Jan. 17, 2020

ONA/UCBH
Executive Committee

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UNITY BARGAINING TEAM:
Haley Choi, RN
UNIT 1W
Amer Filipovic, RN
UNIT 1W

ONA LABOR REPRESENTATIVE:
Aaron Giesa
Giesa@OregonRN.org

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We’re On Our Way!

ONA/UCBH Bargaining Team

Today, on Friday, Jan. 17, we reached a major milestone in our journey towards fairness at Unity Center for Behavioral Health (UCBH). We were finally able to bring management to the table and start the process of negotiating our contract.

At this first bargaining session, our bargaining teams introduced themselves to one another, discussed the bargaining process, and gave Legacy management our first bargaining proposal where we are aiming to establish transparency and due process in the way UCBH deals with discipline.

At the end of the day, we have one major goal: we want Legacy management to start listening to the voice of the front-line nurses. Far too often, Legacy has chosen to blame nurses when things go wrong instead of listening to our suggestions about ways to fix broken processes and make UCBH the best place to give and receive care.

Our next negotiating session will be on Monday, Jan. 27 from 9 a.m. - 3 p.m. at Lorenzen Center on the Emanuel Campus. All UCBH RNs are welcome to attend. Reach out to one of your bargaining team members if you are interested in observing.

JOIN US FOR BARGAINING SESSIONS!

Bargaining sessions are open for all nurses to attend. Are you able to make one of these dates? Please let a bargaining team member know when you’ll be stopping by! (Unless indicated, session locations are TBD.)

Monday, Jan. 27: 9 a.m. - 3 p.m.
(Lorenzen Center at Emanuel)

Friday, Jan. 31: 9 a.m. - 3 p.m.
(Lorenzen Center at Emanuel)

Wednesday, Feb. 5: 8 a.m. - Noon

Wednesday, Feb. 26: 10 a.m. - 4 p.m.

Wednesday, March 4: 10 a.m. - 4 p.m.

Thursday, March 12: 11 a.m. - 4 p.m.

Thursday, April 2: 11 a.m. - 4 p.m.

Thursday, April 9: 10:30 a.m. - 4 p.m.

Tuesday, April 14: 10 a.m. - 4 p.m.

Tuesday, April 21: 10 a.m. - 4 p.m.

Wednesday, April 29: 10 a.m. - 4 p.m.
How Can We Support Our ONA/UCBH Bargaining Team?

When we go to the bargaining table, our ONA negotiating team will present data and make sound arguments to communicate our priorities to Legacy, but that won’t be enough to win an agreement on its own. To win the contract with the improvements nurses and our patients deserve, we will all need to pitch in and play a role. Here are ways you can demonstrate your solidarity and support for our team and for each other:

- Wear ONA buttons, badge pulls, badge hangers, and other visual displays of support for our union
- Sign petitions in support of our bargaining priorities
- Participate in public and community outreach efforts. Outside of work hours, nurses will be speaking with community organizations and elected officials.
- Attend union rallies and other events
- Join the Contract Action Team (CAT)

WHAT’S THE CAT AND HOW DO I JOIN?

Our CAT is a group of nurses who help keep everyone up to date and in the loop, sharing news from the bargaining table and spreading the word about actions nurses are taking to support our bargaining priorities. The CAT will mobilize nurses to spring into action if and when things get tough at the bargaining table. In order for our team to be effective, we’ll need nurses from every cluster and shift. There’s no such thing as too many CAT members! Will you join us?

If you’re interested in this important role, let one your bargaining team members know or contact Aaron Giesa at Giesa@OregonRN.org.

SURVEY RESULTS

A big THANK YOU to every nurse who took the time to fill out our bargaining survey. We had approximately 70 percent participation! The bargaining team greatly appreciates all your input and are still reviewing your responses.

Participants of the CE day on Monday, May 18 will be able to earn up to 5.25 continuing nursing education contact hours.

Oregon Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Registration is open and will close May 1, 2020.

If you want to register for the convention, email news@oregonrn.org to receive a special discount code specifically for Unity nurses to save on registration costs!

Learn more about the convention at:

www.oregonrn.org/event/2020convention
OSBN Clarifies “Delegation” Versus “Assignment”

Last week, nurses and managers at Unity Center for Behavioral Health (UCBH) crowded a room to hear Oregon State Board of Nursing’s (OSBN) Executive Director, Ruby R. Jason, expand on the Oregon Nurse Practice Act and answer our questions regarding safety checks. Following UCBH’s sentinel event in July 2019, there have been conflicting messages over our responsibility for safety checks and several nurses have found themselves in meetings with human resources and managers about this responsibility. This is why 80 percent of us signed a petition to raise the issue with UCBH’s president Melissa Eckstein. Management did hear us and this is why Ruby R. Jason was invited to speak with all of us. We are glad that Ruby R. Jason was able to come, she is a strong nurse advocate!

Our ONA nurse practice consultant, Therese O’Donnell, was able to attend the Q&A session with Ruby Jason. Below are her takeaways (in italics) and recommendations from our meeting. Our ONA/UCBH bargaining team agrees with Therese’s list of recommendations and hopes we can meet with BHTs and BHAs in shared governance to collectively discuss this new information. Therese has sent this letter to UCBH CNO, Kari Howard, and UCBH President, Melissa Eckstein.

Hi Kari and Ruth,

I wanted to follow up with you both about the meeting with the OSBN. As you know, there was a lot of information covered. Some key takeaways that I noted were:

1. If assignments change or acuity changes throughout the day, it’s the RNs responsibility to communicate up the chain of command if they feel unsafe or need additional resources. It might be necessary to better define how nurses can utilize the chain of command to request more resources to safely care for their patients and what the chain of command process looks like.

2. Preferably in a shared governance committee, it should be determined what the BHT can and cannot do. The competencies need to clearly be communicated with RNs, so that the RN is fully aware of which tasks they can assign to the BHT. The employer then bears the responsibility for training and validating competencies of the UAP. This also means the employers bears the responsibility if the UAP does not perform the assigned task.

3. Rather than working in parallel, BHTs and RNs need to be working in tandem and communicating with one another. BHTs should be assigned to an RN, then the RN assigns them a task to the appropriately matched patient. The RN needs to clearly communicate to the BHT how often safety checks should be performed based on physician orders.

5. If a BHT does not perform their assigned task, the RN is NOT held responsible. The RN should reassign or complete the task if/when they become aware an assignment is not being performed by the BHT.

6. RNs utilize several aspects of data, which can be collected by various types of healthcare professionals. RNs utilize this data to help them develop a comprehensive assessment of the patient. Additionally, the RN looks at orders from members of the healthcare team (physician, psych, social work, dietary, etc.) and utilizes this to help develop a plan of care. The RN can then assign tasks to the appropriate colleagues, provided they have the competencies to perform those tasks. The organization should determine what BHTs can do, so that nursing can perform nursing care.

- Using the role of the BHT as an example: A BHT is assigned to a nurse. The nurse makes the appropriate match between a BHT and a patient. The nurse assigns the
7. RN’s role is to keep patients safe, while nursing leadership’s role is to provide for a safe environment with the appropriate resources so that nurses can safely care for their patients.

In conclusion, based upon Ruby’s explanation of the Nurse Practice Act and several of the questions asked during the meeting, it sounds like there is a real need for more transparency in job descriptions of BHTs, competencies, and policies. I would recommend the following to each shared governance committee or unit practice council:

1. The shared governance committee and nursing leadership collaborate to determine and/or revise policies, job descriptions, and competencies of the unlicensed assistive personnel Unity utilizes (i.e. BHT 1, BHT 2, BHA, Security, etc.).

2. The shared governance committee discuss how BHTs and BHAs are validated in their competencies and determine at what point in their orientation is this accomplished and who will sign off on their competencies.

3. The shared governance committee discusses when it would be appropriate to have a BHT or BHA staffed to perform milieu management (my understanding is that sometimes there are several patients in the milieu and many q15 safety checks to be performed, including monitoring of environments and objects, yet only one BHT or BHA is performing this task for the entire unit. How can this truly be performed and documented accurately?)

4. The shared governance committee discuss the differences between being “busy” and being “unsafe” and create a policy on how to escalate up the chain of command.

5. Email the Oregon Health Authority to determine whether BHTs and/or BHAs should be included in the staffing plan. I would encourage one of the direct care staffing reps and Kari to email Anna Davis at mailbox.nursestaffing@dhsoha.state.or.us to obtain clarification.

“One of my concerns from this meeting was that there were no BHTs present (to my knowledge). Hopefully, they will be involved in the shared governance committee to work on some of the topics I mention below, as they are an integral part to the health care team and the workflow.”

-Therese O’Donnell
ONA Nurse Practice Consultant