Many employees do not understand the disciplinary procedures used by their employers. In this article, we compare best practices of corrective action with the system used at Sky Lakes Medical Center (SKY). As we shall see, our employer's practices, are at variance with national norms (see table below).

In every workplace, some behaviors are simply unacceptable and they should be dealt with severely and immediately. As nurses, we prioritize patient care. Employees who have been proven to abuse patients or divert drugs should be disciplined and fired in many cases. However, lesser offenses can be corrected through education.

As a target, national norms envision discipline as a series of corrective actions to improve the behavior of employees. It begins with the employer's responsibility to inform, investigate, and judge whether employees are misbehaving. This approach embraces the concept of progressive discipline, a step-wise approach that models and improves employee’s behavior.

In most cases, when an employee has been judged to violate a policy, the appropriate initial response is to provide coaching and counseling. This informal discipline does not appear in an employee’s personnel file in human resources. It a gentle corrective to inappropriate behavior.

Only when the misbehavior continues after coaching should the employer move to use

National Norms for Discipline (Single Entry-Level Discipline)

- Verbal Warning (Stage 1) ➔ Written Warning (Stage 2) ➔ Final Written Warning (Stage 3) ➔ Termination (Stage 4)

Sky Lakes Discipline (Three Possible Entry-Level Discipline)

- Verbal Warning with Written Documentation (Stage 1) ➔ Written Warning (Stage 2) ➔ Suspension without Pay (Stage 3) ➔ Termination (Stage 4)
- Written Warning (Stage 1) ➔ Suspension without Pay (Stage 2) ➔ Termination (Stage 3)
- Suspension without Pay (Stage 1) ➔ Termination (Stage 2)
formal discipline, i.e., insert a written notification in an employee’s file. Formal discipline occurs in progressive steps (see chart on page 1). Only in the most extreme cases should the employer skip disciplinary steps.

We have communicated with nurse leaders at other facilities and compared their experiences to ours. In our view, Sky Lakes administration too often skips “Oral Counseling” as a corrective technique.

From our research and experiences, Sky Lakes Medical Center uses formal discipline too quickly and too harshly. Our employer often moves to suspension (unpaid leave) upon a first minor violation. The chart on page 1 shows that in some cases (“thumbs up”), the employer follows the normal step-by-step progression. However, in many cases, (designated by the ) the employer skips steps. So, an employee with one or two relatively minor violations could face immediate termination (be fired) upon another minor violation.

Of 55 “unsatisfactory behaviors” listed in Sky Lakes policy on employee behavior, 32 allow the manager to skip at least one step in the progressive chain of discipline (see chart on page 3). Restated, a majority of named behaviors are disciplined by skipping at least one step (58 percent), which puts the employee one step closer to termination than is suitable. Moreover, some of these policies are vague and subjective, which allows a manager the ability to interpret broadly and therefore skip steps inappropriately.

As we stated above, some extremely dangerous actions require severe responses. However, Sky Lakes policy states that any conduct that may have a negative impact on the hospital’s image should result in a stage two discipline, which may include suspension. Indeed, an employee can be placed on unpaid leave if anyone, including the patient, can identify themselves from the remarks an employee makes in public. In our experience, no other Oregon hospital suspends an employee for privacy violations beyond the normal HIPAA identifiers.

Several nurse leaders have raised concerns that our hospital is more concerned with their reputation than patient care. To repeat, we agree that behaviors that harm a patient should be disciplined sternly. However, those actions that merely affect the image of the business do not rise to that level of severity. Employees can be coached, and repeat violators can receive a stage one discipline.

As an information request, we asked the employer for recent disciplinary activity on Red Rule violations, including privacy and HIPAA. In a recent six-month period, the employer reported they issued 37 Red Rule disciplines, which include nurses and other employees. A monthly average of six disciplines on Red Rule alone is much higher than similar size hospitals in our region. For example, at McKenzie-Willamette Medical Center (MWMC) in Eugene/Springfield which is somewhat larger than our hospital, nurses average one discipline of any kind per month.

Of these 37 violations, five employees were suspended and eleven received written warnings. Restated, in nearly half of the disciplinary actions (43 percent), the employer skipped the first step in the progressive chain (i.e., stage one or “Verbal Warning with Written Documentation”).

This authoritarian work environment does not lead to healthy relationships...

Paid Time Off (PTO) Credit for 0.9 Nurses

In November, we settled a grievance that corrected the Sky Lakes Medical Center (SKY) error in awarding PTO credits to certain nurses. Our contract provides that nurses who work a 0.9 FTE should receive an annual additional 208 hours of PTO. The employer limited the number of total hours a nurse could be awarded in a pay period, which resulted in many nurses losing PTO hours in the last two years. Through our collective joint efforts, the employer agreed to credit those nurses the additional hours, which were placed in their PTO banks in February. Working together, nurses successfully advocated for each other!
between nurses and their managers. An extreme disciplinary regime creates a profoundly intimidating atmosphere, which corrupts working relationships and weakens loyalty to the hospital. Less than half of the nursing graduates from a local program decided to start their nursing career in Klamath Falls, despite having ample job opportunities. There are over 70 RN vacancies posted in Klamath Falls as of today, per indeed.com. Moreover, lower employee morale encourages nurses’ mobility from our community, which leads to high turnover and higher cost, including a larger number of travelers than comparable hospitals.

In numerous conversations with our coworkers, we have found that junior nurses at Sky Lakes question whether they want to remain. As they approach the middle of their careers (i.e., five to eight years’ experience), they evaluate whether this is the community where they want to put down deep roots. When they see the harsh and immediate discipline from the employer, it tilts them to leaving. Instead, our employer should support and encourage these loyal employees who are productive members of our community.

### “Unsatisfactory Behaviors” at Sky Lakes

<table>
<thead>
<tr>
<th>Selected examples of behavior for which an employee may receive discipline</th>
<th>Verbal Warning with Written Documentation (should be the initial step for almost all discipline)</th>
<th>Written Warning (Skips one step of discipline)</th>
<th>Suspension without Pay or Second Written Warning (Skips two steps of discipline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of behaviors listed</td>
<td>23</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>✦ Posting, altering or removing any matter on bulletin boards. *</td>
<td>✦ Conduct/behavior that may have a negative impact on Medical Center’s image in the community.</td>
<td>✦ Accessing unauthorized confidential information or disclosing such information to unauthorized persons.</td>
<td></td>
</tr>
<tr>
<td>✦ Scuffling or running. *</td>
<td>✦ Not following grooming or dress standards.</td>
<td>✦ Sleeping on the job.</td>
<td></td>
</tr>
<tr>
<td>✦ Excessive personal talking. *</td>
<td>✦ Unauthorized distribution of written matter.</td>
<td>✦ False statements on employment application.</td>
<td></td>
</tr>
<tr>
<td>✦ Disruptive personal behavior. *</td>
<td>✦ Unauthorized vending or soliciting contributions on premises.</td>
<td>✦ Performing duties not legally licensed to perform.</td>
<td></td>
</tr>
<tr>
<td>✦ Parking violations. *</td>
<td>✦ Making false, vicious, or malicious statements about a coworker.</td>
<td>✦ Threatening or intimidating others on premises.</td>
<td></td>
</tr>
<tr>
<td>✦ Violating a safety rule. *</td>
<td>✦ Chronic absenteeism.</td>
<td>✦ Unauthorized use of drugs on premises.</td>
<td></td>
</tr>
<tr>
<td>✦ Leaving Medical Center during shift.</td>
<td>✦ Fraudulent time sheet.</td>
<td>✦ Reporting to work under the influence.</td>
<td></td>
</tr>
<tr>
<td>✦ Excessive tardiness.</td>
<td>✦ Abuse of sick time.</td>
<td>✦ Felony conviction related to work duties.</td>
<td></td>
</tr>
<tr>
<td>✦ Tobacco or e-cigarettes use on premises.</td>
<td>✦ Careless waste of materials/supplies.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
We settled three recent grievances that corrected extreme and unnecessary discipline. In each case, the aggrieved lead the way for others, self-advocating for their rights. Moreover, each of them were strongly supported by our Oregon Nurses Association (ONA) leadership, who attended the grievance meetings in force.

**Posting on Social Media**

In one case, Nurse A received a stage two discipline (“Written Warning with 24 hours of suspension”) for posting a comment on social media. Her posting did not identify any patient; it contained none of the standard HIPAA identifiers. Nurse A offered a general comment about the widespread use of drugs in our community.

The employer contends that because someone who was already knowledgeable about the situation might be able to identify the person she posted about, it harmed the reputation of the hospital. Hence, they maintain her action merited an advanced discipline (i.e., at stage two). We offered a strong case that the posting was NOT a HIPAA or privacy violation by widely accepted standards. Further, the discipline was strict and extreme, including a suspension from work (unpaid leave of 24 hours) that was beyond the national norms.

We filed a Step three grievance, held before the hospital CEO. The employer proposed to pay her wages for the suspension, including all differentials, but upheld the formal discipline at stage two. Nurse A accepted this compromise.

**Wrong Meds Upon Discharge**

In a second case, Nurse B received a formal discipline, when a patient was discharged with medications from another patient who had been discharged two weeks prior. Evidently, the meds were locked in a safe drawer for two weeks and somehow ended up attached to the wrong patient. This happened during a particularly busy time in a busy shift.

In researching the facts for our grievance, we discovered all sorts of errors in the medical drawers and boxes. Many were mislabeled with past patients’ names. The employer held that the nurse was responsible for checking the meds. Nurse B is a highly-regarded nurse, who is widely respected by her peers. She is well-known for her careful attention to detail, especially around meds and discharges, as noted by her manager. A few weeks earlier, Nurse B received her first-ever discipline, a stage two (“Written Warning with 24 hour suspension”) on a posting to social media similar to Nurse A. Thus, the employer contended they could have moved to termination (i.e., fired the nurse) over this second violation. Instead, they decided to give her a second a stage two discipline (“Written Warning in lieu of suspension”).

Given the widespread reporting of problems in the medication storage process, we argued in our grievance that it was unfair to hold one individual, Nurse B, solely responsible. A systemic error, further complicated by inappropriate behavior by other employees, lead to this mistake. As many as six other patients were in that room and evidently no one checked the drawer during that two-week period. The employer agreed to reduce the stage two (“Written Warning”) to a stage one (“Verbal Warning with Written Documentation”). Nurse B accepted this reduction and closed the grievance.

**EKG Printout**

In a third case, Nurse C received a stage one (“Verbal Warning with Written Documentation”) related to a problem with the new EKG machine. Evidently, no one knew when an
Dear Sky Lakes Nurses,

I had a great visit with you all in January! When I first announced I was coming to visit, there was a lot of interest around learning about Unit Practice Committees (UPCs). It’s exciting to see this growing at your hospital and to see how many nurses want to have this in their units. I want you to have this too!

When I spoke with nurses at Sky Lakes about UPCs, I wanted to know, what is it that you want? What do you want this to look like? And, what did you want to be able to do with your UPCs? Here is what I heard from you:

- You want ownership of your nursing practice and of the patient outcomes on your units. Specifically, you want to improve processes on your units to ensure that your patients are being cared for safely, that the unit is being staffed appropriately, and that your nursing licenses are protected. You also want to work together with other nursing units and other departments, like pharmacy or housekeeping, on the issues that affect everyone.

- You want a UPC that is led by nurses with a nurse as the chair. As part of the UPC, you also want the certified nursing assistants (CNAs) and the manager of the unit to be a part of it. You think it will be important to have a way of communicating to staff on the unit who are not an active part of the UPCs as well, and to be able to get their input on the work of the UPC. And you would really like the ability for your UPCs to work autonomously, even having their own budget to be used as the UPC decides!

With your UPCs, you want to be able to improve patient safety and satisfaction. You also want to improve staff morale, continuing education, and retention for nursing staff at Sky Lakes. In summary, you told me you want to have a more professional nursing practice! You felt that if the UPCs were designed to work for you, then you would work with them to continue to make your workplace great.

(continued on page 6)

Three Recent Grievances Settled (continued from page 4)

employee hand-enters a patient’s name in the EKG (rather than an electronic order), the machine will print out the name of the last patient whose order was sent to the EKG electronically. Nurse C was eloquent in defending her actions, she maintained she expected to be set up for success in her job. Yet, this machine was producing inaccurate information unbeknownst to anyone. The employer held that the nurse was obligated to check the name on the printout. ‘Yes, but we argued, it is not necessary to place a formal discipline in Nurse C’s file. In response to our grievance, the employer agreed and removed the verbal warning.
Don’t Miss Important ONA Emails

ONA wants to make sure all members receive timely communications, ensuring you have the most up-to-date information on your contract, bargaining issues, upcoming votes, nursing research, practice issues and workplace policies. If you are not receiving ONA emails, we can help.

First, check to make sure ONA emails are not being filtered into a junk, spam or clutter folder. Many email providers, like Comcast, Yahoo and Gmail, have built in Spam/Junk filters or blockers. The filters are intended to prevent you from getting junk mail or spam, but it can also unintentionally block emails you want to receive. If ONA emails are in one of these folders, flag them as “not junk” and add News@OregonRN.org to your safe sender list.

If there are no ONA emails in those folders and you still aren’t receiving ONA emails, there are various causes listed to the right.

You can fix most problems by simply emailing ONA at News@OregonRN.org with your name, personal email address and the name of the facility you work at in the body of the email.

We will update our records to ensure you don’t miss future ONA emails.

Common Reasons for Not Receiving ONA Emails
1. **Mislabeled**: Emails from ONA are being flagged as junk or spam by your email service provider.
2. **No Email**: ONA does not have an email on file for you.
3. **Bad Email**: ONA has an incorrect or outdated email on file.
4. **Blocked**: Due to several failed delivery attempts, our system has stopped attempting to send emails to your email address.
5. **Opted Out**: You have opted out of receiving emails.
6. **Work Email Filters**: Some health care systems filter out ONA emails so nurses don’t receive ONA-related emails. This is why we encourage nurses to use their personal email addresses instead of work emails.

Fixing Problems to Receive ONA Emails
1. **Check your junk/spam/clutter folder for ONA emails**: Flag ONA emails as “not junk/spam” and add News@OregonRN.org to your safe sender list.
2. **Email ONA**: To fix reasons 2-6, simply email ONA at News@OregonRN.org, and include your name, personal email and facility you work at in the body of the email.

Nicole Heard from YOU About Unit Practice Committees! (continued from page 5)

This is something different for the nurses at Sky Lakes. It is nurse driven, nurse created, and nurse maintained!

The next step in this process will be the creation of the house-wide committee, the Hospital Nursing Practice Council (HNPC), and the structure of the UPCs. This work will be done collaboratively with your Chief Nursing Officer, nurse managers, and bedside nurses.

I look forward to seeing this work continue at Sky Lakes and will continue to support you through it! As always, I am also here to support you with any nursing practice issues or concerns. Reach out to me at any time!

Yours,

Nicole Cantu, RN-BC BSN
Nursing Practice Consultant - Cantu@OregonRN.org - 541-631-4114