



AFSCME Council 75 Testimony in support of

HB 3131 A

Co-Chairs Nathanson and Bates and members of the committee

My name is Eva Rippeteau. I am representing Oregon AFSCME and about 280 nurses at the Oregon State Hospital.

As you may know there have been large improvements made at the Oregon State Hospital for care and staffing. However, there is still room for improvement. In addition to my written testimony, I have provided some information on training RNs receive, examples of forms that staff may use when mandated, examples of staffing requests and disclaimer of liability and a short example of shortages from February.

Why is this bill needed?

The state hospital is much different than most hospitals as we know them. There is a centralized treatment mall and dining hall for activities and meals. Instead of have patients that are ill and in bed, patients at OSH are up and participating in treatments that range from information on their medication, health and addictions, art and pottery, and physical fitness like yoga and team sports. For patients under 21 that do not have a high school diploma, they can take classes to receive one. For patients over 21 that never received their high school diploma, they can take classes for their GED. There are also beginning college classes available online. For those who are at the hospital to be assessed for trial there are classes that teach them on how to assist with their legal representation. There are some staff that are dedicated to the treatment mall to lead activities and provide security but a majority of the classes are taught by staff that are coming off of wards with clients.

Ideally, all patients will get their classes or activities that they have signed up to take. However when a staff is stuck on a ward or is absent causing unsafe staffing levels, classes are limited or cancelled. Staff can get stuck on a ward if there are not enough staff to cover the minimum of 2 staff on the ward and minimum requirements for transport and coverage for the patients that need 1 on 1 care, or 2 on 1 care and with some needing more care. This is more common for weekends when staff work 13 hour- 20 minute shifts and are limited to only a few hours of mandated overtime. When activities are cancelled due to low staffing that is unsafe, patients get bored and have more time to dwell on negative things. They then become angry and act out verbally or physically which causes increased vigilance of staff to keep things safe or an increase in staffing needs if a patient ends up in Seclusion, Restraint or on a behavioral precaution or needing 1:1 staffing. With no staff available this further decreases the number of staff available for activities and treatment and the cycle starts all over again.

Having a permanent relief pool to cover the minimums on the wards or for transport when there are staff out for one of their 14 furlough days, vacation, FMLA, or sick time would help make sure patients get to go to their activities and classes, which are hugely important parts of their treatment and recovery.

What is the cost?

We believe that the cost of hiring permanent float pool staff should be looked at in comparison to the cost of 20,000 hours of overtime that is budgeted for each month. While I certainly understand that wages vary, I ran just quick estimates on RN wages for that amount of OT. For an entry level nurse's wage 20,000 hours of overtime in one year would cost \$870,000. For Nurse Practitioner with the highest salary, 20,000 hours of overtime in one year would cost \$1.4 million. The goal of providing permanent relief pool would hopefully cut down on some of the need of that overtime by providing consistent and trained staff to fill in when needed.

Additional Information:

MANDATES for OSH March 26-April 4

Mandates are when an employee is required to stay on and work overtime, often times told during the regular shift. This causes people to scramble to cover home and family obligations such as finding back up care for child care. RN is Registered Nurse, LPN is Licensed Practical Nurse, and MHT is Mental Health Technicians.

4/3 = RN 1, LPN 2, MHT 34

4/2 = RN 3, LPN 0, MHT 30

4/1 = RN/LPN 0, MHT 30

3/29 = 5 MHT, No RN

3/28 = LPN 4, MHT 26

3/27 = RN 1, MHT 26

3/26 = RN 1, LPN 4, MHT 13



Oregon AFSCME Council 75
Local 3295 Oregon State Hospital Registered Nurses
(503) 370-2552
Fax (503) 370-7725

STAFFING REQUEST AND DISCLAIMER OF LIABILITY
(Please Print. Press Hard.)

Request to (Name of manager) Kathy Park RN
Date 2/14/13 Time 1200 Shift Day Unit TR3 Time delivered 1215

REPORT AND REQUEST: I am hereby reporting that in my professional judgment as a Registered Nurse, I am unable to assure safe and adequate care of the patients in my assigned unit. The reasons for my decision and requested remedies are as follow.

(Check as many as apply)

- I am physically or mentally unable to work a mandated shift starting at _____ o'clock.
- Acuity of patients is too high for assigned staffing.
- Insufficient staff have been assigned for 1:1's and other duties.
- Assigned staff are untrained or not oriented.
- I have been assigned additional duties that conflict with my ability to complete my regular duties.
- Other. (Explain circumstances) We are running one staff below numbers. Yesterday we also ran short. I staff. It is not safe.

I request that the following remedies be provided.
(Check as many as apply)

- I should be replaced for the shift.
- Additional staff should be assigned.
(List number)
1 additional MHT's.
 additional RN's.
Other (Explain) _____

I am accepting the assignment under protest. I will not refuse the assignment or refuse to obey direct orders, if any are given. I am doing so to avoid any appearance of not meeting my obligations to my patients. However, I am giving my employer notice of my concerns. Full responsibility for the consequences of this assignment must rest with the employer. Copies of this form may be provided to all appropriate state and federal agencies and my union.

Nurse's Name WRIPER RN ↔ Signature Kim Ripper RN

FILL OUT AND DISTRIBUTE AS LISTED BELOW. IF NO SUPERVISOR IS DIRECTLY AVAILABLE, REPORT BY PHONE TO THE RESPONSIBLE SUPERVISOR AND ROUTE THE COPY TO THEM.

REPORTED BY PHONE ON DATE _____, SUPERVISOR _____ NUMBER CALLED _____

Copy (Union office or Steward) Copy (Supervisor) Copy (Nurse)

RECORD THE OUTCOME ON THE BACK AND GIVE A COPY TO YOUR STEWARD.

I did not have to submit this disclaimer in order to get staff. Shannon Vossler called a staff in for overtime, without my needing to request it. The form is being submitted for tracking purposes only. Staffing the hospital above members on a regular basis will minimize the impact to staff/patients in cases of emergency, where an absence can not be predicted or avoided.

Staff working @ PostH were told that as float staff were absorbed into regular unit positions, they would be replaced by LD temp hires. Mandates and overtime are increasing campus wide, and only a few positions have been filled. It is imperative that these positions be filled for safe levels of staffing here @ P-ostH.



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Fax (503) 370-7725

STAFFING REQUEST AND DISCLAIMER OF LIABILITY

(Please Print. Press Hard)

Request to (Name of manager) Shannon Vosder / Atyce Robinson
Date 1/27/13 Time 1045 Shift Day/Week Unit PA Time delivered Not Delivered, See outcome

REPORT AND REQUEST: I am hereby reporting that in my professional judgment as a Registered Nurse, I am unable to assure safe and adequate care of the patients in my assigned unit. The reasons for my decision and requested remedies are as follow.

(Check as many as apply)

I am physically or mentally unable to work a mandated shift starting at _____ o'clock.

Acuity of patients is too high for assigned staffing.

Insufficient staff have been assigned for 1:1's and other duties.

Assigned staff are untrained or not oriented.

I have been assigned additional duties that conflict with my ability to complete my regular duties.

Other. (Explain circumstances) I staff had to leave shift due to an emergency because the hospital is not staffed appropriately to be able to admit such an emergency, there is not 1 extra duty in the building to send to our unit. The 9th shift is not considered to be mandated, but has already been established as a float unit to send pts to off unit activities including church, FAB and HOP. The acuity of this unit will likely increase as a result.

I request that the following remedies be provided.

(Check as many as apply)

I should be replaced for the shift.

Additional staff should be assigned.

(List number)

additional MHT's.

additional RN's.

Other (Explain) All efforts should be made to provide an additional staff. Overtime did should be offered, overtime offered to all NIA staff who are willing to come in. In the future, hospital should be staffed above numbers to lessen the negative/unsafe impact to pts/staff in case of emergencies.

I am accepting the assignment under protest. I will not refuse the assignment or refuse to obey direct orders, if any are given. I am doing so to avoid any appearance of not meeting my obligations to my patients. However, I am giving my employer notice of my concerns. Full responsibility for the consequences of this assignment must rest with the employer. Copies of this form may be provided to all appropriate state and federal agencies and my union.

Nurse's Name Tara Taddis, RN

Signature Tara Taddis, RN

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REPORTED BY PHONE ON DATE _____, SUPERVISOR _____ NUMBER CALLED _____

WHITE (Union office or Steward)

YELLOW (Supervisor)

PINK (Nurse)

RECORD THE OUTCOME ON THE BACK AND GIVE A COPY TO YOUR STEWARD.

Outcome Recorded on Reverse

OREGON STATE HOSPITAL-PORTLAND
Adult Treatment Services - Psychiatric Recovery Services



FAX Cover Sheet

Date: 1/26/13	Sender: Faith Faddis, RN
To: Eileen T. [unclear]	Office name: P-OSH
Office name: AFSOME	Address: 1121 NE 2nd Ave
Address:	City: Portland
City: Salem	State: OR Zip: 97232
State: OR Zip:	Phone no.: (503) 731-8160
Phone no.: (503) 370-2552	Fax no.: (503) 731-3112
Fax no.: (503) 370-7725	Total pages: 1
Re: outcome of complaint filed @ OSH on 1/26/13	

- Urgent For review Please comment Please reply Please recycle

PNS, Collin Woodbury, was able to recruit a 9th staff to work the shift meeting our acuity requirements and allowing patients to be able to attend off-unit activities.

Thanks,
C. Jaiter ☺

Confidentiality Notice: The information contained in this facsimile may be confidential and legally privileged. It is intended only for use of the individual named. If you are not the intended recipient, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regards to the contents of this fax - except its direct delivery to the intended recipient - is strictly prohibited. If you have received this fax in error, please notify the sender immediately and destroy this cover sheet along with its contents, and delete from your system, if applicable.



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Local 3295 Oregon State Hospital Registered Nurses
(503) 370-2552
Fax (503) 370-7725

STAFFING REQUEST AND DISCLAIMER OF LIABILITY
(Please Print. Press Hard.)

Request to (Name of manager) Rhonda and/or Collin
Date 1/26/13 Time 0730 Shift Day/Evening Unit P1A Time delivered 0745

REPORT AND REQUEST: I am hereby reporting that in my professional judgment as a Registered Nurse, I am unable to assure safe and adequate care of the patients in my assigned unit. The reasons for my decision and requested remedies are as follow.

(Check as many as apply)

- I am physically or mentally unable to work a mandated shift starting at ___ o'clock.
[X] Acuity of patients is too high for assigned staffing.
[X] Insufficient staff have been assigned for 1:1's and other duties.
Assigned staff are untrained or not oriented.
I have been assigned additional duties that conflict with my ability to complete my regular duties.

Other. (Explain circumstances)
Acuity may not be manageable but it is needed. Unit is not able to send patients/staff to off unit activities or passes which inevitably raises unit acuity.

I request that the following remedies be provided.
(Check as many as apply)

- I should be replaced for the shift.
[X] Additional staff should be assigned.
(List number)
1 additional MHT's.
additional RN's.
Other (Explain)

I am accepting the assignment under protest. I will not refuse the assignment or refuse to obey direct orders, if any are given. I am doing so to avoid any appearance of not meeting my obligations to my patients. However, I am giving my employer notice of my concerns. Full responsibility for the consequences of this assignment must rest with the employer. Copies of this form may be provided to all appropriate state and federal agencies and my union.

Nurse's Name Trish Faddis RN Signature [Signature]

FILL OUT AND DISTRIBUTE AS LISTED BELOW. IF NO SUPERVISOR IS DIRECTLY AVAILABLE, REPORT BY PHONE TO THE RESPONSIBLE SUPERVISOR AND ROUTE THE COPY TO THEM.

REPORTED BY PHONE ON DATE ____, SUPERVISOR ____, NUMBER CALLED ____

WHITE (Union office or Steward) YELLOW (Supervisor) PINK (Nurse)

RECORD THE OUTCOME ON THE BACK AND GIVE A COPY TO YOUR STEWARD.

Attention
Eileen Tilque

PLEASE COMPLETE THIS FORM AND SUBMIT TO THE OFFICES LISTED BELOW

Oregon Revised Statutes—2007

441.166 Need for replacement staff. (1) When a hospital learns about the need for replacement staff, the hospital shall make every reasonable effort to obtain registered nurses, licensed practical nurses or certified nursing assistants for unfilled hours or shifts before requiring a registered nurse, licensed practical nurse or certified nursing assistant to work overtime.

(2) A hospital may not require a registered nurse, licensed practical nurse or certified nursing assistant to work:

(a) Beyond the agreed-upon shift;

(b) More than 48 hours in any hospital-defined work week; or

(c) More than 12 consecutive hours in a 24-hour time period, except that a hospital may require an additional hour of work beyond the 12 hours if:

(A) A staff vacancy for the next shift becomes known at the end of the current shift; or

(B) There is a potential harm to an assigned patient if the registered nurse, licensed practical nurse or certified nursing assistant leaves the assignment or transfers care to another.

(3)(a) Time spent in required meetings or receiving education or training shall be included as hours worked for purposes of subsection (2) of this section.

(b) Time spent on call but away from the premises of the employer may not be included as hours worked for purposes of subsection (2) of this section.

(c) Time spent on call or on standby when the registered nurse, licensed practical nurse or certified nursing assistant is required to be at the premises of the employer shall be included as hours worked for purposes of subsection (2) of this section.

(4) The provisions of this section do not apply to nursing staff needs:

(a) In the event of a national or state emergency or circumstances requiring the implementation of a facility disaster plan;

(b) In emergency circumstances identified by the Oregon Health Authority by rule; or

(c) If a hospital has made reasonable efforts to contact all of the on-call nursing staff or staffing agencies on the list described in ORS 441.162 and is unable to obtain replacement staff in a timely manner. [2001 c.609 §4; 2005 c.665 §1; 2009 c.595 §734]

"I verify that in my position as Registered Nurse I am mandating Mardell Baker for the shift of Evening. I acknowledge that this individual was previously mandated on 9/18/11 for a total of 6 hours. I have read and acknowledged ORS 441.166 and know that this action will be reported directly to Oregon Public Health, Department of Regulation for investigation and action. I am aware that declining to sign this document does not in any way relieve me of my responsibility for any unlawful violations of Oregon State Law".

Rosana Pipinich RN
JUNE Harms ASE
Signature of Staffing Person/Title/Date/Time Printed Name

This person told me she could not sign

"I verify that I have notified Rosana Pipinich that I have previously been mandated on 9/18/11 for a total of 6 hours and that the act of mandating me to additional time is an apparent violation of ORS 441.166. I wish to report this facility, Oregon State Hospital, for investigation of an apparent violation of State Law, ORS 441.166".

Mardell Baker RN 9-11-11 Mardell Baker
Signature of Staff mandated/Title/Date/Time Printed Name

Original—FAX directly to Oregon Public Health, Division of Health Care Regulations, ATTENTION: Chris E. Campbell, 971-673-0540, FAX 971-673-0556
1st Copy—FAX to AFSCME Local 3295 ATTENTION: Eileen Tilque, FAX 503-370-7725
2nd Copy—Email to Greg Roberts, Superintendent, OSH GROBERTS@DHS.STATE.OR.US

3rd Copy— Employee. Keep a copy of this document for your own records, including the date(s) that you faxed and emailed the Original and 1st and 2nd copies.

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Oregon Revised Statutes—2007

441.166 Need for replacement staff. (1) When a hospital learns about the need for replacement staff, the hospital shall make every reasonable effort to obtain registered nurses, licensed practical nurses or certified nursing assistants for unfilled hours or shifts before requiring a registered nurse, licensed practical nurse or certified nursing assistant to work overtime.

(2) A hospital may not require a registered nurse, licensed practical nurse or certified nursing assistant to work:

(a) Beyond the agreed-upon shift;

(b) More than 48 hours in any hospital-defined work week; or

(c) More than 12 consecutive hours in a 24-hour time period, except that a hospital may require an additional hour of work beyond the 12 hours if:

(A) A staff vacancy for the next shift becomes known at the end of the current shift; or

(B) There is a potential harm to an assigned patient if the registered nurse, licensed practical nurse or certified nursing assistant leaves the assignment or transfers care to another.

(3)(a) Time spent in required meetings or receiving education or training shall be included as hours worked for purposes of subsection (2) of this section.

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(a) In the event of a national or state emergency or circumstances requiring the implementation of a facility disaster plan;

(b) In emergency circumstances identified by the Oregon Health Authority by rule; or

(c) If a hospital has made reasonable efforts to contact all of the on-call nursing staff or staffing agencies on the list described in ORS 441.162 and is unable to obtain replacement staff in a timely manner. [2001 c.609 §4; 2005 c.665 §1; 2009 c.595 §734]

"I verify that in my position as Administrative Specialist I am mandating Mark Wilhite for the shift of 1500-2400 on Sept. 30, 2011 acknowledge that this individual was previously mandated on _____ for a total of _____ hours. I have read and acknowledged ORS 441.166 and know that this action will be reported directly to Oregon Public Health, Department of Regulation for investigation and action. I am aware that declining to sign this document does not in any way relieve me of my responsibility for any unlawful violations of Oregon State Law".

Eugelinde Nolan - Admin. Spec. 9/30/11
Signature of Staffing Person/Title/Date/Time

(NO Staffing Signature)
Printed Name

"I verify that I have notified _____ that I have previously been mandated on _____ for a total of _____ hours and that the act of mandating me to additional time is an apparent violation of ORS 441.166. I wish to report this facility, Oregon State Hospital, for investigation of an apparent violation of State Law, ORS 441.166".

MWC - RN 9/30/11
Signature of Staff mandated/Title/Date/Time

Mark Wilhite RN
Printed Name

Original—FAX directly to Oregon Public Health, Division of Health Care Regulations,

ATTENTION: Chris E. Campbell,
971-673-0540, FAX 971-673-0556

1st Copy—FAX to AFSCME Local 3295

ATTENTION: Eileen Tilque,
FAX 503-370-7725

2nd Copy—Email to Greg Roberts, Superintendent, OSH

GROBERTS@DHS.STATE.OR.US

3rd Copy— Employee. Keep a copy of this document for your own records, including the date(s) that you faxed and emailed the Original and 1st and 2nd copies.

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(2) A hospital may not require a registered nurse, licensed practical nurse or certified nursing assistant to work:

- (a) Beyond the agreed-upon shift;
- (b) More than 48 hours in any hospital-defined work week; or
- (c) More than 12 consecutive hours in a 24-hour time period, except that a hospital may require an additional hour of work beyond the 12 hours if:
 - (A) A staff vacancy for the next shift becomes known at the end of the current shift; or
 - (B) There is a potential harm to an assigned patient if the registered nurse, licensed practical nurse or certified nursing assistant leaves the assignment or transfers care to another.

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- (b) In emergency circumstances identified by the Oregon Health Authority by rule; or
- (c) If a hospital has made reasonable efforts to contact all of the on-call nursing staff or staffing agencies on the list described in ORS 441.162 and is unable to obtain replacement staff in a timely manner. [2001 c.609 §4; 2005 c.665 §1; 2009 c.595 §734]

"I verify that, in my position as Administrative Specialist I am mandating Mark Wilhite for the shift of 1500-2300 on Oct. 7, 2011. I acknowledge that this individual was previously mandated on Sept. 30, 2011 for a total of 8hrs each day hours. I have read and acknowledged ORS 441.166 and know that this action will be reported directly to Oregon Public Health, Department of Regulation for investigation and action. I am aware that declining to sign this document does not in any way relieve me of my responsibility for any unlawful violations of Oregon State Law".

Eugielinda Nolan-Admin Spec. 10-7-11 (NO Staffing Signature)
 Signature of Staffing Person/Title/Date/Time Printed Name

"I verify that I have notified Eugielinda Nolan that I have previously been mandated on Sept. 30th, 2011 for a total of 16 total hours and that the act of mandating me to additional time is an apparent violation of ORS 441.166. I wish to report this facility, Oregon State Hospital, for investigation of an apparent violation of State Law, ORS 441.166".

Mark Wilhite RN 10-7-11 (1500) MARK Wilhite RN
 Signature of Staff mandated/Title/Date/Time Printed Name

Original—FAX directly to Oregon Public Health, Division of Health Care Regulations, ATTENTION: Chris E. Campbell, 971-673-0540, FAX 971-673-0556
 1st Copy—FAX to AFSCME Local 3295 ATTENTION: Eileen Tilque, FAX 503-370-7725
 2nd Copy—Email to Greg Roberts, Superintendent, OSH GROBERTS@DHS.STATE.OR.US

3rd Copy—Employee. Keep a copy of this document for your own records, including the date(s) that you faxed and emailed the Original and 1st and 2nd copies.

February Examples of Shortages - work in progress

Date	Shift	Unit	Staff Needed	Staff Short	PT to PT assault	PT to Staff Assault	Damaged Property	Other Notes
2/1/2013	Swing							unit not notified of shortages - called 2xs to find out about staffing
2/2/2013	Day				3		exit sign and nextel repeater	Threat from PT to hurt staff
2/2/2013	Day/Swing				6	PT threw glass at staff		Activities cancelled
2/3/2013	Day/Swing			Day 2 Swing 3				Had 3 PTs with constant staffing needed
2/3/2013	Night			only had 1 RN and 4 MHTs				PT charged staff and made threats - security called
2/4/2013	Day				5			PT swung at staff with closed fists
2/4/2013	Swing				1			
2/4/2013	Swing	Anchors						
2/5/2013	Day							PT 1 out on 1:1, PT 2 restricted to unit (what does this do to staffing?)
2/5/2013	Day				5			PT was being escorted back to unit for aggressive behaviour & had punched nursing station earlier
2/6/2013	Day					PT spit in face of RN		Staff able to prevent 2 assaults because of intervention
2/6/2013	Swing				2			PT charged staff - safe containment protocol used as intervention
2/7/2013	Day				2			5 incidents prevented through staff interventions
2/8/2013	Day/Swing					PT attacked staff - manual hold initiated		6 other incidents prevented through staff interventions
2/9/2013	Day/Swing							
2/9/2013	Day/Swing				2	PT struck staff with closed fist several times		
2/9/2013	Day/Swing	TR1		Staff 3 - Running down again at 5 staff (including 2 RNs) most of shift down to 4 (including 2 RNs) at times.				not sure what staffing notes meant - if they were down 3....?
2/9/2013	Day/Swing	TR3		down 2 at beginning down 1 all shift				
2/9/2013	Night	LH 2				PT attacked and injured female staff - seclusion/restraint used		staffing note in original doc said "staff 7 + 1 security" is that down any?
2/10/2013	Day	LF 1		Staff 3				color coded as staff shortage in original doc but not sure how many - Notes from orig doc: <i>PT kept on going to East Commons (pt is restricted from the East hall d/t ongoing conflict with another pt in that hall) and kept saying "They said I could watch TV here as long as staff sits with me." This is a dilemma when there is one staff doing RCM and another close obs while another hub person assists other patients with laundry and tub room use. PT interprets staff scheduled activity as "watching TV", since they were short-staffed it was a pointless battle of terms at that time, especially since pt reported yesterday that "I need to hit one more staff to go back to Anchors." (pt recently hit a staff person in the face with a radio).</i>
2/10/2013	Day/Swing	An 1		down 5	PT 1 swung at PT 2 - PT 1's 1:1 staff able to stop catch fist and prevent injury - pt 1 sent to room			
2/11/2013	Day	LH 1				PT bent fingers of staff backwards, two other staff needed to get PT to let go of staff - PT had been aggressive and they were trying to use restraints		
2/11/2013	Day/Swing	LH 2						PT agitated after call with mom, attempted to scratch and attack staff

2/11/2013 Swing 2/12/2013 Day	AN 1 An 1		down 1	PT punched another PT in nose			<p>Note from original doc : Concern from Flower 2 Noc RN received Feb 12: "Staffing routinely runs the 13.20 weekend shifts (particularly NOC shift) at dangerously low numbers. I encountered a similar issue this week on the Sunday 13.20 NOC shift on 02/10/13. The unit had 3 constants until 23:00 and VERY high acuity...yet staffing ran us with only 4 staff. I feel that the staffing needs of the 13.20 shifts need to be examined closely because DAY/SWING/NOC shifts start at different times these days, yet the MD orders require us to staff the constants like standard weekday shifts...for example the situation I mentioned yesterday occurred because one of the constants became a close at 23:00, yet the 13.20 DAY/SWING staff all were off at 21:05. I appreciate your concern about the staffing issues the weekend staff are encountering. Please let me know what else I can do when the staffing needs of our unit are dangerously low since staffing for the 13.20 shifts has been making our jobs unnecessarily stressful over the past few weeks."</p>
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Oregon State Hospital
Nursing Orientation Checklist
WEEK 1

Information / Policy & Procedure / Process	Initial	TASK
Program & Unit Overview	Initial	Patient / Program Handbook
Nursing Service Custody and Security <input type="checkbox"/> Civil Commitment <input type="checkbox"/> Forensic / PSRB <input type="checkbox"/> Forensic / 370 <input type="checkbox"/> Voluntary by Guardian	Initial	Policy & Procedure Reviews
Radio / Communication / Alarms / Devices <input type="checkbox"/> Review Overhead Codes/Pages <input type="checkbox"/> Nextel Phones	Initial	Radio Check / Locate Alarms / Activate PMT Wireless Communication Policy
Medical Emergencies <input type="checkbox"/> Med OD / Psych OD Coverage <input type="checkbox"/> Telephone Orders <input type="checkbox"/> 911 Calls <input type="checkbox"/> Emergency Alarm Responses <input type="checkbox"/> Medical Staging Areas - POLST	Initial	Identify Med/Psych OD Transcribe T.O. Locate 911 Notebook Respond to Code / Alarm (with Peer) Locate Staging Sites
BIO-Med Equipment / Supplies <input type="checkbox"/> Suction <input type="checkbox"/> Oxygen <input type="checkbox"/> SPOTS <input type="checkbox"/> Emergency Medications <input type="checkbox"/> AED	Initial	Locate Equipment Complete BIO-MED Competency Complete Vitals for 2 Patients
Physical Layout: Campus / Unit / Building	Initial	Complete Tours
Rounding <input type="checkbox"/> RCM <input type="checkbox"/> RN Completes "Status" <input type="checkbox"/> RN to Nurse Handoffs	Initial	Policy & Procedure Review Complete Status Complete Handoff 1-2 Hours of RCM
Reporting <input type="checkbox"/> RCM <input type="checkbox"/> Intershift <input type="checkbox"/> Kardex <input type="checkbox"/> Huddle <input type="checkbox"/> RN Shift Report <input type="checkbox"/> Infection Control <input type="checkbox"/> Incident <input type="checkbox"/> Accident <input type="checkbox"/> Medication Variance	Initial	Complete RCM Participate Kardex / Huddle Complete RN Shift Report Complete Infection Control Report

Oregon State Hospital
Nursing Orientation Checklist
WEEK 1

Information / Policy & Procedure / Process	Initial	TASK
Medication & Treatment Administration <input type="checkbox"/> MAR, TAR, DAR, AVATAR <input type="checkbox"/> Order Transcription & Review <input type="checkbox"/> Flowsheets <input type="checkbox"/> Narcotic Count <input type="checkbox"/> Signature Sheet	Initial	Complete 1 Treatment Administration Complete / Record CBG / Vital Stats. Record on Flowsheet Complete Narcotic Count Complete 2 Fax / Scan Observe Medication Passes
Professional Expectations	Initial	Review with Unit Nurse Manager
Nursing Support / Supervision After Hours	Initial	Review Contact List
Functional Assignments	Initial	Observe Functional Assignment
Scheduling <input type="checkbox"/> Time Sheets / Staffing Sheets <input type="checkbox"/> Requesting Leave <input type="checkbox"/> Overtime Slips <input type="checkbox"/> API / CSO	Initial	Sign In / Out Complete Leave Request Review O.T. Slip Tour CSO Review Computer Scheduling
Unit Staffing <input type="checkbox"/> Base / Acuity Numbers <input type="checkbox"/> Floating / Mandating <input type="checkbox"/> CSO Role / Unit Role in Staffing	Initial	Review Unit Staffing Send Staff Numbers to CSO Tour CSO (as above)

Comments: (WEEK 1)

Areas for Improvement: (WEEK 1)

RN/LPN Orientee Signature: _____

Unit Nurse Manager / MHSRN Signature: _____

Review Date: _____ Review Time: _____

Oregon State Hospital
Nursing Orientation Checklist
WEEK 2

Information / Policy & Procedure / Process	Initial	TASK
Behavioral Emergencies: <input type="checkbox"/> Voluntary Movement Restriction <input type="checkbox"/> Seclusion <input type="checkbox"/> Restraint <input type="checkbox"/> Nurse Role in Assessment / Evaluation <input type="checkbox"/> Debriefing / H.E.A.R.T. Team <input type="checkbox"/> Restrictive Event Reporting <input type="checkbox"/> Entry Note / Flowsheet <input type="checkbox"/> Equipment (Posey TAT, Stryker, Body Wrap, Posey Net) <input type="checkbox"/> Medical Safety Devices	Initial	Policy & Procedure Review Respond to Behavioral Emergency Complete Restrictive Event Report (if applicable) Locate and demonstrate following equipment: <input type="checkbox"/> Restraint Bed <input type="checkbox"/> Posey TAT & Net <input type="checkbox"/> Stryker Stretcher <input type="checkbox"/> Body Wraps / Soft Stretcher Review H.E.A.R.T Activation
Life / Fire Safety <input type="checkbox"/> Fire Drills <input type="checkbox"/> Emergency Medical Equipment <input type="checkbox"/> Emergencies / Life Safety	Initial	Locate Fire Equipment Identify Staging Areas / Exits Locate Emergency Medical Equipment
Pharmacy Night Cabinet	Initial	Identify How to Access
Clinics and Appointments <input type="checkbox"/> Medical <input type="checkbox"/> Radiology <input type="checkbox"/> Dental <input type="checkbox"/> Medical Rounds <input type="checkbox"/> Scheduling Appointments <input type="checkbox"/> Off-Campus Appointments and Transport <input type="checkbox"/> Off-Campus Appointments and Paperwork	Initial	Tour / Accompany Patients to Clinics Schedule 2-3 Appointments Identify Medical Rounds Information Observe Completion of Off-Campus Appointment Paperwork
Infection Control <input type="checkbox"/> Blood Born Pathogen Exposure <input type="checkbox"/> TB Surveillance <input type="checkbox"/> MRSA <input type="checkbox"/> Outbreaks / Quarantine		Outbreaks/Quarantine
Laboratory <input type="checkbox"/> Order Entry / Query <input type="checkbox"/> STAT Draw / Order / Off Hours <input type="checkbox"/> Lab Draw Areas / Days of Week <input type="checkbox"/> Critical Value Protocol	Initial	Policy & Procedure Review Order / Look Up Labs Accompany Lab Draw Identify Critical Lab Value Documentation
Patient Movement <input type="checkbox"/> RCM Unit → Mall <input type="checkbox"/> Trip Slip <input type="checkbox"/> Escorts 1:1, 2:4, 2:8, Peer Escort <input type="checkbox"/> Clinical Holds <input type="checkbox"/> STR's	Initial	Review / Complete Trip Slip Apply STR's (if applicable) Locate Risk Review Privelge Status Observe Clinical Screening

Oregon State Hospital
Nursing Orientation Checklist
WEEK 2

Information / Policy & Procedure / Process	Initial	TASK
Patient Movement Cont. <input type="checkbox"/> Unauthorized Leave <input type="checkbox"/> Secure Perimeter / Quads / Yards <input type="checkbox"/> Passes <input type="checkbox"/> PSRB Request / Notifications	Initial	Participate in Patient Pass Review Policy and Procedure Document Pass in Progress Notes
Visitations <input type="checkbox"/> Areas / Hours / Minors <input type="checkbox"/> Visitor List / Release of Information <input type="checkbox"/> Staff vs Security Role	Initial	Review Policy and Procedure Observe Mail / Package Check Observe Visitation
Unit / Patient Safety <input type="checkbox"/> Mall <input type="checkbox"/> Sharps <input type="checkbox"/> Conriband <input type="checkbox"/> Searches (Personal / Unit) <input type="checkbox"/> Wanding <input type="checkbox"/> Radios / Escorts	Initial	Review Policy and Procedure Complete Sharps Count Observe Mail Observe Search / Wanding
Meals / Snacks / Dietary <input type="checkbox"/> Cafeteria - Times, Zones, Meal Expectations <input type="checkbox"/> Dietary / Swallowing Precautions <input type="checkbox"/> Outside Food / Holiday Meals <input type="checkbox"/> Diet Order Entry / Consultations	Initial	Attend Meals X3 Locate and Review Dietary Precautions Review Diet Order Entry Review Dietary Consultations

Comments: (WEEK 2)

Areas for Improvement: (WEEK 2)

RN/LPN Orientee Signature: _____

Unit Nurse Manager / MHSRN Signature: _____

Review Date: _____ Review Time: _____

Oregon State Hospital
Nursing Orientation Checklist

WEEK 3

Information / Policy & Procedure / Process	Initial	TASK
Admission Process <input type="checkbox"/> 4-Hour Nursing Assessment & Exam <input type="checkbox"/> Fall Assessment and Prevention <input type="checkbox"/> Pain Assessment and Management <input type="checkbox"/> Staff Roles / Responsibilities <input type="checkbox"/> Admit Checklist	Initial	Review Nursing Assessments Participate in Admission Review Policy and Procedures Review Admission Checklist
Transfer <input type="checkbox"/> Inter-Unit Transfer Nursing Assessment <input type="checkbox"/> Transfer Checklist <input type="checkbox"/> Outside Medical Care / Return from Care <input type="checkbox"/> Staff Roles / Responsibilities <input type="checkbox"/> Transfer Process (How, When, Why) <input type="checkbox"/> Sending / Receiving Requirements <input type="checkbox"/> Medication Reconciliation	Initial	Review Policy & Procedures Participate in Patient Transfer Review Transfer Nursing Assessment Articulate Handoff Requirements / Reconciliation Review Transfer Roles Review Transfer Checklist
Discharge <input type="checkbox"/> Discharge Nursing Assessment <input type="checkbox"/> Discharge Checklist <input type="checkbox"/> MD Orders <input type="checkbox"/> Medication Requirements <input type="checkbox"/> Patient Belongings <input type="checkbox"/> Staff Roles / Responsibilities <input type="checkbox"/> Computer Requirements	Initial	Review Policy & Procedures Participate in Patient Discharge Review Discharge Checklist Review Patient Property Forms AVATAR Requirements
Interdisciplinary Treatment Teams (IDT) <input type="checkbox"/> Meeting Schedule <input type="checkbox"/> RN Role / MHT Role <input type="checkbox"/> Participation Requirements <input type="checkbox"/> Treatment Care Plans <input type="checkbox"/> Behavior Support Plans (BSP) <input type="checkbox"/> START	Initial	Review Policy & Procedures Participate in IDT Meeting Meet with TCPs Review Care Plans & Behavior Support Plans Participate in START Process
Behavioral Precautions <input type="checkbox"/> MD Orders <input type="checkbox"/> Documentation <input type="checkbox"/> Progress Notes <input type="checkbox"/> Flowsheets <input type="checkbox"/> Restrictions / Expectations of Patient <input type="checkbox"/> Levels of Precautions <input type="checkbox"/> Unobtrusive <input type="checkbox"/> Close <input type="checkbox"/> 1:1, 2:1	Initial	Review Policy & Procedures Review Flowsheet Complete 1-2 + 1:1's Review Precautions at Report Assess 1:1 Patient and Complete RN Shift Summary

Oregon State Hospital
Nursing Orientation Checklist
WEEK 3

Information / Policy & Procedure / Process	Initial	TASK
<input type="checkbox"/> Suicide / Behavioral / Medical	Initial	
<input type="checkbox"/> Staff Requirements		
<input type="checkbox"/> Handoff Requirements		
Legal Issues	Initial	Review Legal Status Information
<input type="checkbox"/> Commitment Types (370, PSRB, Revocation, Civil)		Review Informed Consent Policy & Procedure
<input type="checkbox"/> Hearings (PSRB, Informed Consent, Medications)		Review Emergency Medication Policy & Procedure
<input type="checkbox"/> Emergency Medications		Attend a Hearing (any)
<input type="checkbox"/> Legal Skills / Competence Restoration		Visit Law Library

Comments: (WEEK 3)

Areas for Improvement: (WEEK 3)

RN/LPN Orientee Signature: _____

Unit Nurse Manager / MHSRN Signature: _____

Review Date: _____ Review Time: _____

Oregon State Hospital
Nursing Orientation Checklist

WEEK 4

Information / Policy & Procedure / Process	Initial	TASK
Treatment Mall <input type="checkbox"/> Overview <input type="checkbox"/> Patient / Staff Expectations <input type="checkbox"/> Sick Care <input type="checkbox"/> RN Role / Group Leader <input type="checkbox"/> R.E.A.C.H. Program <input type="checkbox"/> Zones / Rounds / RCM in Mall <input type="checkbox"/> Medications / Treatments <input type="checkbox"/> Appointments / Transports	Initial	Attend Treatment Mall Review Mall Course Manual AM or PM Orientation with Mall RN Review R.E.A.C.H. Program Visit Medication/Exam Room on Mall Transport Patient at Mall Identify Mall Functional Assignments
Progress Notes <input type="checkbox"/> RN Weekly / Monthly Summary Notes <input type="checkbox"/> Case Load Assignments <input type="checkbox"/> RN Responsibility in TCP	Initial	Review Policy & Procedure Complete Mock Note / Summary Receive Caseload Participate as RN/LPN in IDT
MHT / Case Monitors <input type="checkbox"/> Roles / Expectations <input type="checkbox"/> Documentation Requirements	Initial	Review Case Monitor Notes for Caseload Review Policy & Procedure on Documentation
RN Leadership <input type="checkbox"/> APNA Guidelines / Standards <input type="checkbox"/> Unit / Program Expectations <input type="checkbox"/> Professionalism <input type="checkbox"/> Conflict Resolution	Initial	Review APNA Standards Meet with UNM & AND (as able) Review "Charge RN" Contract Language Identify Leadership Strengths & Barriers
Resource Management <input type="checkbox"/> Contact List <input type="checkbox"/> I-Drive <input type="checkbox"/> Textbooks <input type="checkbox"/> OSH Staff Library <input type="checkbox"/> Volunteer Services <input type="checkbox"/> TSM	Initial	Locate Contact Lists Locate Textbooks Request Table of Contents for Journals Find I-Drive Contents

Comments: (WEEK 4)
