

NEW ARTICLE – NURSE STAFFING

#.1 Nurse Staffing Plan - The Nurse Staffing Plan as referenced in the Oregon Nurse Staffing Law is the accumulated unit-level nurse staffing plans of all nursing units at the Medical Center.

A. The parties acknowledge that Oregon's Hospital Nurse Staffing Law (ORS Chapter 441) establishes a maximum patient assignment for Registered Nurses and Certified Nursing Assistants in all in-patient units in the Medical Center. The Medical Center will comply with the requirements of the Hospital Nurse Staffing Law including the maximum nurse-to-patient ratio requirements of ORS Chapter 441; if a unit agrees upon a nurse staffing plan that identifies a nurse-to-patient ratio that is less than the statutory maximum, the agreed-upon nurse-to-patient ratio in the nurse staffing plan shall control for that unit.

B. For outpatient units at the Medical Center that operate under the hospital license, ORS Chapter 441 shall control for the development of the unit-level nurse staffing plans.

C. Unit-level nurse staffing plans shall be developed at the unit level, ~~through a Unit staffing committee. 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.~~

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~~D. 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 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.~~

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Each unit-level nurse staffing plan in the Medical Center shall:

1. Be consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations.
2. Establish a maximum number of patients that may be assigned to Registered Nurses and Certified Nursing Assistants for all shifts. The maximum number of patients assigned to RN shall be reduced if there is no CNA also assigned to the same patients.
3. Recognize differences in patient acuity and nursing care intensity.

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4. Include a plan for meal periods and rest breaks on each shift to ensure that RNs are not exceeding the established nurse-to-patient maximums.

D. Charge Nurses will not be assigned patients, triage, or as break coverage unless it is permitted and defined in the unit-level nurse staffing plan.

#.2 Rest and Meal Periods - The Medical Center commits to providing rest and meal break relief that allow nurses to take their rest and meal periods (including lactation accommodations) without exceeding maximum nurse-to-patient ratios as established in the Nurse Staffing Plan. A fifteen (15) minute paid rest period will be taken by each Registered Nurse during each four (4)-hour work period and one (1) thirty (30) minute unpaid meal period per each six (6)-hour work period. Consistent with Oregon law, the Medical Center shall provide any nurse who is breastfeeding a reasonable rest period to express milk each time the nurse has a need to express milk.

A. A Rest and Meal Coverage Nurse is responsible for assuming care for a nurse's patient assignment so that nurse can take uninterrupted rest periods and meal periods.

B. A Registered Nurse providing rest and meal coverage shall not have a dedicated patient assignment.

C. Rest and Meal Coverage Nurse shifts shall be established in each unit's nurse staffing plan and will be included in each unit's staffing for each shift. Each unit may determine how nurses are selected to fill the rest and meal coverage role for the shift.

D. A rest and meal coverage assignment shall only be assigned to a Registered Nurse who holds competencies and is qualified to work in that assignment.

F. Meal periods and rest periods may be combined.

G. Rest and meal periods are documented on unit-level breaks sheets and attested to when clocking out.

G. Registered Nurses are encouraged to take rest and meal periods in designated non-work areas in order to be fully relieved of their duties and rejuvenate.

#.3 Facilitating Adequate Staffing - The Medical Center and the Association are committed to adequate nurse staffing on each unit to meet patient care requirements and promote a healthy work environment. To that end, the Medical Center and the Association agree to the below practices:

A. Upon notice of upcoming nurse vacancies, the Medical Center shall post the vacant position within two (2) weeks of receiving the notification, unless determining factors, including skill mix, reconfiguration of vacant FTE(s) to full-time, part-time or per diem status, and/or patient volume and acuity require additional consideration and time to determine need for posting, or the notice of vacancy is rescinded.

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B. Upon notice of a leave of absence, the Medical Center will demonstrate its commitment to adequate staffing by posting any resulting shift vacancies necessary to maintain core staffing prior to each scheduling posting or during the current schedule period.

#.4 Nurse Staffing Committee - The Medical Center shall maintain the structure, duties, and role of the Nurse Staffing Committee per the Oregon Nurse Staffing Law. In doing so, the parties recognize that the Nurse Staffing Committee is the decision-making body for the Medical Center for matters of nurse staffing at the Medical Center.

A. The Nurse Staffing Committee shall have two (2) cochairs. One cochair shall be a hospital nurse manager elected by members of the committee who are hospital nurse managers, and one cochair shall be a direct care Registered Nurse elected by members of the committee who are direct care staff.

B. Direct care Registered Nurse members of the Nurse Staffing Committee and any direct care alternates are selected by the Association.

C. Each patient care unit at the Medical Center shall have a direct care registered nurse representative who serves on the Nurse Staffing Committee and is considered a voting member on the committee.

D. The direct care members of the Nurse 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 in addition to the primary nurse representative.

E. The Medical Center will release direct care members of the Nurse Staffing Committee from scheduled shifts to attend committee meetings.

F. The Nurse Staffing Committee will meet at least quarterly to approve nurse staffing plans, review nurse staffing plan deviations, and discuss nurse staffing issues, including current vacant nursing positions, position posting timelines, and hiring since the previous meeting.

G. Decisions made by the Nurse Staffing Committee, including agreement on and approval of unit-level nurse staffing plans, shall be made by a vote of the majority of the voting members of the committee. If a quorum of members present at the meeting comprises an unequal number of hospital nurse managers and direct care registered nurses, only an equal number of hospital nurse managers and direct care registered nurses may vote.

H. All communications to the Oregon Health Authority from the Medical Center regarding Nurse Staffing Committee work shall include both of the cochairs.

#.5 – Nurse Staffing Plan Deviations and Dispute Resolution

A. After development at the unit level, each unit-level nurse staffing plan shall pass a majority vote of the unit's registered nurses before moving to the Nursing Staffing

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Committee for approval and implementation. If the nurse staffing plan fails to receive unit majority approval, it returns to the unit for adjustment prior to being brought back to the Nurse Staffing Committee.

B. Unit-level nurse staffing plans must be agreed upon by a majority of the voting members of the Nurse Staffing Committee. If the Nurse Staffing Committee is at an impasse for 30-days and unable to reach an agreement on a unit-level nurse staffing plan for a statutory nurse-to-patient ratio unit that has been agreed upon at the unit level, the dispute is escalated to a Special Review Panel (SRP). For units with no statutory nurse-to-patient ratio, resolution of nurse staffing plan disputes will follow the arbitration process as defined in ORS Chapter 441.

C. Special Review Panel (SRP)

1. The SRP shall consist of three (3) members: one RN selected by the Association, one 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 and 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.

2. If the SRP is unable to resolve the dispute within 30-days, the third-party arbitrator shall resolve the difference following taking of evidence and their decision shall be issued within 30-days and will be final.

3. Any resolution must comply with the maximum staffing levels established in Oregon's Nurse Staffing Law and must comply with the nurse staffing plan requirements in this article.

D. Nurse Staffing Plan Deviation

1. Any nurse staffing plan deviation shall be reported immediately to the unit Nurse Manager via the reporting tools developed in the Nurse Staffing Committee.

2. No nurse shall be disciplined or face reprisal for reporting or not reporting a nurse staffing plan deviation.

3. Any nurse who is assigned patients in excess of the nurse staffing plan shall be paid an excessive workload premium of \$20/hr for the remainder of the shift.

E. Missed Rest and Meal Periods

1. Missed rest and meal periods are documented on the unit break sheets and attested to when clocking out.

2. Each missed rest period shall be compensated to the nurse at \$150.00 per occurrence.

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3. Each missed meal period shall be compensated to the nurse at ~~\$150.00~~ per occurrence.

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4. Any compensation under this section will be paid at the next regular payday.

F. Missed Rest and Meal Periods Dispute Resolution

1. If a documented missed meal period or rest period is disputed by the Medical Center, it will be addressed by a Dispute Resolution Panel (DRP):

- a. The DRP shall consist of three (3) members: one member selected by the Association, one selected by the CNO or their designee, and an arbitrator from the Northwest Region to chair the review process.
- b. The DRP meets every 30-days to review any missed rest periods or meal periods that have not been paid according to the above contract language.
- c. Resolutions found by the DRP are final.

G. Nurses with concerns regarding staffing are encouraged to raise those concerns using their chain of command without fear of retaliation, and to work with the Nurse Staffing Committee members from their unit to identify solutions when necessary.