ONA@ARRMC

NEWSLETTER

Dec. 8, 2026

Welcome to 2026 - Letter from Fred

RRMC Bargaining Unit Members: Happy New Year!

Well, 2025 was an interesting year indeed. Many of you have come to realize that Asante is not honoring our collective bargaining agreement and has even gone so far as to trespass our ONA representative while she was performing her legal duties. Several departments remain without an approved staffing plan, despite the state's staffing law going into effect back in June and OHA fines being levied against the hospital. One thing is clear; we will face challenges moving forward. In my tenure at RVMC/RRMC, discord has never been more palatable. In my role as bargaining unit chairperson, I've argued and bargained for us, sometimes successfully, sometimes having to set aside our differences for the sake of compromise and continuity. That approach is no longer valid and so we will face challenges maintaining our current agreement as well as going into bargaining for our future contract.

There is no clear direction as to how this will go, but I ask you all to come together in solidarity to support each other, to fight to maintain what we have, and to be ready to fight for what we want. I would urge you to talk with co-workers who have been here for a time, who have historical perspectives, who bore witnesses to the changes in healthcare benefits over time for example.

Asante is self-insured, with Moda acting as a billing and tracking, third party agent. While Asante would have us focus on the premium costs only, they have clearly shifted the costs of providing benefits to members along the way. We have witnessed the erosion of benefits through changes in policy as well as promises which were tossed out the window and forgotten. Many of you do not remember the days when we were promised and received a 60% discount on services provided by what we called back then, APP. Early in my career, I had a health care crisis. I received discounts on services at RVMC; I received an additional 10% off each of my bills as they came in. There was a sense of being supported, and as a newer nurse it felt like my health plan took care of most of the expenses. Yes, I had co-pays and expenses, but they were manageable and supplemented with discounts to the workforce. Can anyone attest to that being a reality today?

There was a time when Asante would modify the costs of out-of-network providers if they did not have the expertise or coverage within their own provider group (One's deductible and costs would shift to the tier 1 equivalent costs.)

Continued on page 2 ...

LEADERSHIP AND INFORMATION

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Communications Co-Chair: Shana Burbank, 6T

Unit Rep./Chief Steward: Kofi Nunes, CVICU

Staffing Committee Liaison: Aaron Hale

PNCC Co-Chair: Cody Jones, CCU

Secretary: Brandy Randolph, RN FNBC

Treasurer: Kevin Roberts, RN ED

Labor Representative

Misha Hernandez
541-210-4905
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ONA Oregon Nurses Association
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Welcome to 2026 - Letter from Fred ... *continued*

Many of us looking to reduce costs have found a decent provider only to have the individual fired or leave the Asante provider group and often without replacement providers in place. So, we are in fact forced to use the ED or a non-preferred provider at our own expense.

Enough about healthcare! Allow me to rant about management and administration, seeing us and treating us as their greatest expense. Wake up admin, nursing is the hospital's GREATEST ASSET. It deserves to be nurtured, elevated, and respected. Instead, we are blamed for their failure to manage debts, hold onto providers and the services that make the hospital money. Furthermore, nursing has been systematically shut out of the decision-making process; our input ignored entirely. I'm okay with not making a strong enough or persuasive argument to derail harmful changes, but to have policies roll out, without any conversation with the RRMC's ONA executive team is an insurmountable problem. We have decisions being made and implemented that are in direct violation of our contract agreement on a continuous basis. YES, we are challenging those through the grievance process and winning.

Where do we go from here? That decision belongs to each member of this union. We, the representatives, can only take this so far without your support.

First and foremost, we need an educated bargaining unit (BU). **COMMUNICATION IS KEY**, therefore, read the newsletter, share the newsletter, show new members the newsletter, discuss the newsletter.

Second. Know your contract. Openly object or reject anything that violates our contract agreement. e.g. Being asked/forced to waive premium pay or consecutive weekend pay, or ASI or CNI for instance. The answer is no, the answer is a polite **HELL NO**, actually. When we stick together, when we refuse to allow them to violate the contract, when we refuse to undercut the compensation package we established, we win. Stand up for your contractual compensation! Every member, every time.

Third. Continue to file complaints with OHA around violations of the state staffing law. In addition, where the hospital refuses to grant shifts to people willing to work but not willing to waive compensation AND the unit you are working in is short staffed, file a complaint to OSBN for willful violation of the staffing laws, for willful disregard for patient safety by prioritizing costs (profits) over outcomes (safety). It is important to get on record that "said individual" was denied the shift and to also be able to provide proof of short staffing. I would urge nurses to file the OHA complaint to further document the short staffing status. The OSBN complaint is crucial to hold this administration responsible for mandating this "profit over care" model and forcing these decisions through our staffers, directors, and managers alike. All RNs in the chain of command share legal responsibility and will be held accountable by the Oregon Board of Nursing. Any sentinel event attributable directly or remotely to staffing concerns will spread responsibility up the chain-of-command.

Fourth. Prepare for a tumultuous season of bargaining. My assessment for the 2026 negotiations for the future collective bargaining agreement is that we will have to fight and be truly united to make any progress with this clearly hostile and anti-union leadership group. So here are my suggestions:

1. **Save 2 weeks of pay**, if you don't already have a rainy-day fund.
2. **Watch your money**. What purchases can I put off this year? Car, vacation, kitchen remodel?
3. **Speak with your bank**. How does one request a skipped mortgage payment or a skipped car loan payment. What is the process?
4. Grow a **Victory Garden** this year.
5. **Look at your budget and expenses**, is there anything there that can be cut or cost reduced now to help me save up for a potential job action?

Welcome to 2026 - Letter from Fred ... *continued*

Let me share: My homeowners insurance went up in early 2024 by nearly $1,000. I shrugged it off as inflation, as everything was going up simultaneously. In early 2025 my insurance costs were scheduled to rise again; this time I was notified by my lender who wanted to increase my mortgage payment to stay in step with my escrow account. Well, that did not seem reasonable. In short, I ended up bundling my home and car policy and cut my homeowners insurance cost in half. I recently got a rebate check since my mortgage escrow account was in excess.

I'm suggesting we look at our money before freaking out about a short-term job action or dismissing the possibility that we cannot afford to remain in solidarity. Instead, let's demonstrate our strength and determination to be respected and appreciated.

WHEN WE FIGHT, WE WIN. If you are tired of Asante's **B**achelor of **S**cience approach, then own your union membership and be ready to fight for what is right:

1. Respect our profession, respect your nurses.
2. Honor the contract
3. Accept the shared governance model: it's evidence-based.
4. Model your behavior around your values; stop bullying and threatening.
5. Put the community first; leave ACH alone.
6. Put patient care above profits. Pay the incentives.
7. Obey the laws of the State of Oregon – safe staffing always.
8. Complete a contract with your new bargaining unit – cake be damned.
9. Provide decent and affordable health care for your workers.
10. Stop wasting the courts' time with your lies and complaints.
11. Maintain the integrity and mission of our work in serving our community.

OKAY, sounds great but ... What is my role as a member of a union?

1. **Stay informed**. Check the ONA board in your department, read the newsletter. Hey, go wild and read the ONA statewide newsletter (the Vital Signs email sent weekly on Fridays).
2. **Participate at some level**. Think of union membership as you would a friendship, sometimes we just need to show up for each other, or just actively listen. You don't have to be a hero to be powerful.
3. **Check your fear at the door**, in solidarity there is strength.
4. **Be kind to each other**, check in with the new grads, mentor and assure new members. No RERs against fellow nurses. Have respectful conversations instead. Mentor, mentor, mentor.
5. **Prepare to participate** in any job action, if it becomes necessary.
6. **Stand with the bargaining team** at negotiations.
7. Come and **join the line** if we go on strike, we usually have plenty of coffee and picket signs. (if confused re-read #2)
8. Sign up for one of the amazing **steward training classes**, learn.
9. Consider applying for **education money** to go to ONA's convention in Eugene on May 4-6, 2026. Sign up to be a delegate (vote at HOD on bylaws etc.)
10. **Be your own advocate** – know your contract.

My wish for this year is that we will gain the level of respect and success we deserve as members of ONA, the most dynamic union in our country as recognized and awarded at the 2025 American Federation of Teachers (AFT) convention. On behalf of the entire executive team, we wish you all good health, good fortune and peace in the coming year.

ASANTE IS CREATING A STAFFING CRISIS

BY REFUSING TO FOLLOW NURSES' CONTRACT AND OREGON LAW

A new policy at Asante Rogue Regional Medical Center (AARMC) is leaving hospital units short staffed and putting patients at risk as managers turn away nurses who are ready to work. In early December, Asante chief nursing officer (CNO) Julie Bowman and hospital administration began requiring nurses to sign away their rights to overtime or incentive pay when doing extra work to cover the hospital's staffing shortages.

As a result, dozens of nursing shifts are going unfilled every day—leading to real impacts for patients and the community. Over the holidays, Asante's emergency department and neonatal intensive care unit were short significant numbers of staff and the IMCU/critical care unit was forced to close due to staffing shortages—requiring vulnerable patients to be relocated to other units.

Asante's contract with nurses outlines overtime and incentive compensation for nurses who volunteer for extra shifts to fill staffing shortages. However, Asante is now requiring registered nurses to sign a waiver giving up their legal and contractual rights to overtime and incentive pay before allowing nurses to fill critical vacancies.

"Nurses are willing to sacrifice our personal time to be there for patients and families and fill the gaps in Asante's schedule," said Fred Katz, RN, ONA bargaining unit chair at Rogue Regional. "But we expect Asante to keep its word to healthcare workers who are going above and beyond. Asante needs to honor the contract incentives it agreed to for nurses willing to work extra shifts and ultimately hire more nurses so we can give the community the care it expects."

Requiring nurses to forfeit their rights goes against the hospital's contract and raises serious moral questions about its commitment to safe staffing and patient safety. The Oregon Nurses Association (ONA) has filed a grievance, noting that nurse managers are knowingly violating agreed upon staffing plans. The grievance calls upon Asante to drop all practices and policies that create barriers to safe patient care and violate the nurse staffing law.

"The incentives were developed to encourage workers to fill in holes in the schedule ahead of time to assure safe staffing. In the last contract negotiations, ONA agreed to reduce incentives given some improvements in staffing post-Covid. Now, the hospital is making every effort to break their contractual obligation, even when staffing ratios are falling below the levels defined in the safe staffing law. Nurses should not be forced to accept unsafe staffing conditions or assignments in order to maintain a healthy profit margin for the hospital," said Katz.

"Nurses will not forgo the hard fought for and earned benefits outlined in their contract. The hospital attorney can claim to interpret the law but nurses know their contract. We know what the hospital has agreed to, just like we know the verbiage of the staffing law. We do not leave these things to interpretation for profit taking as the hospital's administration and lawyer has done repeatedly."

Local emergency room nurses are circulating a petition to Asante leadership highlighting their concerns about unsafe staffing in the ER and the effects of forcing workers to forfeit their rights to agreed-upon pay. The petition says in part:

"We are deeply concerned that staffing vacancies are being intentionally left open despite qualified staff offering to cover, despite our patient volumes being as high as they've ever been. We are also concerned that Asante is choosing not to hire nurses and emergency technician for positions that are open because of turnover, creating shadow vacancies that result in more open shifts ... We strongly urge leadership to address this issue promptly to mitigate patient safety risk"

Nurses are concerned because short staffing puts patients at greater risk of harm, results in longer wait times and increases the chance of missed care along with accelerating healthcare provider burnout and turnover.

If Asante continues refusing to fill vacancies with willing nurses, it will continue violating hospital staffing plans and incurring financial penalties. The Oregon Health Authority (OHA) has repeatedly investigated Asante for staffing violations and found 125 staffing law violations and counting since June 5, 2025. **OHA has proposed fining ARRMC more than $34,000 for staffing law violations** that occurred in June 2025 alone. OHA is expected to assess additional penalties as it completes its work on complaints from July to the present.

ONA represents more than 1200 registered nurses working at ARRMC. It is the only critical access hospital for hundreds of miles and serves rural communities from the South Coast to Northern California. In early December, Asante announced it was turning Ashland Community Hospital into a satellite campus and eliminating inpatient admissions and the birth center. The change will force more patients to travel to Medford for care and increase the strain on the current workforce. Asante says the changes are needed to ensure financial stability, but in 2024 the hospital made more than $64 million.

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ED Letter of Concern to ARRMC Management

The ED nurses have drafted a petition including a letter of concern to administration on their use of waivers and creating a staffing crisis. Read the letter below that will be presented to management with the ED RNs signatures.

Dear Executive Leadership Team, The Nurses of the Emergency Department at ARRMC are writing to formally escalate concerns regarding the newly implemented nursing staffing matrix, specifically the guidance to reduce staffing when nurses are assigned a 4:1 ratio and no additional patients are present at that specific time.
In addition, we are writing to express concern over new practices that prevent willing Nurses from working vacant shifts.

House Bill 2697, Oregon's Hospital Staffing Law, went into effect September 1st, 2023. The law mandates hospitals to create a staffing plan for each unit in the hospital in collaboration with the nurses who work bedside in that unit. The law is clear that if a unit uses a tool to determine staffing levels, it shall be… "Consistent with a tool that measures patient acuity and intensity and that has been calibrated to the applicable unit." Not only were nurses of every unit given an AI tool to dictate staffing levels in real time, but the tool also doesn't have any mechanism to consider acuity or intensity as is required by law. In addition, the tool was developed solely by the hospital, with no input from nurses. If the nurses of a unit do not adhere to the staffing levels dictated by the tool, they must provide rationale every few hours.

We are deeply concerned that staffing vacancies are being intentionally left open despite qualified staff offering to cover, despite our patient volumes being as high as they've ever been. We are also concerned that Asante is choosing not to hire Nurses and Emergency Technician for positions that are open because of turnover, creating shadow vacancies that result in more open shifts.

Nurses willing to work overtime for these vacancies are being declined due to an administrative requirement that they sign a waiver forfeiting contractually agreed-upon incentive pay in place for over a decade, effectively requiring employees to accept reduced compensation to work additional hours. This practice is resulting in avoidable understaffing and increasing the risk of delayed care. From a regulatory and liability standpoint, knowingly operating below safe staffing levels exposes the organization to EMTALA or state staffing and labor regulation violations, increased malpractice exposure, and potential adverse findings during accreditation or regulatory review. We strongly urge leadership to address this issue promptly to mitigate patient safety risk and organizational liability.

Furthermore, the matrix does not provide break nurses. When nurses are working at a 4:1 assignment, safe and compliant break coverage requires additional staffing. Failure to provide appropriate break relief increases nurse fatigue, contributes to errors, and places the organization at risk for staffing-related adverse events, workplace safety concerns, and regulatory scrutiny. Inadequate break coverage also negatively impacts staff retention and burnout, which carries long-term operational and financial consequences. Additionally, the matrix does not account for required trauma coverage. As a Level II Trauma Center, we are expected to always have trauma-trained nurses immediately available.

Trauma patients require 1:1 nursing care, often escalating to 1:2 or 1:3, and trauma activations can last several hours. When nurses are already assigned 4:1 patient loads, it is not operationally feasible to pull staff without compromising care for other patients. This creates foreseeable patient safety risks and potential liability exposure, particularly in scenarios involving multiple simultaneous traumas.

We are also a certified stroke and STEMI center and a regional referral center accepting stroke and STEMI patients from outside facilities. These patients require 1:1 care. Stroke protocols require 1:1 nursing for patients receiving TNK, and failure to meet these standards places the organization at risk for noncompliance with certification requirements, CMS expectations, and potential adverse outcomes.
As a pediatric hospital, we frequently care for high-acuity pediatric patients requiring 1:1 or greater nursing, including interfacility transfers to a higher level of care that may take several hours. The current matrix does not allow the flexibility required to safely manage these predictable, high-risk scenarios, further increasing clinical and organizational exposure.

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ED Letter Of Concern ... *continued*

Even two years ago, our department used this data to form a fixed staffing matrix with transparent staffing to accommodate the surges. Basing staffing on early day census for a department as fluid and volatile as ours, despite known and predictable surges, creates an unsafe staffing gap and results in delays in care while staff are called back in. When we are being asked to call staff off versus standby, there will be no staff available to call back in. These delays increase the risk of patient harm, increased patient wait times, adverse events, and reportable staffing law violations.
In summary, the current staffing matrix relies on static census numbers rather than patient acuity, specialty care requirements, predictable volume trends, and regulatory expectations. This approach creates unsafe nurse-to-patient ratios, delays patient care and critical care, places both patients and staff at risk, and exposes the organization to avoidable regulatory findings, litigation risk, and reputational harm.
While we understand there is always a component of fiscal responsibility that hospitals must consider, we have in the past been able to compromise. The current matrix being forced on us is so far skewed toward budgetary concerns that it neglects patient safety, regulatory, and liability risks and does not align with the operational realities, clinical obligations, or patient acuity of our department. It is designed to force us to operate at a bare minimum, which means we can't be prepared in the way our community needs and deserves.

We respectfully request that executive leadership reevaluate the staffing matrix using an acuity-based, data-driven model that ensures compliance with trauma, stroke, pediatric, and break coverage requirements while maintaining patient safety and organizational integrity. We would welcome the opportunity to discuss these concerns further and collaborate on a staffing strategy that mitigates risk while supporting high-quality care.

Thank you for your time and consideration,
ED RNs

We the ARRMC ED RNs want to acknowledge:

- The matrix for staffing does not include any additional staff for breaks. We need dedicated break nurses to provide breaks. We cannot buddy break if being forced to a 4:1 ratio.
- The matrix does not provide for any trauma nurses. If staffing for zones of 4:1 only, this will not provide a nurse immediately available to respond to traumas. We usually only get 5–10 min. heads up on traumas. The standard of care for the initial response for traumas is 2:1 (bedside and charting). The law requires 1:1. Some full traumas will even require 3:1 frequently. Our policy for MTP states the blood administration needs to be a dedicated 1:1 nurse just to run the MTP. We are a Level 2 Trauma Center. The standard of care across trauma centers of this level is to have dedicated nurses available to respond to traumas immediately. We are unable to pull a nurse out of a 4:1 zone to attend a trauma that can take hours of care. Who would be responsible for watching those 4 patients? If we supplement staff with NRT, they cannot take trauma patients. We are a regional center for stroke, STEMI, peds, and any pregnancy traumas. All these patients will require 1:1 care.
- As the regional peds hospital, we frequently see sick pediatric patients that are high acuity requiring 1:1 care that we must hold in our department while waiting to Tx to a higher level of care. This can take several hours to arrange and wait for transport. Our pediatric unit does not admit patients requiring tele, vents, or high acuity.
- The ED is not a scheduled department. The ED does not refuse patients or turn ambulances or patients away when all our beds are full. We cannot staff to the current census at any given time. Our census is constantly increasing throughout the day. It is not unusual for 10 patients to check in during a 30 min. period. The matrix is asking us to make staffing decisions based on a current time.
- Any normal and reasonable person can predict by looking at historical data that between 0800–2000 an average of 30–40 patients check in every 4 hours. Some busy days will be 40–50 patients every 4 hours. This is 100–120 patients in 12 hours. The data consistently shows the highest check-in rate for patients is between 1200–1600. So to base our staffing on the census at 1100 makes no sense when you know you are going to anticipate additional patients coming in.
- Holes are purposely being left open, while staff are being refused shifts they have offered to pick up. Shifts are refused d/t administration requiring staff to sign a waiver for incentive pay that has been agreed upon with our contract. Essentially asking staff to take a cut in their pay to work extra.

Overtime Denial Tracking Survey

Take this short survey to help us document overtime denials and protect member rights!

SCAN

https://tinyurl.com/44ny7j6y

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Response to Asante Memo defending the waiver policy.

Asante has released a memo that claims that they are not breaking the contract by denying nurses the ability to pick up extra shifts unless they sign a waiver giving up all incentive pay. Asante is continuing this campaign of misinformation and manipulation while knowingly putting patients at risk. ONA has filed a grievance that clearly defends the contract, and Asante has refused to hear it so ONA is taking it to Arbitration and the NLRB.

Language from the ONA@ARRMC grievance
ONA finds that ARRMC is engaging in system-wide violations of the CBA, OHA and OSBN. ARRMC is refusing to allow able bodied RNs to fill holes in shifts on units that are short, leaving patients vulnerable. All ONA RNs are being asked to sign a waiver from Asante RN, CNO, Julie Bowman, that would deny them the contractual rights for incentive pay (ASI/CNI and or consecutive) for extra shifts and overtime. Nurse managers are knowingly violating voted on staffing plans, refusing staff to fill holes and work, creating unsafe staffing, and enforcing barriers to care, violating Articles 6, 7, 8, and 15 and Exhibit A.11, OSBN and OHA (ORS 441.152-441.177), applicable Oregon Administrative Rules, and federal CMS Conditions of Participation.

Resolution: Asante RN managers are to drop all practices and policies that create barriers to safe patient care and violations of Articles 6, 7, 8, and 15 and Exhibits A.11, OHA, and OSBN. Wages for all RNs who were turned away from open shifts should be paid in full for ASI/CNI and/or consecutive pay for shifts wrongfully denied. Brought forward by the ONA exec team.

Here is the truth: a clear breakdown and comparison of the waiver policy. The Asante memo violates the CBA as applied, even if the waiver language itself exists in the contract. The problem is not the existence of waivers, but how management is using them as a condition to access shifts.

Key legal distinction (this matters a lot) - There is a big difference between:

1. **An employee voluntarily waiving a premium after being granted a shift is usually allowed.** ☑
2. **Management refusing to award a shift unless the employee waives a contractual premium is often a CBA violation and can be an unfair labor practice (ULP).** ✗

Where the memo likely violates the CBA

1. **Conditioning shift access on waiver:**
   - *The memo states: "initial preference given to staff whose acceptance does not result in consecutive days or weekends (absent a waiver)"*
   - That means you lose priority unless you waive contractual pay
   - **This is effectively conditioning work on surrendering a CBA benefit. That is a classic contract violation and often an unfair labor practice (ULP).**
2. **Undermining "fair and equitable" distribution. The memo claims fairness, but in practice:**
   - Nurses who earn premiums are deprioritized and nurses willing to waive pay are favored, which creates a two-tier system
   - **The ARRMC ONA CBA requires: Fair, equitable, or seniority-based distribution of extra shifts. Avoiding premium pay is not a valid equity factor unless explicitly stated in the CBA.**
3. **Asante policy has a chilling effect on protected rights.**
   - They do this by: Pend-holding shifts, escalating close to start time, pressuring nurses to waive pay to avoid losing work.
   - Management creates economic pressure to waive a negotiated benefit. That can qualify as interference with protected concerted activity (NLRA §8(a)(1))

Important: Why management's justification doesn't save them, they cite:
- Fiscal responsibility
- Healthcare headwinds
- Staffing flexibility

Those arguments do not override the CBA. Once a benefit is bargained the cost concerns must be addressed at the bargaining table and there are no unilateral policy changes allowed.

Bottom line: Yes—this memo violates the CBA in how it is implemented, even if:
- Waivers exist in the contract.
- Waivers were used historically.

It also creates strong grounds for a grievance and ULP filing, especially if:
- Shifts are denied unless waivers are signed.
- Nurses lose access to work for refusing to waive pay.
- Seniority or rotation is bypassed to avoid premiums.

DECLINING UNSAFE ASSIGNMENTS

ACTION ITEMS:

1. **Activate the chain of command by contacting the house supervisor and administrator on duty to clearly state that it is not safe to accept any more patients, and provide alternative solutions (i.e. divert, pause non-emergent surgeries, etc.).**

2. **File an OHA complaint to report violations of the staffing plan by scanning the QR code or following this link: www.surveymonkey.com/r/OregonHospitalStaffingComplaint**

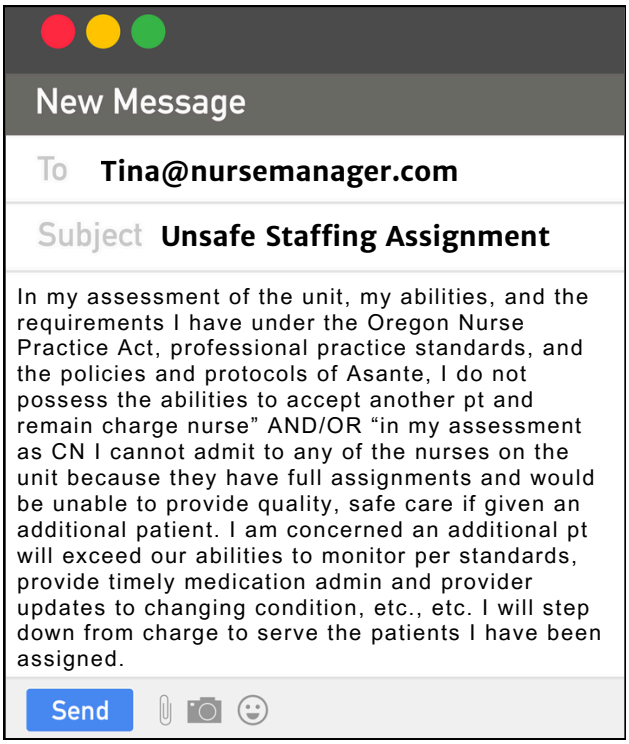
SCAN ME

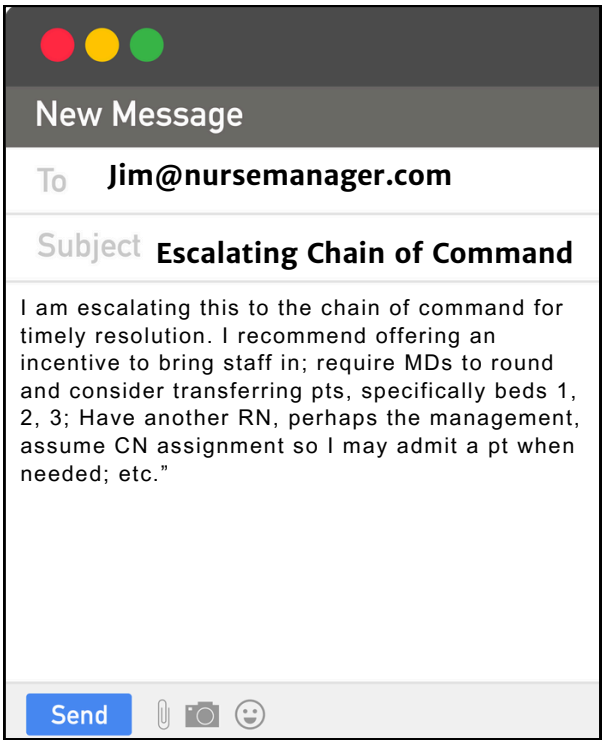
3. **File an Oregon State Board of Nursing (OSBN) complaint if the nursing supervisor, director, or AOD has not attempted to create a safer environment for nurses upon the concern being elevated to them. To file a complaint scan the QR code or follow this link: www.oregon.gov/osbn/pages/complaint.aspx**

SCAN ME

4. **Review the contract to determine if there is any contract language around staffing that can be grieved.**

SAMPLE LANGUAGE TO USE FOR AN EMAIL/LETTER TO SAFELY DECLINE UNSAFE ASSIGNMENTS AND ACTIVATE THE CHAIN OF COMMAND ADDRESSED DIRECTLY TO YOUR NURSE MANAGERS:





Staffing Committee Co-Chair Nominations

House-Wide Staffing Committee Co-Chair Position Open!
Please nominate yourself or your co-workers that you would like to see advocating for all RNs at the ARRMC house-wide staffing committee by scanning the link (bit.ly/44HcDHE) or clicking the QR code!

- Become The Voice At The Table.
- Impact Staffing Plans.
- Make a Difference.

SCAN

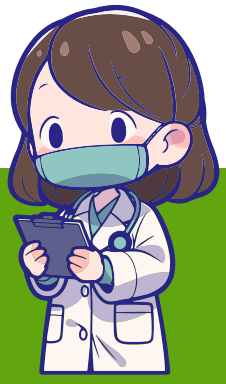
Join the ARRMC Steward Squad

TRAINING DATES: (AKA: WHEN YOU LEVEL UP YOUR UNION SUPERPOWERS)

Virtual Intro Steward Bootcamp

January 21 & 22 | 10 a.m. – 1 p.m.
February 18 & 19 | 10 a.m. – 2 p.m.
January 27 | 4 p.m. – 6 p.m.
March 20 & 21 | 10 a.m. – 2 p.m.

Come slay the basics and achieve "Baby Steward" status. So cute. So powerful.



RSVP Today!

bit.ly/421xrYY)

Reach out to Misha Hernandez at 541-210-4995 or hernandez@oregonrn.org if you have any questions.

LOGO COMPETITION: ONA @ ARRMC

Create a logo to represent our solidarity!

Deadline to Submit: Saturday, Jan. 31

A organized vote will take place after the deadline!

Submit your logos to your labor representative Misha Hernandez at Hernandez@OregonRN.org.

T-SHIRT COMPETITION

We are looking to create our own t-shirts and swag. It's time to put your creativity to the test and create a design!

Deadline to Submit: Wednesday, Feb. 28

A organized vote will take place after the deadline!

Submit your designs to your labor representative Misha Hernandez at Hernandez@OregonRN.org.

OREGON RNS HAVE A DUTY TO REPORT TO OSBN

- Oregon RNs have both mandatory and voluntary reporting requirements under their nursing license.
- Failure to report a mandatory reporting event to OSBN is a violation of the Oregon Nurse Practice Act

All Oregon RNs are held to the requirements of the Oregon Nurse Practice Act; regardless of their title, position, or assignment. Meeting the obligations and requirements Oregon Nurse Practice Act is the first step in providing safe patient care.

FILE AN OSBN COMPLAINT

HTTPS://OSBN.BOARDSOFNURSING.ORG/COMPLAINT

SCOPE OF PRACTICE

HTTPS://WWW.OREGON.GOV/OSBN/DOCUMENTS/IS_SCOPE_DECISION_TREE.PDF

DON'T GO ALONE! BRING A STEWARD

WEINGARTEN RIGHTS: Do you know your rights?

Weingarten was a U.S. Supreme Court case that gave workers the right to have a steward present in some circumstances "when a supervisor asks for information that could be used as a basis for discipline"

As a represented RN, you should always request a steward if a meeting could lead to discipline. Send an email and cc your ONA labor representative Misha Hernandez at hernandez@oregonrn.org and/or your unit based steward.

"Could this discussion in any way lead to discipline? If so, I respectfully request that my union representative be present."

There may be times when a manager denies a RN's requested Weingarten rights. This may be because the meeting is non disciplinary in nature, or they are trying to deny your rights to representation. Either way you will have the right to insist on a labor rep or steward to be present. If management starts to have a meeting with you without a representative present - you do not have to answer any questions until you have a representative present. You can sit quietly and take notes. Contact your steward or labor representative immediately.

My manager asked to have a meeting with me and I told them I wanted an ONA rep to join me, now what do I do?

Let your labor representative and/or your steward know, and they will help coordinate the meeting time and place

Won't that make things worse?

No, it will not make things worse if you request a steward, in fact it actually make everything go more smoothly. Remember coachings are not disciplines and cannot be used as such. There is more information about progressive discipline and just cause in your contract under Article 16.

KNOW YOUR EXECUTIVE TEAM & STEWARDS

Get to know your executive committee and stewards! The executive committee meets the first and third Wednesday of every month. Attend and find support. Please connect with your labor representative Misha Hernandez for more details!

Executive Committee

- Chair: Fred Katz, HHH
- Vice Chair: Jenna Jenson, ED
- Grievance Chair: open
- Membership Chair: Meagan Pereira, NICU
- Communications Co-Chair: Shana Burbank, 6T
- Unit Rep/Chief Steward: Kofi Nunes, CVICU
- Staffing Committee Liaison: Aaron Hale
- PNCC Co-Chair: Cody Jones, CCU
- Secretary: Brandy Randolph, RN FNBC
- Treasurer: Kevin Roberts, RN ED

Stewards

- Meagan Periera RN, NICU
- Jennifer Lewellyn, RN, Peds
- Patricia Langly, RN, Med Onc 3T
- Kimberly Bayer, RN, Ortho Nero
- Kofi Nunes, RN, CVICU
- Heather Hicks, RN, CDU
- Jay Parish, RN, ED
- Jen Bruce, RN, 4T
- Holly Freidman, RN, Hospice
- Kevin Roberts, RN, ED
- Joseph Sasser, RN, 4T
- Holly Allen, RN, 3T
- Ana Ville, RN, NRT, ED
- Sara Fritz RN, FNB
- Alyssa Gormley RN, FNB
- Ashley Foster, RN, FNB
- Melissa Aspinwall, RN, FNB
- Brandy Randolph, RN, FNB
- Sydney Jone Smith, RN, FNB
- Cara Coimbra, RN, Heiman Cancer Center
- Jenna Jenson, RN, ED
- Becca Fips, RN, ED
- Nicki Dinger, RN, CVR
- Shana Burbank, RN, 6T
- Jordan Unicume, RN, CVICU

Labor Representative

- Misha Hernandez
  541-210-4905 | Hernandez@OregonRN.org
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