

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 Nurse Staffing law will be included for reference in the Professional Agreement Contract Book.

B. The Hospital Staffing Plan and Shared Governance.

The Oregon Nurses Association and Providence St. Vincent Medical Center recognize the patient care benefits of direct caregiver input and shared decision-making regarding unit staffing, competency, acuity standards, and other criteria that impact the quality of care. To that end, we agree to the following criteria for shared governance in each unit throughout the medical center:

- 1.
2. The Hospital Staffing Plan as referenced in the Oregon Nurse Staffing Law will be the accumulated unit staffing plans of all nursing units. 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. Unit based staffing committees 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.

The Employer will pay for unit-based staffing committee-related time

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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.

Unit based staffing committee members will be selected by bargaining unit registered nurses through a process of the union's choosing.

The employer will provide seven hundred (750) hours of paid time for ONA represented employees to receive training on the nurse staffing law. The Housewide Staffing Nurse Co-Chair shall be provided up to 0.3 FTE release time from their home unit to perform their duties

- C. 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 Unit Staffing 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.

Vote by Unit Nurses: Each unit's nurse staffing plan shall pass a majority vote of the unit's registered nurses before moving to the housewide nurse staffing committee for approval. If the plan fails to receive majority support, it returns to the Unit Based Staffing Committee for adjustment.

- D. 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

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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. **Minimum Safe Staffing Standards.** The Employer will comply with the nurse-to-patient ratios in Oregon's Hospital Staffing Plan law (Enrolled House Bill 2697), as amended, by June 1, 2024.

When complying with the nurse-to-patient ratios from the Oregon Hospital Nurse Staffing Law, Providence St. Vincent will not average the number of patients and total number of direct care registered nurses assigned to patients in a unit during any one shift.

- a. Oncology units: minimum ratio of one nurse to three (1:3) patients.
- b. Cardiology Units: minimum ratio of one nurse to three (1:3) patients on day shift and one to four on night shift.
- c. Acute care floors with blended (acute + IMC) patients: blended patient assignments are ratio of 1:3; only acute care patients is a ratio of 1:4.

Maintain ED LOA Proposal

3. **Break Coverage:** The Employer commits to adding meal and rest break

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relief hours/FTEs that allow nurses to take their meal and rest breaks (including lactation accommodations) without increasing nurse to patient ratios.

1. A Break Relief Nurse is responsible for relieving registered nurses from their patient assignments for their rest periods and meal breaks. An RN providing break relief shall not routinely have a dedicated patient assignment except during crisis standards of care in response to a declared state of emergency.
2. Break Relief RN Shifts and the associated FTE positions or unit float RN shifts and the associated FTE positions shall be established in each unit's nurse staffing plan and will be included in each unit's nurse staffing matrix for every shift.
3. Charge Nurses shall not be required to provide meal and rest break relief.
4. A Break Relief Assignment shall only be assigned to a nurse who holds competencies and is qualified to work in that assignment.
5. Each missed break shall be compensated at \$150.00 per occurrence.
6. Each missed meal shall be compensated at \$150.00 per occurrence.

E. 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

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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.

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F. 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 Unit Staffing Committee within two weeks of determining changes are needed.
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

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Council (UPC) or unit-based staffing committee, the Medical Center will share information about unit Registered nurse FTEs and vacancies.

4. **Extra shifts differential.** - A registered nurse will be paid a differential of **forty six (\$46.00)** dollars per hour for all hours worked per week in excess of the employee's scheduled hours for the workweek, when such excess hours result from the nurse agreeing to work an extra shift of at least four (4) hours in duration (three **and a half (3.5)** hours for nine (9)-hour shift nurses), at the request of the Medical Center. This differential will be **fifty dollars (\$50.00)** per hour for hours worked on weekend shifts, which are defined as shifts beginning within the period from 7:00 p.m. on Friday through 6:59 p.m. on Sunday. The differential will not be paid for any unworked hours. To be eligible for the extra shift differential, the Registered nurse must have worked the scheduled shift of their FTE during the work week.

Regularly scheduled hours. - For the purposes of determining "the Registered nurse's regularly scheduled hours for the week" under Paragraph 1 above, regularly scheduled hours actually worked in the week will be counted, and the following regularly scheduled hours will also be counted for the week:

- a. Not worked because of Low Census;
- b. Not worked because the Medical Center required attendance at a specific education program;
- c. Not worked because the nurse was on a paid educational leave from such hours; and
- d. Not worked because the nurse was excused due to a holiday under Article VI, Section A (including a compensating day off given for

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one of those holidays), from hours that would otherwise have been worked.

Hours worked in determining eligibility for this differential will not include hours worked as a result of trades.

- e. Hours worked as a result of being called into work while on a mandatory standby shift will be paid with the extra shift differential only when such hours exceed four (4) in the callback shift and will exceed thirty-six (36) hours in the week.
 - f. Regular part-time Registered nurses will qualify for incentive pay for hours above their FTE provided that such hours are part of an extra shift of at least four (4) hours and that they have picked up responsibility for the shift within twenty-four (24) hours of the start of the shift. Language is Struck
5. Scheduled extra shifts. - After the scheduling plan sheet is processed, the unit manager will determine which vacant shifts will be offered as scheduled extra shifts. These scheduled extra shifts will be designated on the list of open shifts on the unit. Prior to the Posting of the Final Schedule, only open shifts designated as scheduled extra shifts will qualify for the extra shift incentive.
- a. Prior to offering any extra shifts, the Medical Center may offer each volunteering resource nurse up to thirty-six (36) hours of work per week.
 - b. Each regular part-time and full-time qualified Registered nurse will be given preference for these shifts in order of the nurse's seniority, for up to two (2) extra shifts in the nurse's home unit during the schedule period, provided, however, that nurses indicating a

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willingness to float within their cluster will have priority over nurses who do not make themselves available to float. The order specified above will recur until all the open shifts have been assigned or there are no remaining requests for an open shift.

- c. These shifts will be coded on the final posted schedule as scheduled extra shifts.
- d. If a scheduled extra shift is canceled, and if standby is needed by the Medical Center, the nurse will be given the option to be on standby for the nurse's cluster.
- e. Any Registered nurse scheduled to work an extra shift will receive at least two (2) hours' advance notice if the shift is to be canceled. This notice requirement will be deemed satisfied by a reasonable effort to notify the nurse by telephone not to report for work.
- f. If the foregoing notice provision is not satisfied, or if the Registered nurse is permitted to come to work without receiving any notice, the nurse is eligible to receive four (4) hours of pay in accordance with the provisions of Paragraph 1 herein.
- g. Registered nurses working scheduled extra shifts are subject to being called off, after four (4) hours of work, prior to any other nurse working a regular shift, subject to the particular needs of patients and continuity of patient care at the time of the call-off.
- h. Qualifications. - To qualify for working an extra shift, a Registered nurse must have the skill, ability and qualifications that meet the needs for the particular assignment. **Nurses may be disqualified from working an extra shift for a period of six (6) months after**

~~receiving a corrective action.~~ Language is struck

6. Shift vacancies within forty eight hours (48) of Start Time: vacant shifts that remain unfilled within forty-eight hours (48) or less from the shift's start time shall be paid at double the hourly rate of pay, plus the extra shift incentive.

Double Back Pay. The Employer shall pay double back at double the employee's straight time rate of pay when an employee, including a resource nurse, is requested by the Employer to return to work within ten (10) hours or less from the employee's previously scheduled shift.

7. 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

G. 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 may determine additional staff are needed when a unit is beyond its capacity, and in consultation with the house supervisor, shall be empowered to call in needed staff due to capacity

concerns. If no staff are available, the charge nurse may initiate a unit closure or crisis standards of care.

H. **Dispute Resolution:** The parties recognize our shared interest in quality patient care through stable, consistent staffing practices. If the Unit Level Staffing Review process outlined in section C fails to resolve a dispute over Providence's compliance with its minimum nurse staffing level, the dispute may be escalated to a Special Review Panel (SRP).

- a. The SRP shall consist of three members: one RN selected by ONA, one RN selected by the CNO or their designee, and a third person selected by the other two panel members to serve as a neutral chairperson. The parties will make a good faith effort to select a chairperson who is experienced in the healthcare industry and with expertise in staffing in acute care hospitals. If they are unable to find such a person, they shall select an arbitrator from the Northwest Region to chair the Review Process.
- b. If the SRP is unable to resolve the dispute, the third-party arbitrator shall resolve the difference and their decision will be final.
- c. Any resolution must comply with the minimum nurse staffing levels established in Oregon's Nurse Staffing Law.