

PSVMC

Article 16

September 13, 2024

Replace Current Art. 16 with Proposed New Article 16

Article 16 STAFFING Proposal with Term Sheet Proposal

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

1. The parties acknowledge that Oregon’s Hospital Staffing Law (ORS Chapter 441) applies to the Medical Center. The Medical Center will comply with the requirements of the Hospital Staffing Law including, where applicable, nurse-to-patient ratio requirements of ORS Chapter 441 and establishment of a Nurse Staffing Committee. Changes to a unit’s statutory ratio may be made with the majority vote of the Nurse Staffing Committee in accordance with Oregon’s Hospital Staffing Law.
2. Unit-level nurse staffing plans will be developed at the unit level, through nurse and unit level management partnership, such as through a Unit-Based Council/Committee. Each unit-level nurse staffing plan in the Medical Center shall consider the factors required by the Oregon Hospital Staffing Law. 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.
 - a. The Medical Center recognizes that patient acuity and patient care intensity can impact balanced unit patient assignments. Accordingly, the Medical Center will support Unit-Based Councils/Committees developing, in partnership with Nursing Leadership, a patient acuity and intensity tool to be used to create balanced patient assignments. If a unit uses such a tool, it will be included in the unit Operating Guidelines and Patient Care Considerations developed by the Unit-Based Council.
 - b. Further, the Medical Center will follow the unit Operating Guidelines

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and Patient Care Considerations when creating patient assignments.

If patient assignments are disputed by a nurse, the Medical Center leaders will consult with the charge RN before making a final decision on patient acuity and related patient assignments. If needed, final decisions regarding patient acuity and patient assignments will be made by the Medical Center, in accordance with applicable law, including the Oregon Hospital Staffing Law.

3. A charge nurse may:

a. Take patient assignments, including patient assignments taken for the purpose of covering staff who are on meal breaks or rest breaks, in units with 10 or fewer beds; or

b. Take patient assignments, including patient assignments taken for the purpose of covering staff who are on meal breaks or rest breaks, in units with 11 or more beds with the approval of the hospital nurse staffing committee.

4. Nurse Staffing Plans developed and approved at the unit level will be submitted to the Nurse Staffing Committee for review and appropriate action in accordance with the Oregon Hospital Staffing Law.

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 Nurse 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.

6. The Medical Center will support Unit Staffing Committees with developing, in partnership with Nursing Leadership, a patient acuity and intensity tool to be used to support balanced patient assignments. If a unit uses such a tool,

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it will be included in the Unit's Operating Guidelines and Patient Care Considerations.

B. Rest and Meal Periods. The Medical Center is responsible for providing rest and meal periods to Registered Nurses (including lactation accommodations) consistent with applicable state law; it is the Registered Nurse's responsibility to take them when offered.

1. Rest and Meal Coverage. The Medical Center will determine appropriate rest and meal period coverage, which may include, but is not limited to, specific break relief assignments for Registered Nurses and scheduling of rest and meal periods for Registered Nurses. Fifteen (15) minute paid rest periods and thirty (30) minute unpaid meal periods shall be taken during the shift timeframes in accordance with BOLI requirements.

2. A nurse providing rest and meal coverage must have the necessary competencies to provide care during the rest or meal period and is responsible for assuming care for a nurse's patient assignment so that nurse can take uninterrupted rest periods and meal periods.

3. A Registered Nurse providing rest and meal coverage shall not have a dedicated patient assignment that exceeds the patient ratio within the nurse staffing plan during the time the nurse is providing the rest or meal coverage.

4. Meal and rest periods may be combined, provided that Nursing Leadership determines it is consistent with patient care and operational needs, and the Registered Nurse agrees to combining their meal and rest period(s).

5. Rest and meal periods will be documented appropriately, which currently includes unit-level break sheet forms and attesting to taking and/or missing rest and meal periods when clocking out. The Medical Center reserves the right to change the process for rest and meal period documentation.

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6. Registered Nurses are encouraged to take rest and meal periods in non-working areas.
 7. Unit-Based Councils will, in partnership with Nursing Leadership, define the role and responsibilities of nurses who are assigned to cover **meals and/or breaks**. Those roles and responsibilities will be included in the unit's Operating Guidelines and Patient Care Considerations.
 8. Starting July 1, 2025, in the event a Registered Nurse accurately reports a missed rest or meal period using the Medical Center's designated process for reporting, they will be eligible to receive, upon request, a single payment equivalent to an additional **hour (1.0)** of pay at their base rate for a missed meal period and a **half hour (0.50)** of pay for each missed rest break in the next payroll period. In the case of an interrupted combined rest and meal period, the Registered Nurse will receive **one hour (1.0)** of pay at their base rate for the interrupted combined rest and meal period. This payment will not be counted as an hour worked for any reason. Nurses who decline to take a break when offered are not eligible for this payment. This is the sole remedy for missed rest and meal breaks.
- C.** Facilitating Appropriate Staffing - The Medical Center and the Association are committed to appropriate nurse staffing on each unit to meet patient care requirements and promote a healthy work environment. **Unit based staffing committees will evaluate the regularity of incoming floats as well as resource hours and Education Leave approval, to raise concerns about their unit's core staffing.**
- D.** Nurse Staffing Committee - **The Medical Center shall maintain the structure, duties, and role of the Nurse Staffing Committee per the Oregon Hospital Staffing Law. 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.**

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1. The composition and organization of the Nurse Staffing Committee shall be done in accordance with Oregon Hospital Staffing Law.
2. 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.
3. The Medical Center will release direct care members, consistent with operation and patient needs, of the Nurse Staffing Committee from scheduled shifts to attend committee meetings.

E. Nurse Staffing Plan and Dispute Resolution

1. Each unit-level nurse staffing plan will be provided to the Nursing Staffing Committee for appropriate consideration, consistent with the Oregon Hospital Staffing law.
2. If the dispute about a staffing plan at Nurse Staffing Committee is at impasse, statutory nurse-to-patient ratios will apply. For units with no statutory nurse-to-patient ratio, the parties recognize that resolution of nurse staffing plan disputes will follow the arbitration process as defined in ORS Chapter 441.
3. Nurse Staffing Plan Deviation
 - A. Any nurse staffing plan deviation shall be reported immediately to the unit Nurse Manager via the reporting tools developed in the Nurse Staffing Committee.
 - B. No nurse shall be disciplined or face reprisal for good faith reporting of a nurse staffing plan deviation.

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9. 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 to identify solutions when necessary.