**Why We Wear the Unicorn Button**

We are excited that the Administration has posted six float pool positions. Modeled after the resource nurse unit at Providence Milwaukie Hospital (PMH), the float nurses at PWF will be a great resource for throughput, RRTs/codes, and other dynamic nursing needs in all nursing units throughout the hospital, except the OR and labor. Rest and meal break coverage will be prioritized toward units with only two nurses present, but availability of the float nurses will vary depending on the needs of the hospital. Bottom line, the float nurses—while a great resource for the hospital and patient care—are not a guaranteed solution for overall rest and meal break coverage.

Meanwhile, on Oct. 20, the Oregon Health Authority (OHA) returned their report following our nurse staffing survey and complaint. In June 2017, a complaint was filed with the OHA on behalf of the nurses in ICU, ED, CAPU, and Med-Surg who are routinely not provided with safe and adequate rest and meal break coverage. The OHA found “the hospital failed to implement a hospital-wide nurse staffing plan that was developed to consider for each unit meal breaks, rest breaks, and other tasks not related to direct patient care.”

The report—which also identified Short Stay and BirthPlace in addition to the units named in the complaint—also states:

- Units did not meet the minimum nurse staffing required by unit-level staffing plans while nurses were on breaks.
- Additional nursing staff that would be required to be in compliance with

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unit-level staffing plans was not provided.

- 83 percent of nurses who responded to the OHA survey indicated their units were short staffed when a nurse is on a break.
- 79 percent of nurses who responded to the OHA survey said they had 1-2 shifts over the last year where they missed rest and meal breaks because there wasn’t enough staff.

The OHA looked at time cards and were able to verify missed breaks due to our accurate timekeeping.

In response to these findings, Administration is maintaining the position that if nurses are missing their breaks it is due to poor time management or simply a refusal to take a break. Administration also continues to say the buddy system is adequate and safe. Their justification for use of the buddy system relies on the incorrect assumption that we don’t have to give report to go on a 15-minute break, that we are not fully assuming care of our partner’s group when we are on our 30 or 45-minute lunch break, and that we are just answering call lights for our partner’s patients with minimal patient contact.

As professional nurses, we understand without a doubt that “just answering call lights” is not a small task and often times involves a great deal of patient interaction. YES WE DO have to report off if we are leaving our patients for 15 minutes, and YES WE DO assume care of our partner’s group as well as maintaining our own during our partner’s 30-45 minute lunch break.

Due to the persistent and obvious lack of safe and adequate rest and meal break coverage, and because of the lengthy timeline for the OHA complaint process, we filed a grievance. Our contract clearly states we are to have three 15-minute rest breaks and a 30-minute unpaid meal break and we are simply not getting them, PERIOD. The Administration is aware of our grievance.

While we pursue this grievance, wearing the UnicoRN button tells Administration that we deserve safe and adequate rest and meal break coverage, and until we get it, we are the unicorn nurses who do it all:

- Take care of our patients and our partner’s patients when they need a break, sometimes up to 12 patients at a time.
- Don’t give up our Vocera on our lunch because our partner is too busy.
- Delay patient transfers until our partner comes back from their break.
- Don’t go on break until our patient group is all taken care of and won’t need anything while we’re gone as to not burden our partner, sometimes 8-10 hours into our shift.
- Go without a break our entire shift because there is no nurse available who can assume care of our patients.

Get your pin from one of the members of the Executive Committee!
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: