Despite some progress on various items, our bargaining team and the hospital continue to focus talks on some key areas this past week, including protecting bargaining units' nurses from losing hours to traveler nurses, and ensuring that external job candidates do not have preferential treatment for jobs within the hospital when internal candidates want to bid on another position. Our main concern is to ensure that decisions are not made utilizing subjective criteria. We also have communicated to management that a nurses seniority at the hospital should matter in this process, and that those who commit themselves long term to the hospital should have their seniority valued in the selection process.

Additionally, the hospital wants the latitude to adjust work schedules without consideration to the nurse's preferences. The lack of consideration for the stability and predictability of scheduling for nurses not only is disrespectful but also is a detriment to retention overall at a time where the hospital cannot afford to lose more staff. Management's desire for full control over scheduling is putting patient safety at risk on a consistent basis.

The hospital has also proposed language to have the ability to hire temporary employees for extended periods of time (beyond six months) and has rejected our proposal to ensure that the hiring of traveler nurses in a department does not result in a bargaining unit nurse in that same department experiencing a reduction of hours. We are all sick and tired of the hospital's continued disregard for our regular staff and showing favor to travelers who have not demonstrated long-term commitment to the hospital.

Finally the hospital has taken the position that union representation in investigatory meetings will be determinant on their criteria, which is in direct opposition to current standards for union representation.

Our bargaining team has been pushing back on the hospital and we have made some progress. Having nurses join us at the table has also helped temper bad behavior at the table by the hospital attorney. We would like to work with the hospital collaboratively to negotiate a contract but we insist that it needs to be fair to nurses who by a large majority voted for a union so they could ask together to address the numerous problems we are encountering in the workplace. We will continue to STAND STRONG.

Let us know if you would like to join us at the bargaining table by reaching out to the members of your negotiating team!

The CAT team is looking for members from the following departments:
- SBHU
- ICU
- ED

Please reach out to Elizabeth Gemeroy for more details at Gemeroy@OregonRN.org
Staffing Assignments: Knowing When to Refuse

The Oregon Nurses Association (ONA) and the Oregon State Board of Nursing (OSBN) has spoken out on multiple occasions about the Registered Nurse’s (RN’s) responsibility to practice safely and competently in the care of patients. This often means refusal to accept care of a team of patients when they do not have the knowledge, skills, competencies, or abilities to care for that patient assignment. Ability to provide care includes the ability to meet the acuity and nursing intensity needs of the patient team. The estimate of a safe number of patients for each RN on a given unit when taking acuity, intensity, and A/D/T into account is set by each facility’s Nurse Staffing Committee. When assignments do not meet this safety assessment or an individual nurse’s safety assessment the RN has a professional responsibility to refuse the assignment and escalate their concerns through the chain of command in order to meet the care needs of the patient(s). ONA and OSBN support a RN’s right to refuse patient assignment when it is unsafe, and encourage those RNs to always gather as much objective data as possible when refusing assignment, so that they can defend their nursing judgement to administration and OSBN.

Sign the pledge against unsafe assignments:
actionnetwork.org/petitions/wvmc-nurses-refuse-unsafe-assignments

Completing the Staffing Request & Documentation Form (SRDF)

WHY FILL OUT THE SRDF?
The Oregon Hospital Nurse Staffing Law defines “safe patient care” as “…nursing care that is provided appropriately, in a timely manner, and meets the patient’s health care needs.” Inappropriate nurse staffing can lead to patient care needs not being met.

The information gathered in SRDFs allows ONA to track staffing data and provide information to hospital wide staffing committees. It also provides valuable information to labor representatives about how specific units are staffed, and can be used to assist with OHA complaints.

HOW TO FILL OUT THE SRDF
If you work a shift with insufficient nurse staffing, you should complete the following steps:
1. Notify someone in the chain of command;
2. Ask for additional staff;
3. Ask for a response in a reasonable period of time, (e.g., minutes, hours) and;
4. Complete the SRDF as detailed below.

The nurse should complete the SRDF at the end of the shift or within 48 hours. The SRDF can be found online at OregonRN.org/SRDF. A PDF copy is automatically emailed to the nurse and to ONA, and it is the nurse’s responsibility to forward a copy of the completed form to the nurse manager and staffing co-chair. The SRDF should be completed even if the problem is corrected quickly.

 Questions about the SRDF process? Email SRDF@OregonRN.org

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