Being in a union brings advantages such as contractual protections, collective bargaining, the right to act collectively as a unified voice of professional nurses, and representation at meetings and other situations. Connecting people and resources is something that stewards, officers, and ONA staff can do. Sometimes we can’t solve the problem but can at least help make situations more manageable. Many times, nurses don’t know who to contact first when a situation comes up; this article is intended help you navigate with more ease and less frustration.

**Stewards and Officers are your first line of support.** We have stewards in 21 of our units. All the stewards have been elected and confirmed, trained, and are able to assist. If a steward does not have the answer, they can help you get in contact with additional resources and support. Even if you do not have a unit steward, you can contact a steward in another unit for support. You can also contact an officer or your labor representative. We ask that before moving up the chain, you try and get an answer from stewards, then progress to the officers and labor representative.

**Disciplinary / Investigatory Meetings:** If you’re informed that there’s a meeting with a manager that is investigatory, you have a right to a representative under the Weingarten rule. Contact your unit steward or an officer about your rights and scheduling the meeting to have someone else attend. If you can’t get a steward or officer, you can reschedule the meeting for another time.

**Receiving a Corrective Action / “Outcomes Meeting”:** If you are being asked to attend a meeting given a corrective action (that is already written) and is not an investigatory meeting, then this does not fall under the Weingarten rule. You can ask to have a representative if you like, and the manager/HR may agree to allow it on a case-by-case basis, but it’s not the situation the Weingarten rule is designed to address. We often get questions about this when a manager tells a nurse the meeting is not investigatory, but the nurse is still concerned.

**What to do if a manager tells a nurse “this is not investigatory” but the nurse believes that it could lead to discipline?** They should confirm that in the meeting, with the question to the manager “So to clarify, there is no possibility that the information gained in this meeting will lead to discipline? I would like to write that down and make sure we are both in complete agreement so that I can be certain I do not need to assert my Weingarten right to representation.” It would not be a bad idea to have them sign the document – if they are not willing to agree, then Weingarten can be asserted.

**Payroll Questions:** First, ask your manager. They can help you determine if it can be resolved in your unit level, if you need to talk to HR, or if it’s a system issue that needs to be sent to Renton. Your officers, stewards, and labor representative can help as well, but starting with a manager is the most efficient.

**Getting Union Updates:** Make sure you’re receiving emails from ONA to a non-Providence email address. Check your bargaining unit webpage for updates, or your unit bulletin board. If you have more questions, talk to stewards and officers. To update your contact information, visit the ONA website, [OregonRN.org/11](http://OregonRN.org/11).

**Contract Questions:** Unit stewards, officers, and ONA staff can help, just reach out.

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Role of a Unit Steward and Officer (continued from page 1)

Unit Atmosphere: (problems with colleagues, a manager, other situations) There’s no easy answer to these complicated questions. Talking to a steward or officer for starters is a good idea. If there is some reason that you want to talk to ONA staff and not to another coworker, contact your ONA labor representative.

Staffing Questions: Your House Wide Staffing Committee (HWSC) nurse representatives are a good starting point as well as a unit steward. They can help you get on track with the right connection. ONA employs Nurse Practice Consultants (NPCs) who provide support to our members. For more information, visit oregonrn.org/A5.

Certification Pay Grievance

In May, we filed a grievance on behalf of all St. Vincent nurses that submitted verification that they had renewed their certification – but their certification pay ceased.

The Medical Center had refused to pay retroactively to the date the pay ceased, and only paid retroactively to the date the nurse resubmitted the documentation--unless the nurse could prove the verification was submitted.

The Medical Center has suggested that we resolve the grievance and under that proposal, certification (“cert pay”) for nurses that submitted their certification renewal (but could not prove it was submitted and did not receive retro pay), would be paid retroactive to December 2018.

If you have not contacted us already, and if you are a nurse who submitted the renewal documentation to the Medical Center, but your cert pay ended and you either have not had your cert pay reinstated, or you had it reinstated without retroactive payment, please contact Sally LaJoie at Lajoie@OregonRN.org. Be sure and include your name, contact information, unit, the date that your pay ended, and when it was reinstated (if applicable).

Please note, that if the grievance is settled you will be notified in a separate process and have an opportunity to be included. We are gathering information now to ensure we know the scope of the nurses impacted by any settlement.

Resource Nurses

Check your pay stubs and make sure you are receiving the resource nurse differential of $4.00 per hour. (Contract, p60, Article XIX)

Floating Clarification

What Are the Rules?

The contract does not allow a nurse to be mandatorily floated more than once per shift (Art. VIII, p33). With the floating grid now in place, there has been increased confusion about what is allowed.

We discussed this in our recent Labor Management Task Force meetings and have an agreement about what is considered a float.

As part of our conversation, we clarified the following:

- 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.

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Floating Clarification

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 8 hours on neuro. Then at 3 p.m. 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.

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.

House Wide Staffing Committee Updates

The House Wide Staffing Committee (HWSC) meets July 16 to review staffing plans for; PACU, MPU, SSU, CVOR, ICU and CICU.

Your elected St. Vincent ONA officers are responsible for appointing members to the HWSC. At their June 3 meeting, they reviewed and appointed three alternate members and one primary member to the HWSC.

Please welcome new members: Shannon Records (CVOR, alternate for Jake Trachsel), Salome Accardi (Behavioral Health, alternate for Laura Galbraith), Nicole Vandomelen (L & D, alternate for Jennifer Speer), Danielle Heyl, CICU (primary HWSC member for CCU Cluster).

PMAB Training

Nurses that are not PMAB trained but are floating to be constants where PMAB would be helpful have asked if they will be given this training. We discussed it in Task Force and the Medical Center will be providing training for aggressive behavior management, but not the full PMAB training.

The Medical Center has the feedback from key stakeholders and now the CPC team will review the training content. Training begins after Labor Day. It will be in person and by the PMAB coordinators. All nurses are included in the training.

Steward Election in CICU

Danielle Heyl is our newest candidate to join the Stewards Council. The vote is open to CICU nurses online. For more information OregonRN.org/83 and visit the Steward Resource Center.

Red Rules and Grievance Timelines

The Red Rules have led to a number of disciplinary actions in the emergency department as that unit handles more specimens than other units. A grievance was filed this spring for a nurse who was disciplined for a specimen error but had no prior disciplinary action in their file, and was not coached/counseled to improve performance. After a step 1 meeting, the manager agreed to remove the discipline from the nurse’s file.

If you have concerns about how a discipline was issued, be sure and talk to a steward, officer or labor representative. Reminder, a grievance needs to be filed no later than 14 days after the RN receives the corrective action. We often jointly agree (the employer and union) to extend the deadline in order to try and resolve it informally, rather than by filing a grievance.
**Children’s Emergency Department Workgroup Formed**

The Children’s Emergency Department (CED) nurses and administration are forming a workgroup, with ONA support. Our first meeting is Thursday, July 11, 2019 from 7 - 10 a.m. in the Emergency Department Conference Room.

**Stewards Dinner**

*Tuesday, September 10, 2019*

McMenamins Cornelius Pass Roadhouse

If you are interested in attending, meeting stewards and learning about being a steward, email us at APRNemail@gmail.com or talk to an officer or steward.

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**Oregon Nurses Make a Difference**

**Protect your License, Protect Yourself!**

Should nurses and nursing students carry their own personal liability insurance policy? The answer is an unequivocal yes. Unfortunately, a contrary opinion is apparently being voiced by employers, faculty and nurses themselves. You carry insurance to protect your home, your car and your health. Why not your career? Here are the reasons:

1. **A common assumption is that your employer will cover any incident.** Technically, an employer is responsible for the acts of its staff. However, the employer’s interest is not necessarily consistent with protecting you individually. Should there be a lawsuit or threatened suit, your best protection is to have your own personal legal representation. Your own attorney can prepare you for a deposition, represent you in a deposition and, most importantly, represent you in any settlement and determination of fault.

2. **Your employer’s policy does not represent you in an Oregon State Board of Nursing (OSBN) investigation.** In fact, it could be your employer who makes the complaint to the OSBN about an alleged violation of law. The OSBN must investigate each complaint it receives and, even if the complaint is dismissed, there are costs to you. The Oregon Nurses Association (ONA) recommends that all nurses obtain legal representation before responding to a letter from the OSBN related to a complaint. You are much more likely to receive a complaint from the OSBN than to be named in a lawsuit.

3. **You are always a nurse.** You may render first aid or advise a family member or friend about a health problem. Should any incident arise about these acts, the only protection you have is your own personal insurance.

ONA urges you to obtain coverage from the Nurses Service Organization (NSO). For about $100 you can protect yourself. For example, should you be the subject of an OSBN investigation, you have up to $25,000 in coverage for attorney fees, travel, etc.

For more information please go to [www.nso.com](http://www.nso.com). If you would like to discuss professional practice issues you may also call Larlene Dunsmuir, Jordan Ferris, or Therese O’Donnell at the ONA office 503-293-0011.