CARE PAIRS WON’T WORK!!

Once again, Providence is looking for ways to put profits before patients and their work force. Nurse managers are talking about making unilateral changes to staffing and creating “Care Pairs” in which 1 RN and a CNA or PCT will be assigned 6 or more patients. This terrible idea isn’t safe and will significantly increase individual nurses’ liability.

A recent article in the journal “BMJ Quality and Safety” found that adding an experienced RN to a shift decreased the chance of patient mortality by almost 10% and noted that adding a nurses aid had no impact. We know CNAs are a vital part of the team and Providence can support them, and the patients, by decreasing the assignments now so they can practice to their fullest scope in a supportive environment.

Prov RNs and CNAs have every reason to be concerned with this latest bad idea because it is simply a bad idea. ONA is moving legislation that will set safe minimum RN and CNA to patient staffing standards so executives too far removed from the work can’t implement dangerous changes like “Care Pairs.”

Q: Can the CNO and managers force us to change the nurse staffing plan to their proposed “care pairs” model of one RN and one CNA or PCT per 6 patients?
A: NO! The Oregon Hospital Nurse Staffing Law does not allow management to make unilateral changes to the staffing plans. This includes pilot programs or trials. The law states the hospital SHALL implement a written plan that is “approved by the hospital nurse staffing committee.” In addition to the law not allowing management to unilaterally change staffing, it is also clear that non-nursing staff, such as a PCT, are not included in the nurse staffing plan. OHA explicitly states in their interpretive guidance: “A tech is an employee who is trained to do practical work in a health care setting; this definition would not be covered by the rules. If the tech is not required by the hospital to have CNA certification, then the tech would not be covered by the nurse staffing laws and rules.”

Q: Management told us the PCTs can be assigned the same duties as a CNA – taking vitals, assisting with ADLs, etc. and that we will staff with CNAs and PCTs. Is this accurate?
A: NO! “Techs” are considered unregulated assistive Persons (UAP) in the nurse practice act (NPA) and there are very clear rules about the use of UAPs in hospitals. The acts of delegating to a UAP in a hospital setting is restricted by the NPA. Division 6, Standard Definitions, of the NPA states delineates the definitions of assign and delegations as:
   a. “Assign” means directing and distributing, within a given work period, the work that each health care team member is already authorized by license or certification and organizational position description to perform.
   b. “Delegation Process” means the process utilized by a registered nurse (RN) to authorize an unregulated assistive person to perform a nursing procedure for a client for which the RN retains accountability for the outcome. The delegation process must only occur in those settings that do not mandate the presence of 24/7 nursing services per any law, rule, or regulation.
Q: My manager said I must take the patients I am assigned, even if I know it is unsafe. They threatened to report me to the Oregon State Board of Nursing for Patient Abandonment. Can my manager have my license disciplined by OSBN?
A: NO! In fact, it is conduct derogatory to the standards of nursing to accept an unsafe assignment. According the OSBN interpretive statement on patient abandonment: “If nursing personnel cite a lack of knowledge, skills, competencies or abilities to accept or continue with a patient care relationship, the licensee or certificate holder is required by the Oregon Nurse Practice Act to refuse the assignment” and “Employers have no legal authority to threaten action against someone’s license or certificate as a means of intimidation to coerce the acceptance of additional work hours or assignment by nursing personnel.”