New Article, current Article 28 to become 29, no yellow highlighting indicates old contract language in Article 6.17 moved to new article.

**Article 28 – STAFFING**

The employer and association have a shared commitment to nurse staffing that seeks to provide safe patient care and a safe work environment for nurses, which follow evidence based data-driven practices and nationally recognized professional standards of nursing. Nurse staffing where they exist.

#### 28.1 Legal Authority

The Employer recognizes the legal and ethical obligations inherent in the nurse/patient relationship.

#### 28.1.2 Nursing Assessment

The registered nurse is responsible for coordinating a patient’s total nursing care needs, including assessment, diagnosis, planning, intervention and evaluation.

#### 28.1.3 Assignment & Delegation

A registered nurse will not be required or directed to assign or delegate nursing activities to other personnel in a manner inconsistent with the Oregon Nurse Practice Act.

#### 28.2 Nurse Staffing Law

The Employer and registered nurses will act in compliance with Oregon’s hospital nurse staffing law, **ORS 441.151 through 441.192 as amended.**

At least quarterly twice per year the CNE or the CNE’s designee shall, at the request of the Hospital Based Nursing Staffing Committee (HBNSC), meet with that Committee at one of its scheduled meetings.
MOU re improving **effectiveness** of HBNSC

Within 30 days after the effective date of this Agreement, management will begin to develop training modules for all nursing managers and leadership. The goals of these modules will be to educate nursing leadership on the law and what is required for compliance. Modules will be developed by Regulatory Affairs and approved by HNSC before they go live. Compass modules for direct care nurses will also be developed by Regulatory Affairs and Clinical Education Services with the approval of HNSC prior to going live. All modules will be developed and go live by March 1, 2024. OHSU will provide training related to Oregon’s 2023 Hospital Staffing Law.

28.3 **Staffing Plans.** The HBNSC shall be responsible for the development and implementation of a written OHSU-wide staffing plan for nursing services. The staffing plan shall be developed, monitored, evaluated and modified by the HBNSC consistent with the Oregon Hospital Nurse Staffing Law, as amended. All changes in structure proposed by the employer that (1) support the staffing plan, (2) affect direct patient care on the individual units and (3) have an impact on multiple units, (4) or change the unit direct patient care staffing grid or matrix will be discussed and approved by the HBNSC prior to implementation.

28.3.1 Staffing plans must include a mechanism to measure patient acuity and nursing work intensity, following evidence-based data driven processes utilizing nationally recognized professional nursing standards. Where there are not nationally recognized, evidence-based professional nursing standards, the parties may cooperate to establish (or verify, where a mechanism has already been created) this mechanism using a collaborative review process in the HBNSC. Should any of these mechanisms become publishable, the parties agree to share credit for their creation and to issue a joint statement. These mechanisms shall be evaluated annually, using the same evidence-based data-
driven processes, and staffing plans should be revised accordingly based on revised acuity and work intensity tools.

a. Staffing plans must include a patient acuity and workload intensity tool that is agreed upon by UBNPC consensus, and included with the staffing plan submission. If there is not consensus, a vote of the unit with proper two-week notice shall be held, and the decision of 50% +1 of nurses who voted on the unit shall be binding upon final approval of the HBNSC.

28.3.2 The Employer will maintain appropriate staffing levels on each unit, supported by the acuity and intensity outlined above, for the duration of the shift, within the parameters established by the Oregon Hospital Nurse Staffing Law, as amended. Nurse staffing plans will take into account increased nurse workloads on account of lack of ancillary and non-nursing staff members.

28.4 Minimum Safe Staffing Standards.
Minimum patient ratios stipulated in HB2697 will be followed in all areas except those listed below. Those listed are either not defined in law and/or the OHSU patient population is unique.

a) Emergency Department triage will be staffed, at a minimum with this number of nurses: adult will have six RNs; pediatric will have one RN. One nurse to three non-trauma or noncritical care patients and one nurse to one trauma or critical care patient.

b) Oncology units: minimum ratio of one nurse to three patients

c) Acute care floors with blended (acute + IMC) patients: blended patient assignments are a minimum ratio of 1:3; only acute care patients is a minimum ratio of 1:4
28.4.3 A hospital may not average the number of patients and the total number of direct care registered nurses and nursing assistants-certified assigned to patients in a unit during any one shift or over any period of time, in order to meet the personnel assignment limits established in this section.

[from MOU #3]

28.5 Administration of Meal and Rest Breaks. The Employer, the Association and bargaining unit nurses have a mutual interest in nurses taking their meal and rest breaks in accordance with Section 7.4 of the parties' Agreement. The parties further stipulate that providing breaks is the Employer's responsibility and taking breaks is the nurse's responsibility. Accordingly, the Employer and the Association agree that the following steps intended to assure the taking of meal and rest breaks will occur during the life of the Agreement:

28.5.1 Starting January 1, 2024, the Employer commits to providing meal/rest break relief hours that allow nurses to take their meal and rest breaks (including lactation accommodations) without increasing the patient assignment for the nurses not on break. Coverage for meal and rest breaks must utilize a nurse with a break relief assignment or an alternative break process.

28.6.1 Definitions. A Break Relief Assignment will relieve Nurses with patient assignments for rest and meal breaks. A Break Relief Assignment is given to a Nurse that holds a position on that unit, or floats to other units to provide meals and breaks coverage. A Break Relief Assignment shall only be assigned to a Nurse that holds competencies, is qualified to work in that assignment, and without additionally assigned duties.
Once developed and approved by the UBNPC, the guidelines will be subject to a vote of the nurses on the unit conducted by the UBNPC. Modifications requested by the hospital shall also be subject to the same process of voting at the UBNPC and unit level. Final unit guidelines will be provided to the Association. Should any concerns arise, the Association may ask to meet with Unit management and UBNPC within 30 days from receipt of the guidelines. Any revisions will be subject to approval by the UBNPC and a unit vote conducted by the UBNPC.

28.6.3 The hospital commits to providing Break Relief Assignments as determined by the UBNPC. Each approved staffing plan must include a plan to maintain staffing that is compliant with the law throughout all meals and rest breaks. HBNSC will consider the recommendation made by the UBNPC (which are in accordance with the meal/rest break relief hours allocated by the Employer) about whether to use Break Relief Positions, Break Relief Assignments, or alternative break relief process, when finalizing and approving the staffing plan. Each approved staffing plan must include provisions that facilitate maintaining proper staffing throughout all meals and breaks.

28.6.4 Each UBNPC will maintain and periodically review a methodology staffing plan provisions to facilitate the taking of meal and rest breaks on its unit that maintain proper staffing throughout all meals and breaks. Unless otherwise required by law, Starting January 1, 2024, each UBNPC will strive to incorporate into its methodology, consistent with safe patient care standards and the unit’s staffing needs, (1) the scheduling of meal and rest breaks, (2) a structured hand-off process from shift to shift that identifies those nurse assignments that are more challenging for the taking of breaks, (3) a structured hand-off process to apply when breaks are taken, (4) the provision of breaks to nurses floating into the unit, and (5) an appropriate reporting system for employees taking breaks. The UBNPC will also review evidence-based care
models and recommend, where appropriate, adjustments to the unit’s staffing plan to accommodate meal and rest relief, which may include additional staff.

28.6.5 Each unit manager will oversee implementation of the methodology and assure that unit employees have been advised of the procedures to be followed in accordance with 28.5.3 above, as well as for recording missed breaks. Nursing Administration will support the unit manager to assure such implementation, including considerations of modifications of the unit’s staffing plan to accommodate meal and break relief.

28.6.6 Nurses and managers are expected to observe the following guiding principles:

- Nurses will follow the approved staffing plan’s meal and rest break provisions methodology recommended by the UBNPC and facilitated by the manager.

- Nurses who experience issues with successfully taking their meal and rest breaks will timely report these issues to the individuals who have authority to intervene and assist (presumably their charge nurse or manager).

- Charge nurses who are encountering difficulties with assuring there is proper coverage for providing meal and rest breaks to nurses on their unit will notify their manager or designee in a timely manner.

- Nurses will hand over care of their patients to take their allotted meal and rest breaks and will follow applicable hand-off procedures for taking breaks.

- Nurses who provide coverage for a nurse taking a meal or rest break will strive to provide the same level of quality patient care as the nurse taking the break, and managers will support and facilitate their efforts.

28.6.17 The Employer will maintain a program of furnishing to milk expressing parents, mothers who are returning to work, a packet of information about
relevant statutes, policies, resources and guidelines to help the returning employees have a successful experience with breast milk expression in the workplace. An employee will not be required to clock out if the time required for milk expression extends beyond the allotted time for the applicable meal or rest period.

28.6.28 The Employer will provide directions and assurances to newly hired bargaining unit nurses at new employee orientation regarding the procedures to be followed for recording their missed breaks, including an assurance that nurses will not suffer adverse repercussions for recording missed breaks. The Association will be notified of any material changes in these procedures.

28.7 Ambulatory & Remote Staffing

28.7.1 Units not within the oversight of the Oregon Health Authority’s responsibility to ensure nurse staffing, shall still be provided by the employer with safe and professional standards of staffing. All areas of OHSU utilizing nursing services will have a nurse staffing plan. HBNSC will continue to review and vote on staffing plans for all inpatient units, procedural care units and outpatient infusion areas. HBNSC shall be able to authorize another designated committee, such as the Ambulatory Cluster Council to review staffing plans for all other ambulatory areas. Ambulatory cluster council and HBNSC will meet twice yearly to assist each other related to staffing plans. The HBNSC, Ambulatory Cluster Council, and individual nurses in units who are involved with the staffing plan process shall be released from work duties and receive paid time to assure safe staffing plans are completed.

28.7.2 UBNPC members shall be provided paid relief time to carry out this process. Where the nursing work provided is not meeting professional standards and/or is unsafe, FTE shall be increased an appropriate amount as determined by the UBNPC through the evidence based and data driven process.
28.7 UBNPC & Nurse Staffing Law Compliance. UBNPC members shall receive an additional 500-1100 hours per fiscal year starting July 2021 for relevant work done outside of the UBNPC meeting time that is pre-approved by the member’s manager, including developing and implementing staffing plans and monitoring the unit’s nurse staffing. If a staffing plan is not in compliance, additional hours shall be approved. Nurses shall be released from FTE hours to complete this work, until the staffing plan is in compliance. The Employer will not unreasonably deny UBNPC members additional work hours for work related to nurse staffing.

28.8 Staffing Plan Development and Shared Governance Engagement

28.8.1 In the interest of engaging staff nurses and enhancing transparency of and participation in the staffing plan development process, members of the AURN/Management Cooperative Committee, including bargaining unit members, will work with members of the Hospital-Based Nurse Staffing Committee (“HBNSC”) to develop and implement methodologies for engagement with staff nurses at the unit level. These methodologies will include strategies to encourage inpatient staff nurses and UBNPCs to use the workload intensity tool within the Employer’s electronic health record or a validated alternative tool to measure patient acuity and nursing work intensity. The employer agrees to support such an effort. Within 120 days following the effective date of the parties’ Agreement, a written program for such engagement at the nursing unit level will be developed.
28.8.2 As part of this effort the co-chairs of the HBNSC shall review with the AURN/Management Cooperative Committee at least semiannually (1) the progress toward meeting the written program of engagement, including any issues that have arisen; (2) an overview of unit staffing plans that have been reviewed and revised by UBNPCs and the HBNSC; and (3) a summary of variance reports reviewed and recommendations made, if any, by the HBNSC.

28.8.3 The Employer will provide to bargaining unit members of the HBNSC a pool of eight hundred (800) paid hours per calendar year. This increased level of paid hours is for the purpose of allowing such members additional time to carry out engagement strategies with staff nurses at the unit level, with guidance from co-chairs of the HBNSC. Committee members will track and report all such hours to the co-chairs together with a description of the nature and accomplishments of the activity.

As long as the nurse gives appropriate advance notice to their manager, all HBNSC members shall be provided release time from FTE work that is necessary to perform HBNSC duties. The HBNSC Nurse Co-Chair shall be provided up to 0.3 FTE release time from their home unit to perform their duties in 2023 and two hundred and twenty-five (225) hours in 2024, unless the Nurse Co-Chair mutually agrees in writing to less.