While we made two major changes to the low census call off order in the new contract, it has caused much confusion about what the actual order is, at any given moment, among various stakeholders: unit managers, staff and charge nurses, and the regional staffing office.

The two major changes to the call off order are as follows:

- allows nurses working an extra shift, and/or time and one half pay, to be called off prior to volunteers, and;
- allows Providence to place a nurse on Standby as a result of mandatory (but not voluntary) low census (MDO).

Obviously, these were major changes to the long-established call off order, and made at the request of management. However, our bargaining team thought they were not unreasonable, since most hospital contracts in our union (including all other Providence-ONA contracts) allow incentive shifts and/or premium pay to be called off first, which also makes sense if nurses are being called off at regular pay (and are therefore not making their FTE for the pay period), while other nurses are kept at time and half and/or incentive shift.

The second change, allowing MDO’d nurses to be placed on Standby by the medical center, we thought was a better practice than calling nurses off every four hours until the last four, then calling them back in at regular (straight) pay, which was happening, or calling off a nurse at the beginning of the shift and then calling someone in at extra shift or overtime eight hours later for the same shift.

What could go wrong? Well, as many of you have reported, nurses working an extra shift or overtime shift are being (unhappily) placed on standby while nurses receiving regular pay (as part of their regular schedule/ FTE) are being sent home for the whole shift. This is both more expensive for the Medical Center and dissatisfying to all involved. Other issues include whether nurses on extra shift should be placed on standby at all (we believe it will lead to fewer nurses picking up extra shifts in the future), and the ability of per diems to pick up unlimited shifts at regular pay (isn’t this what is supposed to happen?) without being denied because “it puts them over the 64-hour extra shift threshold for the pay period”.

We believe there is much confusion over these issues (like staffing and scheduling in general) and hope to reach resolution soon. Our ONA-PPMC Labor Management Task Force (Sabra Bederka, 7S; Sue Phillips, 8S; Beth Gately, Operating Room; and Sarah Thompson, ONA labor representative) will be meeting at the end of the month for a four-hour session with nursing directors Lori Gaston, Eva Edwards, Bruce Kennedy, Camilla Collins, and Barbara Ju; Chief Nurse Executive (interim) Shirley Bennett-Thompson; Melissa Sauer, Executive Assistant; and the human resources team (Jeannie Mikulic, Elaine Blume, Patti Langdon, and Debbie Avakian) to resolve the low census situation and other issues that have arisen.
Behavioral Health Unit Reorganization
Eliminates Permanent Charge Nurse Role

As the delegated authority on the unit, our charge nurses (formerly Assistant Head Nurse, or AHN) play an integral part of operations for each shift. Unlike relief charge, which is an assignment and not a long-term position, charge nurses have taken responsibility for process improvement projects, staff scheduling including vacation and education requests, making patient assignments and ensuring individualized care plans are followed, troubleshooting and resolving equipment and technology issues, assessing skills and competencies among staff, and ensuring a smooth shift for patients and staff. Some charge nurses routinely take patients and some do not. Some work on weekends and some do not. The compensation for taking a leadership role on the unit and ensuring its functionality at the ground level has been negligible—a dollar and a quarter more than relief charge—but the work these nurses do is invaluable. The three current charge nurses on the unit will get a chance to negotiate the change in their working conditions. We do not anticipate this change (the elimination of charge nurses) to go to the rest of the hospital at this time, but it’s definitely something to watch out for in the future.

A class action grievance on behalf of all of the nurses in our bargaining unit at PPMC was filed by union stewards Kristin Harman and Karen Kulm, who are reps on the staffing committee. The grievance alleged that a vote taken via email to limit the ability of direct care nurse reps to serve consecutive terms on the committee was a violation of the law as well as the committee bylaws. The staffing committee is important, as this is our forum to impact staffing levels on the units, and this “vote” was a significant action, limiting our ability to have equal power on the committee (which is the point of the HSPC, in fact).

The last change to the law, in 2015, increased the staffing data required by the Oregon Health Authority to assess each unit’s staffing plan, and allowed a union-represented hospital’s selection process for direct care nurses on the committee to be created and maintained by the union.

Why would management vote to limit our involvement or expertise? In order to “give more nurses a chance to be on the committee.” As co-chair Amy Drouin said, “it’s a solution in search of a problem.” There is nothing limiting a nurse’s ability to serve as their cluster representative, a position which is posted house-wide every two years. There has never been a contested election for a staffing committee representative that anyone can remember (many nurses do not serve a full two-year term due to staff movement and turnover) and the last vacancy, when Shavon Albee left the Surgical Cluster for Critical Care, went unfilled for several months, which is the norm. You can find the current roster listed on the ONA/PPMC webpage here.

DID YOU KNOW?
You could be disciplined for keeping unopened supplies and wasted med vials in your locker! Clean out your locker early and often to avoid any confusion on whether you are inappropriately using hospital property!
ONA Strategic Planning Survey

ONA is beginning a multi-step process to create a strategic plan to guide our organization over the next 3-5 years.

This process will be member-led and member-driven, so we need your help and guidance along the way. One of the most important things you can do to help is to complete your ONA strategic planning survey as soon as possible.

Your opinions will determine which policies and programs ONA prioritizes now and in the future. With your help, we can create a plan that meets all members’ needs.

Completing your survey takes less than 10 minutes.

To learn more about the ONA Strategic Planning Process and to complete the survey, visit:

www.OregonRN.org/2017ONASurvey

Vote YES on Measure 101 to Protect Health Care Access

Oregon voters will face a decision on whether or not to protect health care for more than 350,000 children, adults with disabilities, seniors, and low-income families in a special election Jan. 23, 2018.

Measure 101 asks voters to uphold the bipartisan Oregon Healthcare Protections Bill which the legislature passed in the 2017 legislative session. Nurses, hospitals, insurers, Democrats and Republicans all supported the bill in order to fund health care and lower premiums for more than half a million Oregonians.

Voting YES on Measure 101 means protecting health care for Oregonians who otherwise couldn’t afford care and are too often forced to go to the emergency room when they are sick. If the measure fails, thousands of our most vulnerable patients will be in jeopardy of losing their health care.

It is critical we stand together to protect Oregon families by supporting Measure 101 in the Jan. 23 special election.

Learn more, get involved, and add your name to pledge to vote YES on Measure 101 at:

www.OregonRN.org/YesOnMeasure101
Join the Oregon Nurses Foundation for a screening of *Defining Hope*, a film that follows eight patients with life-threatening illness, and the nurses who guide them to make critical choices along the way as they face death, embrace hope, and ultimately redefine what makes life worth living.

**Defining Hope**  
**Wednesday, Nov. 15**  
7-8:30 p.m.  
Buckley Auditorium  
University of Portland

Popcorn and soda refreshments will be provided.

Tickets for the event can be purchased online or at the door. The event is FREE for ONA members (with a $10 suggested donation to ONF) and is $15 for non-members.

When you register, you will be able to add a donation to the Oregon Nurses Foundation (ONF) online. We will also be able to accept donations on site to help support the wonderful work ONF does.

Nurses can earn 1.5 continuing nursing education contact hours.

Oregon Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

For more information, visit: