Oct. 21, 2022

Free Appetizer
Monday, Nov. 7 • 4-6 p.m.

SWEETWATERS
ON THE RIVER
For Sacred Heart nurses who have worked two years or less • one coupon per nurse

New Hire Meet & Greet!

If you have been hired in the past two years we want to welcome you on Monday, Nov. 7 from 4-6 p.m. at SweetWaters on the River.

Along with the hospital, the local ONA volunteer nurse leaders, have been actively working towards creating the greatest hospital in Oregon.

We believe that a big piece of our success is listening to new hires. We want to know what you have experienced the past two years.

• What can we do better?
• Where can we provide more support?
• What ideas have been popping into your head during and after a shift?

There is no agenda other than making sure that folks are comfortable sharing.

We will collect your opinions anonymously and share the essence of your insights with the Cultural Transformation Committee and anyone else that wants to really listen.

Come when you can! We will be buying folks appetizers.

What the SRDF???

You’ve probably been asked a time, or twenty, to fill out an SRDF when you were short-staffed (and honestly, when is the last time you WEREN’T short?).

You or your co-workers may have submitted them faithfully and feel like it just doesn’t make a difference. You’re still short-staffed, and maybe even worse than ever. What is the point, you ask and rightfully so.

Staffing request and documentation forms (SRDF) do just that - document that you requested more staff. Remember “if it wasn’t charted, it didn’t happen?” Well, that applies to staffing, as well as patient care. If you didn’t record that you asked for help, then your unit is assumed to be totally awesome.

Which it is, of course, but we’re just talking about the staffing here.

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Save the Date: All Member Townhall, Nov. 1

Every nurse knows hospitals are dangerously short-staffed, resulting in nurses and our colleagues working unsustainable hours, taking on unsafe patient loads, and leaving every shift more exhausted and injured than before. It doesn’t have to be this way. We can force hospitals to increase staffing and take nurses’ working conditions and patient care conditions seriously.

Join an All Member Townhall, Tuesday, Nov. 1 beginning at 4 p.m. to discuss how we can make bold legislative changes to raise staffing standards statewide, increase patient safety and address Oregon’s ongoing staffing crisis. Your input and support will be crucial to help make these important changes. Come to the safe staffing townhall to find out how we can make a difference.

Register now at: https://bit.ly/3CHrTga
Or use the QR code!

Nurse Staffing: Share Your Story

You play a critical role at the bedside but your stories and concerns rarely get told. Let’s change that.

Even before the COVID-19 pandemic, you were under tremendous pressure due to staffing shortages. CEOs put profits ahead of patients despite warnings from researchers and frontline nurses. Those shortages have pushed many nurses to leave the field, led to violence in your workplace and caused unnecessary mental trauma.

Your stories about unsafe staffing will help move hearts and minds of lawmakers so we can pass new laws to raise staffing standards at healthcare facilities across Oregon.

Take a few minutes to write down your story and submit it to www.oregonrn.org/nursingstories
Sacred Heart Medical Center (SHMC)

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Sometimes you (or your charge nurse) ask for help and there is none, so that needs to be documented along with all the ugly things that happened. Sometimes you ask for help and you get it (gasp!) and that should be recorded too. It’s like saying, “See, we asked for help and got it, and so people didn’t die. Or fall. Or develop a HAPI. And we’re all happy.” The point is to document all the requests for staff, the reasons, and the results.

But what happens to the forms? It can feel like you fill them out and they’re sucked into a black hole along with half the socks from your dryer. Here’s the deal. A lot of people see them. I mean, a LOT. As soon as you hit “send” they are routed to your manager, the Professional Nursing Care Committee (PNCC), the Nurse Staffing Committee, and your ONA executive team, plus a few other people. (We can talk about these groups of fellow ONA members that you elected another time. Trust me for now that they are all working for you.)

These groups read each SRDF, then compile data and look at trends as well as individual situations caused by inadequate staffing. Then, when that’s finished, the data isn’t filed away like the Ark of the Covenant in that Indiana Jones movie. Oh no, it’s used when reviewing staffing plans each year to provide evidence that a staffing plan is or is not still appropriate for a unit. It is also used to develop a bigger picture. ONA is using SRDFs as part of the new Safe Staffing campaign. SRDF data has been, and will again be, a very important piece of evidence used in improving staffing legislation, so the more information there is (aka the more SRDFs on file) the better the chance for success.

Bottom line, SRDFs are completed with the long game in mind. In the short term they can call your manager’s attention to a bad staffing situation as soon as they are submitted. This gives the manager the opportunity to look at the situation while all the relevant info is easily available and see what, if anything, they can do to prevent it from happening again.

So here are the basics on filling them out. To get there, go to: Crossroads>Clinical>Nursing Online>Resources for ONA. Be sure you pick the correct facility form. If you don’t, it’s not the end of the world, it just makes tracking a bit more difficult.

Fill in what you know about what was missed, late, etc. Complete the field about who was notified. This is critical. It’s important to document who knew you needed more staff.

Then, in the next-to-last section, tell the story. This is where you get to paint a factual picture of just how ugly your shift was without identifying patients. So don’t skimp on relevant and important details, like who the staffing concern was escalated to and how they responded.

Also, don’t forget to fill one out if you requested staff and they showed up. We want to know that the process worked like it should! For the last field, offer suggestions to prevent the situation in the future. You don’t really need to say “hire more staff” though. You know it, we know it, and management knows it. However, if you have ideas for process or system improvements, or on where to find more staff, then go for it.

So, there you have it. Everything you need to know about SRDFs in a nutshell. Ok, more like a large coconut shell, but whatever. Go forth and document, and know that, like so many other things you do, this does make a difference.

But WHYYYYYYY???

It’s been a long shift, and it’s finally over. You’re tired and you just want to go home and relax. Maybe crack open a cold.... glass of water. You know, so you can rehydrate (wink, wink.)

You grab your stuff and go to badge out. You fly through the buttons on the badge reader and realize that, no, you didn’t get a lunch. Did you get any breaks? Can’t remember. Oh well, you just go ahead and say you did, because you’re the only one harmed by it, right? What does it really matter anyway? Well, it DOES matter, and not just to the bean counters. Here’s a short explanation, also known as Meals and Breaks 101.

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Sacred Heart Medical Center (SHMC)

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There is a variety of reasons that people don’t record accurately. They may think it’s not a big deal, they might accidentally hit the wrong button on the badge reader and decide not to mess with it to fix it, or they might just honestly forget.

The most worrisome reason is that nurses are concerned about retaliation for missing their meal or break. There is never a good reason for a nurse to feel like they might get in trouble for this. Please don't let it go if you or anyone you know ever feels like they are a victim of retaliation for recording missed meals or breaks. You can contact an ONA nurse leader or labor rep for help with this if you don't know how or don't feel comfortable with pursuing this yourself. But please, please, please don't let it slide.

Just to be clear, it’s the law that you receive uninterrupted paid break times and unpaid mealtimes. How much time you get varies according to your shift length, but it is your legal right. There is also a lot of evidence that nurses deliver better care when they have had their breaks, and that they actually don’t get any more work done by skipping breaks. Yes, I can provide some if you really want it.

If you don’t get your time away from the floor for whatever reason, it needs to be recorded in Kronos. The documented missed meals and breaks go into a report that is reviewed by many people including the staffing committee and the labor management committee (LMC) which is a group of ONA nurse leaders and management. It’s not just reviewed and tossed aside, either. The LMC looks at the meal and break data for each unit every month.

When a particular unit has a high occurrence of missed meals and/or breaks there is follow-up with the manager to try to learn why that happened and how to fix the problem.

When the Unit Based practice Council (UBPC) and staffing committee update staffing plans each year they use that data too. The data provided in these reports has also been key in implementing and maintaining the break nurse positions. This is not a perfect system either, but it seems to be a whole lot better than using the buddy system that doubled your patient load for two hours of your shift.

So now will you record your meals and breaks accurately? Not only because I said so, but because you know that it’s important and why. And yes, a little bit because I said so.

CAUTION – DECLINE TO SIGN

You might be asked by your manager to sign something that reduces your rights – like a waiver on earning overtime. DON’T DO IT!

Ask one of your volunteer ONA stewards, officers, or labor representatives before you sign anything that might undermine the rights we have fought so hard to get. Also, if your manager is trying to make a deal with you for a special pattern or position that request could be considered Direct Dealing, which is a big NO NO.

That deal could undermine you and all your co-workers. Don’t do it!

Managers should know they can’t do this. And you should never find yourself in this position. But if you do…… now you know.