PSVMC Package Counterproposal

Articles VIII, XVI and XIX

9/26/2023

ARTICLE VIII – FLOATING

A. Competency/Qualification. - Registered nurses shall receive patient assignments commensurate with their skills and competencies. A Registered nurse will not be required to float to a patient assignment that requires specialty competence for which they are not qualified. If a Registered nurse determines that they are not qualified for a specific assignment, they should identify the reasons why and give them at the time of the request to the appropriate charge Registered nurse or appropriate supervisor/manager or designee for the record.

B. Float Assignments. - Registered nurses shall be floated only to work environments for which they have been oriented. For purposes of this Section, "oriented" means that the Registered nurse has received basic information needed to work on the unit, such as unit layout, location of supplies, and essential work protocols. Orientation will occur before the Registered nurse assumes patient care duties. All Registered nurses floating will receive orientation or training appropriate to the assignment and will be assigned a resource person from the unit's primary staff for clinical guidance as needed. In consultation with the Registered nurse, the manager will schedule orientation/training of a Registered nurse prior to floating. Length of orientation will be dependent on the nurse's previous experience and familiarity to the nursing unit to which such nurse is being floated and patient population to which such nurse will be assigned.

Each unit will develop its own written orientation guidelines with Registered nurse input for Registered nurses who float into their unit. Such guidelines will be available for viewing on each unit. Such guidelines will include sufficient information to orient the Registered nurse on the unit.

C. Floating Requirements.

~~This Section is effective upon ratification except for Sections three (3) through five (5) below which are effective the third (3rd) full schedule following ratification.~~

1. Registered nurses will not be required to float more than once per shift. Registered nurses will generally be floated on a rotational basis, unless the charge Registered nurse determines that the skill mix of the unit or the patient needs warrant a change in the rotation. The Medical Center will make a good-faith effort not to float a Registered nurse out of his/her unit when another nurse has floated into the unit on the same shift, unless such floating is required due to the expertise of the Registered nurse or in order to meet patient care needs.

~~2. Maternal Child Division Registered nurses shall only be required to float within their cluster or service line. Maternal Child Division Registered nurses who desire to float outside of their cluster may submit their name to a voluntary float list that shall be available to hospital leadership and charge nurses on each unit.~~

~~3.~~2. Medical Center Floating Structure: Other than as set forth in C(2) above and in national, state and or/internal disaster/crisis situations (i.e., adverse weather conditions, pandemic) Registered nurses shall not be required to float outside their cluster~~ for a primary care assignment~~. ~~more than seventy-two (72) hours per calendar year~~. Cluster areas are defined as follows:

   a. Acute Care (including ~~IRU, ~~CDU, Inpatient Behavioral Health, IMCU, and ED borders)
   b. Critical Care ~~(including IMCU)~~
   c. Emergency Services
   d. Surgical Services (including IRU)
   e. Maternal Child Division

This Section excludes Registered nurses hired into the ~~Critical Care and~~ Medical/Surgical float pools.

3. Registered nurses may volunteer to float outside of their cluster.

~~4. Critical Care Units: Critical Care units (ICU, NCCU, and CICU) Registered nurses shall only be required to float within the cluster for a pilot of six (6) scheduling periods. Following the pilot, key outcome metrics will be reviewed at Housewide Staffing Committee including but not limited to caregiver engagement, RN work satisfaction, closed to admission hours, first (1st) year and cumulative turnover, attendance, and RN vacancies (number, duration).~~

~~5.~~4. Unit-based RNs: Unit-based Registered nurses will only be required to float for RN assignments (e.g., modified assignments/flex RN/primary). Unit-based RNs may volunteer to work in non-RN assignments (e.g., monitor tech, safety attendant, sitter).

ARTICLE XVI – HEALTHY WORK ENVIRONMENT AND STAFFING

A. Minimum Staffing. The Medical Center and the Union agree that quality patient care is the parties' most important priority and staffing levels should permit the delivery of safe, transformative patient care. The parties acknowledge that Oregon HB 2697 will amend Oregon's Hospital Nurse Staffing Law to establish minimum staffing levels in most areas of the Medical Center as well as mandate that nurses are provided their meal and rest breaks. The Medical Center will comply with the requirements of the Hospital Nurse Staffing Law, including as amended by HB 2697 as it goes into effect.The Medical Center, ONA, and the nurses at the Medical Center have a joint commitment and a shared interest in providing a healthy work environment, to support and foster excellence in the provision of patient care. The parties echo the statement from the American Association of Critical-Care Nurses that the nursing shortage cannot be reversed without a healthy work environment that supports excellence in nursing practice. Toward that end, the parties are committed to working together – including using the existing processes – to address the elements of a healthy working environment and agree with the AACN statement: "Healthy work environments do not just happen. Therefore, if we do not have a formal program in place addressing work environment issues, little will change." Caregiver engagement surveys that measure the work environment using the criteria outlined by the ANCC Magnet Recognition Program will occur at a minimum of every two (2) years. Unit administration will share the results of these caregiver surveys with their departments and develop plans to address the issues that the units identify as top priorities.

A.

B.A. The Medical Center will adhere to the Oregon Nurse Staffing Law, which will be included for reference in the Professional Agreement Contract Book.

B. The Hospital Staffing Plan.

1. The Medical Center is required under the Oregon Nurse Staffing Law, to maintain a written hospital-wide staffing plan for nursing services, which may include mechanisms, decision-making tools and/or techniques for each unit to determine its appropriate staffing such that the hospital is staffed to meet the health care needs of patients;

~~1.~~2. The plan must generally be developed, monitored, evaluated and modified by the Housewide Staffing Committee~~NSC~~.

~~2.~~3. Unit staffing plans will be developed by unit-based staffing committees in a manner consistent with the philosophy of the staffing law as a shared responsibility of Registered nurses and nursing leaders. Nurses with concerns regarding staffing are encouraged to raise those concerns without fear of retaliation, and to work with their staffing committee to identify solutions.

~~3.~~4. Unit based staffing committees (UBC) will evaluate the regularity of incoming floats as well as resource hours and Education Leave approval, to assess the adequacy of their unit's core staffing and inform their work on the staffing plans.

~~4.~~5. The Employer will pay for unit-based staffing committee-related time performed in collaboration with the core leader directly related to developing the unit staffing plan, in anticipation of presenting to the Housewide Staffing Committee for review and/or approval. Unless pre-approved by core leader, outside preparation time for unit-based staffing committee meetings will not be compensated.

~~C. The Hospital Staffing Plan.~~

~~1. The Hospital Staffing Plan as referenced in the Oregon Nurse Staffing Law will be the accumulated unit staffing plans of all nursing units.~~

C. The Housewide Staffing Committee. The parties will adhere to the requirements set forth in the Oregon Nurse Staffing Law, including its enforcement mechanisms. The parties agree to the following specific contractual provisions:

1. The Housewide Staffing Committee will be comprised of an equal number of Medical Center nurse managers and direct care registered nurses as its exclusive membership for decision-making. Housewide Staffing Committee meetings are open to any observer from the direct care

nursing staff (including a liaison from the Professional Nursing Care Committee and/or an Union Representative);

2. Direct care registered nurse representatives will be selected by the direct care nurses, through a process determined by the Union.

3. Term or time on the Housewide Staffing Committee will be two years and will include Specialty Areas as set by the Housewide Staffing Committee, and will include rotational terms and the ability of nurses to serve multiple terms. One direct care registered nurse representative will serve as the committee co-chair, and one direct care registered nurse representative, who serves on a different term rotation, will serve as the alternate co-chair. New direct care registered nurse representatives will receive no less than two paid hours of orientation, which may take place at the last committee meeting of the year, before beginning their terms on the committee. (need?)

4. The decision-making process for the Housewide Staffing Committee will generally be by majority vote~~consensus~~.

5. The Medical Center has defined the following specialty areas and will include at least one (1) direct care registered nurse from the following specialty areas on the Housewide Staffing Committee (subject to change upon the consensus of the Housewide Staffing Committee):
   (a) Medical/Surgical
   (b) Critical Care Services (including IMCU)
   (c) Maternal Child Division
   (d) Emergency Services
   (e) Inpatient Behavorial Health
   (f) Surgical Services

6. Any nurse or nurses desiring staffing changes on their unit may meet with the unit manager or Housewide Staffing Committee direct care representative to discuss such requested changes. If the issues leading to the requested changes remain unresolved, a nurse or nurses may bring those concerns to the attention of the Housewide Staffing Committee.

D. Unit-Level Staffing Plan Reviews. - If there is an inability to gain agreement on a plan, the unit's Housewide Staffing Committee representative (or, if none, the UBC co-chair) may escalate the matter to the Housewide Staffing Committee to request time on the agenda at the next Housewide Staffing Committee for the unit to present concerns and request guidance from the Housewide Staffing Committee. As required by the Oregon Nurse Staffing Law, if the Housewide Staffing Committee is unable to reach an agreement on the staffing plan, the parties will follow the Nurse Staffing Plan mediation process.

E. Nurse Staffing Plan Requirements.

1. As required by the Oregon Nurse Staffing Law, each unit's staffing plan will be based on the specialized qualifications and competencies of the nursing staff and provide for the skill mix and level of competency necessary to ensure the Medical Center is staffed to meet patient care requirements. The Housewide Staffing Committee will review unit staffing plans to ensure they are consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations. The staffing plan must establish minimum numbers of nursing staff (Registered nurses and certified nursing assistants) required on specified shifts, recognizing differences in patient acuity and nursing care intensity. In addition, the unit staffing plans must include a mechanism for meal breaks and rest breaks on each shift, which shall be implemented consistent with professional nursing judgment and patient care needs. Disputes regarding this Section shall be referred to the Housewide Staffing Committee.

2. The Medical Center will undertake best efforts to staff to the unit staffing standards within their approved staffing plans, and to administer meals and breaks consistent with the unit's nurse staffing plans.

F. Meetings of the Housewide Staffing Committee.

1. The members of the Housewide Staffing Committee will be paid for the time spent during meetings. Alternates will be paid for attendance at meetings if a nurse representative is unable to attend or where the alternate's attendance was requested.

2. The Medical Center will release members (or alternates when necessary) of the Housewide Staffing Committee from scheduled shifts to attend committee meetings.

3. Partnership between Medical Center and ONA. As a routine part of monthly Task Force meetings between ONA and the Medical Center, the parties agree to review relevant data and dialogue on issues related to workforce planning. Routine data to be reviewed at Task Force meetings includes, but is not limited to: current vacant positions, turnover of RN staff since previous meeting, RN new hire data since previous meeting, and the number of float hours for each unit.

G. Staffing Effectiveness.

The Medical Center and ONA are committed to adequate nurse staffing on each unit in order to meet patient care requirements and promote a healthy work environment. To that end, the Medical Center and ONA will follow the below practices:

1. Posting of Registered nurse openings: Upon notice of upcoming Registered nurse vacancies, the Medical Center shall post the vacant position within two (2) weeks of receiving the notification, unless determining factors, including but not limited to: skill mix, reconfiguration of vacant FTE(s) to full-time, part-time or resource status, patient volume and acuity require additional consideration and time to determine need for posting. In that event, the unit leader or designee shall present the planned changes to the UPC.

2. Notice of Leave of Absence: Upon notice of a leave of absence, the Medical Center will demonstrate its commitment to adequate staffing by posting any resulting shift vacancies prior to each schedule or during the current schedule period.

3. Registered nurse Staffing Updates: Upon request by the Unit Partnership Council (UPC) or unit-based staffing committee, the Medical Center will share information about unit Registered nurse FTEs and vacancies.

4. Staffing Concerns: Registered nurses who have immediate and ongoing concerns that staffing is not being sufficiently addressed may communicate to the parties below, to work towards resolution:
    1. Unit charge nurse
    2. House Supervisor
    3. Core leader
    4. Nursing director
    5. Housewide Staffing Committee (HWSC) via their division

representative or co-chair(s) of the HWSC

6. ONA Task Force via the HWSC co-chairs

H. Patient Capacity Concerns.

The Medical Center, in collaboration with the charge nurses, will consider factors such as patient acuity, skill mix, admissions, discharges, transfers, and staffing plan guidelines, If a Registered nurse has concerns about staffing, they will escalate said concerns to the charge nurse, unit leadership, hospital supervisors and/or others to problem-solve staffing and capacity constraints in order to meet patient care and community needs. The charge nurse will play an instrumental role in problem-solving capacity concerns, and their input will be sought in the decision-making process.

I. **Staffing for Rest Breaks and Meal Periods:**

1. The Medical center will continue is work with the outside consultant and review the findings at task force.
2. If there isn't agreement that aligns with the requirements of the state law, the Medical Center will implement the scheduling of meal and rest breaks in each unit to ensure that there is adequate staffing in alignment with the law.

ARTICLE XIX – REDUCTIONS IN FORCE AND LOW CENSUS

A. Layoff. - A layoff is defined as a staff reduction because of a position elimination or long-term reduction in hours, unit closure or merger, or Medical Center projections that the staff reduction in a unit and shift will continue for an extended period.

B. Qualifications. - Subject to the provisions of Section D(2), for purposes of this Article, a nurse is "qualified" if the nurse currently works on or is oriented to the nursing unit where the positions exists, or is determined to be able to meet the routine or previously posted positions requirements, with an orientation not to exceed six (6) consecutive weeks.

C. If the Medical Center determines that a reduction in force as defined in Section A of this article is necessary, a minimum of forty-five (45) days' notice will be given to the Association detailing purpose and scope of the reduction and the likely impacted unit or units, shifts, and positions. The Medical Center will provide the Association with a list of open RN positions at the Medical Center and, at the request of the Association, at any other Providence facilities within Oregon. An "open position" is any position for which the facility is still accepting applications.

D. Upon notice to the Association, representatives of the Medical Center and the Association will meet to discuss scope of the reduction and the likely impacted unit or units, shifts, and positions as well as options for voluntary lay-offs, reduction of the scheduling of agency, traveler and temporary nurses, and conversion from regular nurse status to an intermittently employed nurse and FTE reductions (full-time nurses going to part-time status). The Medical Center will consider the options suggested by the Association but will not be required to implement the suggested options.

E. If after meeting with the Association, the Medical Center determines that a reduction in force is still needed the nurse or nurses on the unit or units to be

impacted will be given a minimum of thirty (30) days' notice. If there are any posted RN positions within the Medical Center at the time of a reduction in force, the Medical Center will wait to fill such positions with an external applicant until it has become clear which nurses will be impacted by the reduction in force (either laid off or displaced into another position), and those nurses have had an opportunity to apply for those positions. The Medical Center may immediately post and fill nursing positions if either (1) it is apparent that the nurses likely to be impacted by the reduction in force are not qualified for the open position or (2) the Medical Center has an urgent need to fill the position for patient care reasons. The Medical Center will inform other employers within Providence-Oregon of the existence of the reduction in force, and request that they consider hiring the impacted nurses, if any, for any open positions.

1. In the event of a layoff or elimination of a nurse's position, the nurse with the least seniority, (as defined in Article XVII) among the nurses in the shift of the patient care unit where such action occurs, will be displaced from their position in the following manner. The initially displaced nurse will then have the following options:
    a. The initially displaced nurse may, within seven (7) calendar days of his or her notification of the displacement, choose to accept layoff with severance pay in lieu of further layoff rights or options. Such severance pay will be based upon the Medical Center's severance policy applicable to non-represented employees then in effect, except that the nurse will receive severance payments equal to seventy-five percent (75%) of the severance payments available to non-represented employees with the same number of years of service as the nurse. Severance is not available to nurses who become displaced due to the application of the "bumping rights" described below; or

    b. The initially displaced nurse may take the position of the least senior regular nurse in the same patient care unit, provided they

are qualified to perform the work of that position (the nurse whose position is thus taken will become the displaced nurse for purposes of the following Subsections); or

c. The displaced nurse may take the position of the least senior regular nurse in the patient care unit(s)/cluster in which the nurse is permitted to float, provided the nurse is qualified to perform the work of that position. However, no regular full-time or part-time nurse will be required to take the position of resource nurse and no nurse with benefits will be required to take a non-benefitted position. (The nurse whose position is thus taken will become the displaced nurse for purposes of the following Sections); or

d. The displaced nurse may take the position of the least senior regular nurse in the bargaining unit, provided they are qualified to perform the work of that position. However, no regular full-time or part-time nurse will be required to take the position of resource nurse and no nurse with benefits will be required to take a non-benefitted position. (The nurse whose position is thus taken will become the displaced nurse for purposes of the following Subsections); or

e. The displaced nurse may elect reclassification to resource status on a non-regularly scheduled basis; or

f. The displaced nurse may elect to transfer, if offered by the Medical Center, to a temporary position for not to exceed ninety (90) calendar days or a position in a training program for not to exceed six (6) months, which position will not be considered a vacancy under this Article; or

g. The displaced nurse will be laid off.

2. In the event the Medical Center undergoes a layoff and a position exists in a unit affected by the layoff that required special skills and/or competencies which cannot be performed by other nurses in that unit, the Medical Center will notify the Association. The parties agree to promptly meet and discuss the unit, scope of layoff, the job skills required, and how to address the situation in order to protect seniority rights and care for patients. In considering the special skills and/or competencies, the ability to provide training to more senior nurses will be considered. Special skills and competencies will not include a specific academic degree, non-mandatory national certifications, disciplinary actions or work plans.

3. Recall from layoff will be in the order of laid off nurses' seniority, provided the nurse is qualified to perform the work of the recall position. A displaced nurse under any of the five preceding Subsections, including recalled nurses under the previous sentence, will be given preference for vacancies in the same unit and shift from which the nurse was displaced, in order of their seniority. Rights under this paragraph continue for up to twelve (12) months from the date of displacement. It is the responsibility of the displaced nurse to provide the Medical Center with any changes in address, telephone number or email address. A nurse forfeits any recall rights if the nurse fails to provide the Medical Center such changes and the Medical Center is unable to contact the nurse using such contact information. The Medical Center agrees it will attempt to contact the nurse by letter/mail, telephone and email (if provided by the nurse) and document such efforts. The recalled nurse must respond to the Medical Center within fourteen (14) calendar days of such contact or will forfeit all recall

rights.

4. In Unit Posting to Prevent Layoff. - In the event a unit is overstaffed on a shift, and is simultaneously understaffed on a different shift, and the Medical Center would otherwise be required to lay off a nurse on the overstaffed shift, the Medical Center will notify the Association and the parties will meet to review the positions and nurses affected. If the parties review the information and agree that posting the position as available only to nurses in that unit is necessary to prevent a layoff, the position may be posted notwithstanding Art. XVII (C).

F. Low Census Definitions:

1. Low Census - A Low Census event occurs when the Medical Center determines that there are more nurses scheduled or working than needed.

2. Rolling Calendar Year - For this Article, Rolling Calendar Year will mean the twenty-six (26) pay periods preceding the current pay period.

G. Low Census Process:

1. Low Census will be assigned in the following sequence within the cluster (and within unit in the surgical clusters) where the need for Low Census is identified in the following order:
   a. Agency Nurses (Travelers, Per Diem or Guaranteed)

   b. Temporary Nurses (A nurse employed by the Medical Center for less than six (6) months)

   c. Share Care Nurses

   d. Nurses earning overtime and extra shift incentive pay

e. Nurses earning overtime without extra shift incentive pay

f. Nurses earning extra shift incentive pay without overtime

g. Volunteers, with preference given to standby volunteers

h. Resource RNs (0.0 FTE) (After working twenty-four (24) hours that week)

i. Part-time nurses working an extra shift without extra shift incentive pay or overtime.

j. Resource RNs (0.0 FTE) (Working less than twenty-four (24) hours that week)

k. Mandatory Low Census

2. Low Census from the "Mandatory List" will be assigned to the nurse with the lowest "Factor".

3. "Factor". - A Mandatory List will be maintained, by assigning each full-time and part-time nurse a Factor calculated as follows:

Nurse's Total Low Census Hours (voluntary and mandatory) in a rolling calendar year	÷	Nurse's FTE (expressed in annualized hours for the rolling calendar year)

Cancelled Extra Shifts are not included in the Low Census hours.

i. The Mandatory List will be updated every twelve (12) to

twenty-four (24) hours and will be available for viewing by nurses. Each nurse is responsible for checking the Mandatory List and alerting his or her manager to any concerns with the calculation for that nurse or the nurse's relative placement on the list.

ii. Situations that will alter the assignment of Voluntary and Mandatory Low Census by the lowest Factor are:

1. The nurse's qualifications may not meet the needs of an area. Example: Charge nurse required, new graduate available. Special care nurse needed, staff nurse available.
2. The nurse whose turn it is to be off is already on an assigned day off.

iii. Any nurse who is assigned a Mandatory Low Census and desires to work may request to fill available positions on another day or another shift. The Medical Center will attempt to offer regular full-time and part-time nurses, who would be working except for being on Low Census, an opportunity to work such time in areas where they are qualified, before assigning nurses on the "on call list" to work in such areas at such times.

H. <u>Nurses' Status While on Mandatory Low-Census Before the Start of the Shift.</u>

1. When a nurse is placed by the Medical Center on low census, the nurse will request either:
   a. Full Shift Low Census. - This means that the nurse is not obligated to the Medical Center for that shift.

   b. Partial Shift Low Census. - This means that the nurse is

obligated to the Medical Center for a portion of that shift.

The Medical Center will, consistent with operational and patient care needs, make its best efforts to honor the nurse's preference for full or partial shift low census.

2. Partial Shift Low Census.
   a. If the Medical Center cannot grant a nurse's request for full shift low census, it will place the nurse on partial shift low census. Partial shift low census will be limited to one (1) instance per shift, and result in not less than four (4) hours of work. If standby is needed by the Medical Center, the nurse will be placed on standby during the low census portion of the nurse's shift. While on standby, the nurse may receive an assignment commensurate with the floating grid. If the nurse is called in to work during the time the nurse is on voluntary standby, the standby provisions of this contract will apply.

   b. If the Medical Center places a nurse on partial shift low census, whether voluntary or mandatory, and the nurse has informed the Medical Center of their preference to be placed on full shift low census, that nurse will be moved to the top of the list for voluntary low census.

   c. To better ensure consistency of patient care and safety, if there is subsequent low census in that nurse's cluster before the nurse has reported to work such that the nurse could be given full shift low census, the Medical Center will grant that nurse's request for voluntary low census before granting the request of any other nurse who has already reported to work or who would have been ahead of the nurse on the voluntary low census list.

d. If the nurse works only the last four (4) or six (6) hours of a scheduled shift due to low census, the nurse will be credited with the entire length of the nurse's shift as credit towards the nurse's Low Census Factor. Evening shift nurses (3:00 p.m. – 11:00 p.m.) will receive this credit if they work any four (4)-hour segment of their shift.

I. Nurses' Status While on Voluntary Low-Census Before the Start of the Shift. The Medical Center will, consistent with operational and patient care needs, make its best efforts to honor a nurse's preference for voluntary low census. When volunteering for low census, the nurse may ask to be placed on either (1) full shift low census with or without standby, or (2) partial shift low census with or without standby, but with a scheduled partial shift of either four (4), six (6) or eight (8) hours (ten (10)- or twelve (12)-hour night shift nurses will have a partial shift length of eight (8) hours). If the nurse is called in to work during the time the nurse is on voluntary standby, the standby provisions of this contract will apply.

J. ~~Protocol for Addressing Excess Mandatory Low Census. If the Association desires to discuss with the Medical Center its concerns regarding excess mandatory low census on any unit, it may raise that issue at a Task Force meeting. The parties shall consider actions to remedy the situation and to support nursing units/areas with high census/acuity, including potential reorganization, new to specialty fellowship opportunities, Flex RN assignments and/or implementation of a reduction in force.~~

~~J.~~K. Mandatory Low-Census Caps. No nurse will be asked to take mandatory low census beyond a cap of one hundred and thirty-two (132) hours in a calendar year. It is the responsibility of the nurse to inform the nurse's manager that the cap on low census has been reached in the scheduling period. If all nurses scheduled for the shift have reached the annual cap, and no alternate assignment is available, the nurse with the lowest factor will be given the mandatory low census, with pay. The Hospital will provide a mechanism for

tracking mandatory low census that will be accessible by the nurse.