ARTICLE 28 – STAFFING

28.1 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 nurse staffing, where they exist.

28.1.1 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, as amended. At least quarterly 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.

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, (3) have an impact on multiple units, or (4) 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 shall 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. The results of the vote will
be provided to the HBNSC for its consideration in the staffing plan approval process.

28.3.2 The Employer will maintain appropriate staffing levels on each unit, supported by the acuity and intensity tool outlined above, for the duration of the shift, within the parameters established by the Oregon Hospital Nurse Staffing Law, as amended.

28.4 Minimum Safe Staffing Standards. Until the nurse to patient ratios from the Oregon Hospital Nurse Staffing Law become effective, the Employer shall use minimum safe standards based on nationally recognized professional standards of nurse staffing. Where there are not nationally recognized professional standards of nurse staffing, the parties shall cooperate to establish OHSU standards using a collaborative review process in the HBNSC. Should any of these standards become publishable, the parties agree to share credit for their creation and to issue a joint statement.

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.

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. Meal and rest break relief may be accomplished either utilizing break relief assignments or an alternative break process.

28.5.2 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 and is qualified to work in that assignment. Units can also use alternative break relief processes as long as they are approved by the HBNSC. An approved process must allow for uninterrupted meal/rest periods.

26.5.3 The UBNPC will design and recommend a break coverage plan for the unit staffing plan within the unit’s allocated hours for meals and rest periods. This may include a recommendation for using break relief assignments and/or an alternative break relief process. Each staffing plan must include staffing throughout all meals and rest breaks.
28.5.3 The 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 Assignments or an 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 rest breaks.

28.5.4 Each UBNPC will maintain and periodically review staffing plan provisions to facilitate the taking of meal and rest breaks on its unit that maintain proper staffing throughout all meals and breaks. Starting January 1, 2024, each UBNPC will 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.

28.5.5 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.

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

- Nurses will follow the approved staffing plan’s meal and rest break provisions.
- 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 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.
28.5.7 The Employer will maintain a program of furnishing to milk expressing parents, 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.

28.5.8 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.

28.6 Ambulatory & Remote Staffing.

28.6.1 UBNPCs will recommend and the HBNSC will approve staffing plans for outpatient units and clinics, provided they operate under the Hospital's license and have nurses primarily engaged in providing direct patient care services.

28.6.2 The HBNSC, ambulatory cluster council, and individual nurses in units that are involved with the staffing plan process shall be released from work duties, upon approval of management, and receive paid time to assure staffing plans are completed.

28.7 UBNPC & Nurse Staffing Law Compliance. UBNPC members shall receive an additional 550 hours per fiscal year for the bargaining unit for relevant work done outside of the UBNPC meeting time that is pre-approved by the member’s manager, including developing, implementing and monitoring the unit’s nurse staffing plan. 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 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.

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.

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 2024, unless the Nurse Co-Chair mutually agrees in writing to less.