

How to Get a “Sitter”: How to Know If You Need One

Some nurses have complained about not being able to get a sitter when they feel they need one, and some of us have misperceptions about what the process is for determining the need for one and requesting one.

Our PNCC (Professional Nursing Care Committee) has been discussing the use of “sitters” or constants for active and confused or otherwise at risk patients. Karen Logsdon’s article in last month’s Magnet Mirror was very timely given the PNCC deliberations. The article pointed out that having a constant doesn’t prevent all the behavior we are hopping to avoid, and may not be the best answer.

Diane Goodmanson, NM, was invited to the last PNCC meeting to share hospital data and

thoughts on the use of sitters. She pointed out a recent chart audit done by PPMC showing 79% of the time there was no documentation of nursing interventions attempted prior to using a sitter. This begs the question: Are we using sitters to control agitation or confusion without first attempting to figure out and treat the underlying cause?

If you feel you need a sitter, first ask why, and consider the medical situation. Why is this patient acting this way? Then consider any of these interventions, if appropriate, first: Delirium Protocol, Withdrawal Protocol (for withdrawal from drugs or alcohol), lab work, Oxygen and CO₂ level, blood sugar, bladder scan, medication reactions, and anything else you think could be managed medically, then document those interventions. If

you still feel unsafe leaving the patient unsupervised until their behavior stabilizes then discuss this with your charge nurse as the protocol instructs. If you are too busy with this patient, ask your charge nurse to sit down with the chart and help you sort this out. Again, your patient may have a medical need instead of a sitter need.

If you have considered medical issues and you feel you still need a sitter, then according to the One-to-One Care Policy, you and your charge nurse can decide that a sitter is needed. Many staff **think** pre-approval from the unit manager and/or a doctor’s order is required. This is not part of the policy. Your manager may want to assist you in troubleshooting the situation to make sure it is the best option, but the decision, per policy, is yours and your charge nurse’s.

Saturday,
August 29
at 10:00am

Downtown
Portland at
Terry Schrunk
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Health Reform for America Now Rally

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contact Samantha,
ONA’s Political Organizer
at shepherd@oregonrn.org
or 503-293-0011 ext. 342

A lot is going at the Federal Level with Health Care

Do you want to be able to follow
along intelligently? Log onto the
American Nurses Association
web site at www.nursingworld.org
and read the latest about what is
being considered. It is
updated frequently.

ONA Officers at PPMC:

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Keeping Yourself Safe at Work

This article is a follow up to a training that ONA did in late July.

Oregon's HB 2022 (passed in 2007) requires training for employees in how to avoid and defend yourself against assaultive behavior in health care settings. To that end, one of the things that PHS offers is Preventing and Managing Assaultive Behavior classes through out the year. For nurses who do not work in the "high risk" areas of Emergency and Behavioral Health, and Security, this is an elective

Health Stream option. After reviewing the online education (version 3), you can sign up for the "hands on" training, where you will learn how to extricate yourself from a variety of dangerous situations. The antidotal reviews of the training is that it is useful and well done.

Violence that occurs at work is often unreported, therefore the true extent of the issue is unknown. It is state law and hospital policy that all assaults be reported. If you are assaulted at work, go to the Security web page and click on Violence Re-

porting. Review the policy and complete the form that is provided online so that every assault is reported and can be tracked.

If you are injured, contact Employee Health and consider contacting the Employee Assistance Program for help in dealing with the trauma of being injured during the course of you job. If you have questions, want help in enrolling for classes or reporting, or support after an assault, please call Susan Kuhnhausen @ (503)926-4801.

Contract Corner: Payment for Extra Shifts



Have you agreed to work an extra shift and thought you would be getting paid the \$18 an hour incentive pay but didn't see it on Prov Time or your paycheck? We have recently heard from a few nurses who have questions about how incentive shift pay is supposed to work.

The key is the cut off date. If nurses are given the availability of extra shifts before the schedule cutoff date, nurses who agree to waive the extra shift differential, prior to that cut off date have first bidding rights, see the contract for the detail of the order. (Appendix A letter M, page 48) However, most of the time, we are asked to work

an extra shift after the schedule cutoff date. These extra shifts should be paid with the differential. Once the schedule is posted and the Hospital still needs to fill the shift, you do not have the right to "voluntarily" waive the extra pay and your willingness to so is no longer a determining factor in assigning the extra shifts. After the schedule comes out, these shifts are assigned in the order notifications of availability are received, and the differential must be paid.

Many of you are probably not giving notice of your desire to work extra shifts in advance. You just get a call on the phone. When this happens, you should clarify with staffing that you expect to earn the \$18 an hour differential.

There are two things that can disqualify you from earning the incentive even if you come in to work extra after the schedule cutoff. If you have decreased your FTE, the incentive can be denied for 13 pay periods. (The exception is going from a 1.0 to 0.9 FTE.) The other is if you have taken PTO anytime during the pay period, unless it was at the hospitals request due to education time during a shift or low census.

Talk to your manager and/or contact your unit rep. or liaison, if you think the contract isn't being applied correctly.