

UNION PROPOSAL
ARTICLE 27 – COMMITTEES

A. Mount Hood United-Legacy Management Committee.

The mission of this cooperative body is to resolve issues of concern to both parties in a timely manner and to avert grievances. In no event will the committee engage in negotiations or reinterpretation of the contract beyond consulting materials generated during bargaining.

In addition, the Union and the Hospital recognize that changes in the health care delivery system have and will continue to occur, while recognizing the common goal of providing safe patient quality care. The parties also recognize that registered Nurses have a right and responsibility to participate in decisions affecting delivery of nursing care. Both parties have a mutual interest in developing delivery systems which will provide quality care on a cost-efficient basis which recognizes the legal and regulatory accountability of the registered Nurse. After reaching agreement on a collective bargaining agreement (CBA), the parties shall jointly review education about the CBA, memorandums of understanding, and relevant hospital policies for employees of both parties who assist with the administration of the CBA.

It is recognized that a resolution of issues in a timely manner is in the best interests of both parties. Therefore, the introduction of a new issue shall include agreement upon the appropriate time frame for the collection of data and resolution of the issue.

The committee will consist of five (5) members chosen by Mount Hood United (MHU) and five (5) members chosen by the Hospital. The committee will meet as necessary, but at least monthly. The members will be paid at a straight rate of pay for their participation in the meetings. Management will make reasonable efforts to accommodate the employee's attendance at these meetings.

Agendas will be developed jointly and distributed at least three (3) business days before the meeting. Time for agenda items shall be determined jointly. The chair for the meeting shall rotate between the MHU Chairperson and the VP-CNO. The minutes will be written and jointly approved prior to distribution.

The Hospital shall provide a semi-annual report to the MHU-Management Committee, which will review the report and make recommendations for retention and recruiting strategies and evaluate the effectiveness of their implementation. The MHU-Management Committee will also regularly review PPE and emergency preparedness.

B. Unit Practice Council.

The Unit Practice Council (UPC) is the foundation for shared governance at the unit level. Its structure provides for the involvement of the UPC in local decision

1 making by creating an environment that enhances the flow of information to and
2 feedback from every Nurse.

3
4 Each unit is responsible for developing a UPC which shall consist of staff Nurses
5 and management representatives. Staff Nurse representatives shall be 10% of
6 the unit up to 10 representatives, no less than 3 total, and shall be selected by
7 Nurses on the unit in accordance with the unit's UPC charter. For a quorum to
8 exist, the number of staff Nurse representatives present must be at least one
9 more than the number of management representatives present. For a UPC that
10 lacks at least three (3) Nurses and/or is not meeting on a regular basis, the
11 Hospital will ensure an announcement to Nurses on such units at least quarterly
12 encouraging UPC involvement until enough members are recruited.

13 14 **B.1. Recommendations, functions, and authority.**

15 The UPC is responsible for making recommendations and performing functions
16 that advance the delivery of professional nursing at Legacy Mount Hood
17 including but not limited to:

- 18 1. Unit goals related to nurse-sensitive outcomes, patient experience,
19 and nursing practice engagement.
 - 20 2. The development, implementation, monitoring, evaluation and
21 modification of the unit staffing plan. The unit manager will
22 collaborate with the UPC in these processes throughout the year.
23 The UPC will assure that any contemplated changes to the unit
24 staffing plan will be communicated to all staff Nurses on the unit
25 followed by a reasonable period for input and recommendations
26 prior to finalizing the plan. The UPC, at its discretion, may conduct
27 an advisory vote of the bargaining unit Nurses on the unit to gauge
28 support for the plan changes, results of which shall be shared with
29 the staff. On an annual basis and prior to the Legacy budget cycle,
30 UPC's will submit a written unit-specific staffing plan to the Nurse
31 Staffing Committee. UPC's will, as needed, conduct a review of the
32 staffing plan's performance and make plan adjustments where
33 appropriate following evidence-based data driven practices, the
34 Oregon Nurse Staffing law, and nationally recognized professional
35 standards of nursing.
 - 36 3. Current contract requirements.
 - 37 4. Other tasks agreed to or assigned by the Hospital, including the
38 opportunity to provide recommendations on unit specific scheduling
39 practices.
 - 40 5. In addition, to promote and offer safe spaces for dialogue among
41 staff by supporting and facilitating professional development work
42 related to race, gender, and other challenging topics, and for the
43 active engagement of all in creating pathways to a work
44 environment based on equity and inclusion.
- 45

Decisions/recommendations made by a UPC must be in compliance with the current contract, statutory regulations, and hospital policy and procedure. If such a vote is requested, the UPC shall schedule a meeting to discuss the vote, and UPC members shall engage with unit Nurses. All clinical decisions relative to nursing practice remain the province of the staff Nurse, operating under accepted standards of care and hospital policy and procedure. All unit-based decisions that have a fiscal impact upon the Hospital remain the province of the Hospital, provided that this clause shall be interpreted and operationalized in a manner that is consistent with Oregon's Nurse staffing law and the Collective Bargaining Agreement. It is the intention of the parties that managers will actively seek the input and recommendation of staff Nurses on all fiscally based decisions.

B.2. Activities.

1. The parties agree to jointly develop an orientation program to clarify and promote UPC activity on the units and will encourage unit Nurses to attend UPC meetings.
2. Each unit will establish a charter that includes a process for selecting members who will represent all nursing staff and that contains parameters for length of membership, rotation of members, and a decision-making process. A Nurse will serve as the chair at all UPC meetings.
3. Nurses will have access and input to agendas and decisions. Availability of meeting minutes to all nursing staff is a requirement. UPC meetings will be open to all unit Nurses. Time and location will be posted.
4. Unit Nurses will serve as an advisory board on all matters related to unit-based nursing practice matters.
5. Issues which cannot be satisfactorily resolved at the UPC level may be forwarded to the Professional Nursing Care Committee (PNCC) for processing as provided under this Article. The PNCC will review all such issues of concern and determine if further action is warranted. The PNCC may forward its review of the issue(s) together with its recommendation(s) for resolution in writing to the Chief Nurse Officer. A response from the Chief Nurse Officer will be provided within thirty (30) days of receipt of the recommendation(s).

B.3. Paid time.

Each UPC member shall be paid for meetings and for relevant work done outside of meeting time that is preapproved by the member's manager.

C. Professional Nursing Care Committee.

The Hospital recognizes the Professional Nursing Care Committee (PNCC) as a resource to direct care Nurses in Legacy Mount Hood's hospital and clinics on matters related to patient care and professional development.

C.1. Hospital participation.

The PNCC may invite the Chief Nurse Officer or their designee to its meetings for the purpose of exchanging information or to provide the Hospital with recommendations on pertinent issues that have not found avenues for resolution

1 through the UPCs. The Hospital may request special meetings outside the
2 regular PNCC meeting time for further discussions. Meetings requested by the
3 Hospital shall be considered paid time.
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5 **C.2.Interaction with UPC's.**

6 Unresolved issues may be elevated to the PNCC for review. UPC's may also
7 seek advice from the PNCC to assist them in their structures and development.
8 The PNCC, in collaboration with the VP-CNO or designee, shall develop training
9 for new UPC chairs or their designees annually. The training will be paid time for
10 attendees and PNCC members conducting the training.
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12 **C.3. Interaction with Staffing Committee.**

13 The PNCC shall work with the elected staff Nurse members to the Staffing
14 Committee consistent with the Oregon Hospital Staffing Law. The PNCC shall
15 provide continued oversight of the selection process of staff Nurse members of
16 the Staffing Committee. A PNCC member shall serve as a liaison to the Staffing
17 Committee.
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19 **C.4 Role as advisory committee.**

20 The PNCC shall serve as an advisory committee for appointments of direct care
21 staff to all nursing councils and committees, standing or ad hoc, that relate to
22 nursing service or direct patient care.
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24 **C.5. Education funds and certification list.**

25 The PNCC shall monitor the distribution of staff development funds. It is also
26 responsible for maintaining and updating the national certification listing to inform
27 staff of eligible certifications for the annual certification differential and
28 reimbursement of costs.
29

30 **C.6. Committee members.**

31 The PNCC shall be composed of five (5) Nurses employed by the Hospital and
32 covered by this Agreement. Nurses shall elect the PNCC members annually, with
33 members serving a two-year term. The Hospital shall provide four hundred (400)
34 paid hours in the aggregate per fiscal year for PNCC members to attend to
35 PNCC responsibilities described herein. The hours shall be paid at each Nurse's
36 straight time rate and will not be used in the calculation of overtime. The Hospital
37 will also assign administrative personnel for up to forty (40) hours per year to
38 support the activities of the PNCC. The Hospital will make a good faith effort to
39 release PNCC members who assist with UPC workshops to attend those
40 workshops.
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42 **C.7. Meeting minutes.**

43 The PNCC shall keep minutes and shall provide a copy of minutes to the Chief
44 Nurse Officer within thirty (30) days of their approval by the PNCC. The minutes
45 shall be made available to Nurses on the Legacy intranet.
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1 **D. Attendance at Committee Meetings.**

2 Nurses will seek to obtain from their manager, as far in advance as possible,
3 scheduled non-productive time for attendance at committee meetings covered in
4 this Agreement. Members of management will undertake reasonable efforts in
5 assisting the Nurse to obtain and in granting the requested time off. If a Nurse
6 arranges for coverage by a qualified Nurse which does not lead to overtime or
7 premium pay, the coverage will be approved.