up to $1,000 from BOLI</td>
</tr>
<tr>
<td>No staffing plan</td>
<td>Warning</td>
<td>$1,750 - $2,500</td>
<td>$2,500 - $5,000</td>
</tr>
<tr>
<td>Staffing plan is not adhered to</td>
<td>Warning</td>
<td>$1,750 - $2,500</td>
<td>$2,500 - $5,000</td>
</tr>
<tr>
<td>Excessive overtime required</td>
<td>Warning</td>
<td>$1,750 - $2,500</td>
<td>$2,500 - $5,000</td>
</tr>
<tr>
<td>Direct care staff is not released for a staffing committee meeting</td>
<td>Warning</td>
<td>up to $500</td>
<td>up to $500</td>
</tr>
</tbody>
</table>

REST AND MEALS BREAK
The safe staffing bill puts an end to the “buddy break system!”

Our bill closes loopholes and creates powerful enforcement mechanisms so nurses can get their meal and rest breaks without compromising patient safety and care by doubling another nurse’s assignment. The statutory ratios must be maintained even when a nurse gets a break: this means when you go out on a break your patients are cared for so you will not be behind in your work when you get back!

For more details visit SafeStaffingSavesLives.com.
Check your timecards

Double check your timecards for differentials, overtime or certification pay.

If you have any issues that are unresolved please reach out to your steward or ONA Labor Representative Misha Hernandez at 541-210-4905 or at hernandez@oregonrn.org.

Know Your Rights!

**IN PERSON STEWARD TRAINING**
**MAY 20 AT 10:00 A.M.**

For more details and to RSVP please contact Misha Hernandez via text at 541-210-4905 or email hernandez@oregonrn.org.

Get Involved!

YOUR LOCAL ONA WILL BE STRONGER WITH YOU IN LEADERSHIP!

The following officer positions are open:

► Grievance Chair
► Secretary
► Membership Chair

If you are interested in joining the executive team, please let an officer know of your interest or reach out to Misha Hernandez to learn more!