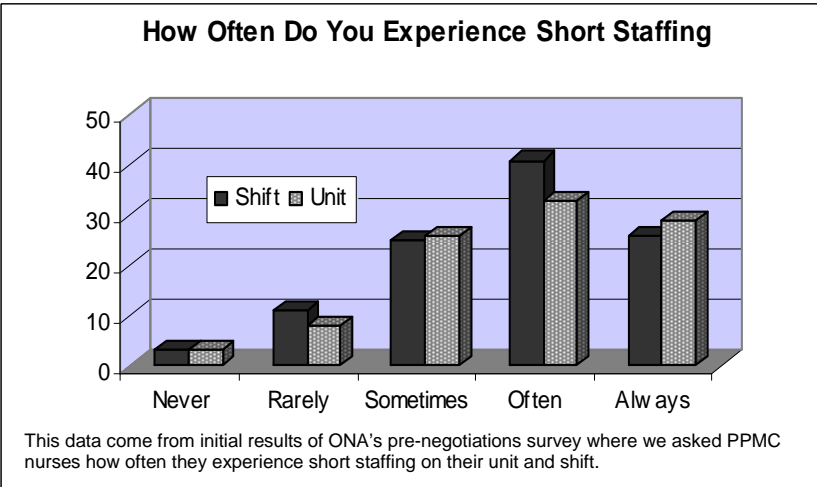


What does it mean to have a healthy work environment? How can we make the Hospital's proposal more concrete in light of their desire to make a commitment to such a work environment?

We want staffing to get better and we want nurses to have more involvement in the process of deigning staffing on their units. Does the Hospital's Healthy Work Environment Proposal get us there? We aren't sure.

Check out our Website!
www.onappmcrns.org
We have past updates and more details about all the proposals and the Hospital's Healthy Work Environment proposal in particular.



The AACN's Six Essential Standards for a Healthy Work Environment.

- Skilled Communication
- True Collaboration
- Effective Decision Making
- Appropriate Staffing
- Meaningful Recognition
- Authentic Leadership

The Hospital's proposal talks about an initial action plan that moves toward achieving these standards, yet no initial plan was provided. What concrete ideas or processes should we suggest as part of an initial action plan to be included in our contract?

HB 2800 was passed in 2005. It places limits on mandatory overtime and requires Hospitals to involve staff nurses in the process of developing and monitoring the staffing plans in their facilities. It also required them to take patient acuity and work-load intensity into account when creating a staffing plan.

We have had on-going concerns about the way this law has been implemented at PPMC with regard to the House-wide Staffing Committee. To that end, one of our proposals asks the Hospital to follow the law better, **Continued on the back.**

Bargaining sessions are scheduled for December 1, 9 and 16. Let us know if you want to attend.

ONA Officers at PPMC:

Chair: Juanita Wolf, RN, OP Transfusion
Secretary: David Arlint, RN, 2R
Treasurer: Terri Houck, RN, IV Therapy
PNCC Chair: Sue Phillips, RN, 8S
Member at Large: Karen O'Dell, Float Pool



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We have some agreements. Working as the Charge Nurse is a voluntary assignment—allowing for infrequent or unusual situations where someone who normally would not volunteer must be assigned such as for sick call.

Discipline and the steps in the process will continue to be used progressively—meaning that you start with the lowest level of discipline appropriate to the situation. For example, while theft might lead to immediate termination, the first time a nurse is five minutes late to work in five years should not merit a final written warning or suspension.

The steps in the discipline process include verbal warnings, written warnings, suspensions without pay, and termination. These are subject to the just cause standard in the contract and are grievable if we think the discipline is either unwarranted or excessive.

We also clarified the steps in the grievance process and the role of ONA in that process.

Healthy Work Environment continued: by having more meetings of the committee, more formal involvement for ONA, and a robust examination of the current staffing plans on the units and the modification of these plans based on patient acuity and intensity.

In another one of our opening proposals, we asked for over 60 additional FTE (RNs' CNAs, HUCs, CAPs, Techs) to be distributed among 14 different units in the Hospital based on suggestions from nurses that worked with ONA Communications Liaisons to come up with suggestions. We proposed this in case the suggestions that were taken to the committee fell on deaf ears or were not acted upon in a timely manner.

We like the intent of the Hospital's proposal, but we worry that without an action plan that outlines specific steps and processes toward a health work environment particularly around staffing, we will have nothing to show for putting this in the contract. **What do you think?** Read the Hospital's proposal, and the AACN report, and compare it with our staffing proposals.

Some of the other important issues that are not yet resolved.

- Making sure that AHNs and Charge Nurses cannot be removed from the bargaining unit based on the NLRB Kentucky River Decision from two years ago.
- Allowing the use our accrued EIT first, rather than exhausting our PTO when we take Oregon Family Medical Leave for a sick child or family member.
- Allowing 30 year RNs to be exempt from working mandatory call or weekends?
- Having Easter and MLK Jr.s Birthday as paid holidays.
- Finding a break room in proximity to the unit for the 2G nurses.

What about Floating?

We currently have no language in the contract on this issue. We made a proposal and the Hospital responded. We think we are getting close to an agreement, but both sides are hung up on how to deal with nurses who are floated for four hours.

We think nurses in that situation should be given a reduced assignment.

It is hard to cram four hours of patient care, give and receive report, take a break and meal break, and then go to a new unit or back to your home unit and do it all over gain.

Everyone complains that patient care suffers under the current scenario when floating for four hours is needed. In our opinion, the Hospitals proposal is not as clear. Go on line to our website at www.onappmcrns.org and compare the difference and let us know what you think?

Are we making too big a deal of this, is there a compromise, or should we stick to the proposal that we made on November 13?