Direct-care nurse representatives of the Hospital Staffing Plan Committee (HSPC) at Providence Portland Medical Center (PPMC)—including incoming co-chair Kristin Harman, RN, on 2G representing the Cardiology cluster—filed a formal complaint with the Oregon Health Authority (OHA) in November, citing an unlawful vote to limit bargaining unit nurses’ authority on the committee.

The law requires each hospital to establish and maintain a hospital nurse staffing committee. This committee is charged with developing a written, hospital-wide staffing plan for nursing services, in accordance with ORS 441.155 and OAR chapter 333, division 510 rules. The primary goal of the nurse staffing committee is to ensure that the hospital has adequate nurse staffing “to meet the health needs of the patients.”

An email vote in late August following a tabled discussion at the July 24 meeting of the staffing committee, which created term limits for bargaining unit nurses only, as well as a moratorium on bargaining unit nurses serving consecutive terms. No such limits were imposed on management representatives at the time, though Providence’s response to our class action grievance suggests that such bilateral term limits and moratorium on consecutive terms as the remedy. We believe that would further hinder the committee’s ability to reach their goals by limiting institutional knowledge on both sides. Additionally, most, if not all, shared governance committees at PPMC have minimum term requirements, not term limits.

While the vote was purportedly meant to increase RN participation on the committee, the committee, which has never had a contested election for any position that anyone can recall, continues to lack full participation by nurses from each of the representative clusters. Other disputes or questions include which clusters’ term limits are in effect and when, and how voting is conducted for direct care nurse representatives.

Per the law, “If the direct care registered nurses working at the hospital are represented under a collective bargaining agreement, the bargaining unit shall coordinate voting to allow the direct care registered nurses who work at the hospital to select each direct care registered nurse on the staffing committee.” Your ONA nurse leadership at PPMC is currently developing a method by which nurses can vote directly for their HSPC reps within their clusters (Medical, Surgical, Cardiology, Critical Care, Behavioral Health, Surgical Services, Emergency, Perinatal Services, Oncology, and non-RN), every two years.

The OHA has 60 days from the receipt of a complaint to conduct an onsite complaint investigation.
ONA 2018 Leadership Nominations

Volunteer to serve on an ONA committee, cabinet, or the board of directors, and you can have a hand in influencing public policy, professional nursing standards, and advancing our association.

ONA is accepting nominations for open leadership positions. All ONA members are invited to review and nominate themselves for one of the many open positions to help lead our organization into the future.

2018 Election Open Positions

• President/ANA Delegate
• Secretary
• Director (3)
• Cabinet on Health Policy (1)
• Cabinet on Education (1)
• Cabinet on Nursing Practice & Research (2)
• Cabinet on Human Rights & Ethics (2)
• Cabinet on Economic & General Welfare (1)
• Nominating Committee (3)
• Elections Committee (3)
• ANA Delegate (9)
• AFT Delegate (20)

www.OregonRN.org/2018Election

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.

If Measure 101 fails, over 350,000 Oregonians could lose their healthcare coverage.

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

www.OregonRN.org/YesOnMeasure101