Section 6.6 — Low Census Maximum:

“Nurses shall not be placed on low census for more than 25% of their regularly scheduled hours in a four (4) week schedule period. After reaching the 25% maximum in a schedule period, nurses may only be placed on low census if they volunteer for those hours. In the event a nurse has reached the low census cap, management may reassign the nurse as a sitter, to orient to another unit, or other task-related duties across the medical center.”

This is brand new language to our current contract. In reviewing proposals and member surveys, it was clear that protecting the work schedules of our members was a high priority. Establishing a cap on the amount of hours a nurse can lose from their paycheck each schedule period has long reaching impacts. For the nurse, there is increased financial security. We can accept a job knowing that even if the patient census stays low for a bit, we will not lose all of our hours. The benefit is not just for us as nurses, though. The hospital can now use this as a tool to recruit and retain nurses. How often have good nurses left our hospital because the financial insecurity caused by excess low census?

As this is new language, it may take some getting used to and is a change from how low census has been managed in the past. Please note, the cap only comes into effect when a nurse has been placed on low census for 25% of their hours in a 4-week schedule period. This will reset with each new schedule, and until the cap is reached, the rotation listed in Section 6.5 guides those decisions.

The amount of hours you can lose will vary depending upon the FTE that you work. For full time nurses working 12 hour shifts, 25% of your hours is equivalent to 3 full shifts. If you work 60 hours in a pay period, you can be placed on low census for 30 of those hours in an entire schedule (120 hours in 4 weeks x 0.25).

The following table may be helpful to individual nurses in tracking their own lost hours each month (numbers used are an example):

<table>
<thead>
<tr>
<th>Schedule Period: (date)</th>
<th>Feb 2-29</th>
<th>Max Low Census Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hours low censused</td>
<td>36</td>
</tr>
<tr>
<td>Week 1</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Week 3</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Week 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>36</td>
</tr>
</tbody>
</table>

In the above example, the nurse was placed on or volunteered for 12 hours of low census in weeks one (1), two (2), and three (3). Therefore, in week four (4) they cannot be mandated for any low census.
Bring Your Voice to the ONA House of Delegates

Your voice matters. Be part of ONA’s primary governing body, the House of Delegates (HOD). As a delegate you will discuss and vote on resolutions, amendments and other initiatives that will determine ONA’s direction.

Bring your perspective and join us at the 2020 House of Delegates on May 19 in Portland.

Visit www.OregonRN.org/Delegate for more information and to complete your delegate nomination form.

Questions about statewide offices or delegates? Email or call ONA Chief of Staff Whitney Wong at Wong@OregonRN.org or 503-293-0011 ext. 1325.

Visit www.OregonRN.org/Elections to see all openings and learn more

Completing the Staffing Request & Documentation Form (SRDF)

WHY FILL OUT THE SRDF?

The Oregon Hospital Nurse Staffing Law defines “safe patient care” as “…nursing care that is provided appropriately, in a timely manner, and meets the patient’s health care needs.” Inappropriate nurse staffing can lead to patient care needs not being met.

The information gathered in SRDFs allows ONA to track staffing data and provide information to hospital wide staffing committees. It also provides valuable information to labor representatives about how specific units are staffed, and can be used to assist with OHA complaints.

HOW TO FILL OUT THE SRDF

If you work a shift with insufficient nurse staffing, you should complete the following steps:

1. Notify someone in the chain of command;
2. Ask for additional staff;
3. Ask for a response in a reasonable period of time, (e.g., minutes, hours) and;
4. Complete the SRDF as detailed below.

The nurse should complete the SRDF at the end of the shift or within 48 hours. The SRDF can be found online at OregonRN.org/SRDF. A PDF copy is automatically emailed to the nurse and to ONA, and it is the nurse’s responsibility to forward a copy of the completed form to the nurse manager, PNCC chair, and staffing co-chair. The SRDF should be completed even if the problem is corrected quickly.

Questions about the SRDF process? Email SRDF@OregonRN.org