In July, Providence announced it would be changing the care model to move PIV catheter insertion to the Med-Surg Telemetry Division (Card A & B, Med A & B, Surgical Unit, Oncology, Ortho, Neuro, and the Med-Surg Float Pool), impacting those units and the IV Therapy team.

For more background, read the newsletters for Aug. 14 (click here) and Sept. 18 (click here), or go to www.OregonRN.org/83 and follow the links.

We started out by forming a small group of affected nurses and stewards and held a joint meeting with management in August. Questions were raised, and we made the decision that in order to effectively bring these forward, we needed to allow time for the roll-out to begin, and then gather feedback from staff on how the process is working.

We introduced a survey to the Med-Surg / Telemetry Division in late September and the results are in.

For the full survey including St. Vincent RN comments, click here or go to www.OregonRN.org/83 and follow the link.

- The majority of the respondents did not have experience starting their own IV’s (51%)
- Many did not want to add this to their daily workload – or did not have a strong preference. (39% yes, 34% no, 27% no preference)
- Of those that did want to start their own IV’s, they were interested mainly in advancing skills (73%)

40 percent had completed the training or were in process, and 60 percent had not begun. 10 percent told us the training was adequate, while 23 percent responded “somewhat” and 67 percent not adequate.

31 percent of the respondents had already started placing their own IV’s, and of those, 16 percent said it was going well, 44 percent said not going well, and 40 percent answered “somewhat.”

Of those that had not completed training or started their own IV’s yet, they had the same concerns about workload, patient experience and patient treatment plan.

continued on page 2
Predictions were accurate regarding the impact of workload and patient experience.

**What is next?**

We will be reviewing these results with administration and following up on the concerns raised and areas of improvement needed in the program. This process will be ongoing, so we will continue to assess next steps to best represent our members as we continue gathering feedback and information.

These outstanding questions will also be raised:

- Is the increased workload being taken into account? Will this impact the unit Staffing Plans?
- What is the methodology of evaluation of new program, including nurse involvement in determining what success looks like?
- How are we ensuring we have solid staffing levels for the IV Therapy team moving forward?

If you have concerns or questions in the meantime or would like to be involved, please contact an officer or any member of your special ONA Team: Anne Byles (Steward / IV Therapy), Mike Ferguson (IV Therapy), Jason Sangster (Card-B), Kathy Keane (Card-A), Tiffany Tarabochia (Steward / IV Therapy), Stephanie Tanner (CDU / ONA Officer at Large), Sally LaJoie (ONA Labor Staff), Julia Trist (ONA organizer).

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**Survey Results for Med-Surg Telemetry Division (continued from page 1)**

- **Has This Impacted Your Workload?**
  - Not at all: 9.09%
  - Somewhat: 42.42%
  - A little: 6.06%
  - A lot: 42.42%

- **Has This Impacted Your Patient’s Experience?**
  - I don’t know: 0%
  - Somewhat: 36.36%
  - A little: 6.06%
  - A lot: 48.48%

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**Staff Raise Alarms and Safety Concerns are Addressed**

Nurses across Providence raised the alarm last week when they learned their full name would be visible in patients’ MyChart. This raised numerous safety concerns, which were shared at Providence Portland Medical Center (PPMC), Providence Hood River Memorial Hospital, Providence Milwaukie Hospital, and with your local management at St. Vincent.

Nurses at PPMC addressed this in their Labor Management Task Force, sharing stories of dangerous situations involving patients and their concerns about unwanted contact.

In response, Providence has made a modification in Epic and as of Oct. 27, first names and last initials will now be visible.

Thank you to the nurses that raised this issue so promptly.
Floating Clarification – What are the Rules?

The contract does not allow a nurse to be mandatorily floated more than once per shift (Article VIII, page 33). Recently there have been grievances filed by nurses who were mandatorily floated more than once per shift, and there seems to be confusion about what is allowed.

We have also heard from many nurses in the maternal-child division lately that floating outside their division has become the norm rather than the exception. We will be raising this in the upcoming November Labor Management Task Force Meeting – we heard you.

In 2019, after the new Float Grid was first introduced, we discussed and clarified what is a “float” in our Labor Management Task Force meetings.

As part of our conversation, we clarified the following rules:

- When a nurse is clocked in to perform patient care (not light-duty, not non-productive) and is not on their home unit, then this is their “float” for their shift.
- If asked to float again (this includes breaking staff on another unit, sitter, constant flex), then the nurse has the choice to voluntarily float again as this is a second float.

- Returning back to their home unit is not considered a float.

Float Pool department is slightly different: Float Pool nurses’ home unit is where they start their shift; their first assignment.

Example: Charlie is a Card A nurse. They arrive to work and are told that they are floating. They go to Neuro and clock in — they take an assignment and work for eight hours on neuro. Then at 1500 they return back to Card A and take an assignment for the last four of their shift. Charlie has floated one time in this example.

**CONTRACT LANGUAGE:**

C. Floating Requirements. Nurses will not be required to float more than once per shift. Nurses will generally be floated on a rotational basis, unless the charge nurse determines that the skill mix of the unit or the patient needs warrant a change in the rotation. The Medical Center will make a good-faith effort not to float a nurse out of his/her unit when another nurse has floated into the unit on the same shift, unless such floating is required due to the expertise of the nurse or in order to meet patient care.

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ONA Unity Breaks for COVID-19 Protections Hit all Providence Units

You can find the latest COVID-19 bargaining updates: 2020-06-01, 2020-06-03 & 2020-05-20. Or go to or go to [www.OregonRN.org/83](http://www.OregonRN.org/83) and follow the links.

St. Vincent nurses stood in solidarity with RNs across the system last week in our collective fight for a fair COVID-19 agreement!

Several dozen nurses gathered on Tuesday, Oct. 20 for a Unity Break to tell Providence to protect people over their profits and provide a basic safety net for nurses during this pandemic.
Floating Clarification – What are the Rules?  

We will be raising this again in our next Labor Management Task Force meeting in November.

What to do if you are floated beyond the amount allowed:

1. Immediately escalate this to the House Supervisor so that we can monitor the situation and occurrences.

2. Let your ONA labor rep, a steward or officer know as well. We try to resolve contract disputes without filing a grievance if possible, but if we can’t resolve it informally, we need to file a grievance, so we don’t waive our contract protections. Don’t wait too long - the deadline for filing a grievance is generally 14 days from the date of the occurrence (or date a nurse should reasonably have known about the violation).

Stewards Council Updates and Call for Action – Help us Meet our Goal

St. Vincent Stewards are stepping up! Stewards are what give our union strength. They make sure nurses are informed and engaged in advocacy for what we need to care for patients — whether that’s enforcing our union contract, fighting for a strong COVID-agreement statewide, taking on staffing issues as a unit, or handing out nurses week gifts — stewards make it happen.

Over the last year the St. Vincent steward council has grown! Our goal is to have at least one steward per unit per shift. Here are some highlights:

- 28 of 38 units have at least one steward
- Seven previously unrepresented units now have a steward
- 38 total stewards (not including the officer team of eight)
- 16 newly elected since Jan.
- 11 newly trained since Jan.
- Additional seven or so committed and awaiting the next election

Can you help us meet our goal by January 2021 so we can prepare for and win a strong contract next fall? The following units and shifts are without steward coverage! If you are interested in learning more about getting involved in our union and working with your coworkers to be a voice for nurses at work, please contact: an ONA Officer, or Julia Trist and Sally LaJoie! There are no limits to the number of stewards a unit can have.

UNITS WITHOUT STEWARD COVERAGE

- Peds Surgery
- PreAdmit Clinic
- Postpartum Care
- IMCU
- PSCU
- Children’s Float Pool
- Neuro
- CVL
- ADU

The next virtual steward training is Thursday, Nov. 19, 10 a.m. to 2 p.m., please RSVP here if you are interested in attending: http://bit.ly/TrainingNov19

If you have concerns about the commitment, contact an officer, Steward or ONA Staff Sally or Julia, even a few hours can really make a difference!