B. Hospital Staffing Plan. The Hospital will comply with the provisions of the Nurse Staffing Law (currently ORS 441.152-441.192) relating to written staffing plan for nursing services being developed, monitored, evaluated and modified by a hospital staffing plan committee.

In collaboration with unit leadership, each unit may evaluate acuity tools if demonstrated that the tool may be appropriate to the patient population. The unit may then recommend the tool to the Staffing Effectiveness Committee.

Unit-level staffing plans will be developed at the unit level in a manner consistent with the staffing law as a shared responsibility of registered nurses and nursing leaders. 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 Staffing Effectiveness Committee members from their unit to identify solutions when necessary. The members of the Staffing Effectiveness 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.

The Hospital will release members of the Staffing Effectiveness Committee from scheduled shifts to attend committee meetings. In the event a committee member is unable to attend a scheduled meeting, notice should be provided to the Hospital before the schedule posting. If notice is provided after schedule posting, the Hospital will make reasonable efforts to release alternates to attend.

The Staffing Effectiveness Committee will regularly review and discuss nurse staffing issues, including current vacant nursing positions and hiring since the previous meeting.

The Hospital Staffing Plan as referenced in the Oregon Nurse Staffing Law will be the accumulated unit staffing plans of all nursing units.

Each unit-level staffing plan will establish the unit minimum staffing requirement for any given number of patients present, including how a unit maintains those levels during meals and breaks. The minimum staffing requirement established in any unit-level staffing plan shall not be fewer nursing staff than the current nurse specialty guidelines for that unit. As a general practice, newly hired nurses will not be counted in the regular staffing during orientation or portions thereof as designated in advance by the Hospital. When being precepted, the new nurse will share a single assignment with their preceptor. The Hospital shall determine the duration and scope of orientation to be given based upon the Nurse's prior experience and/or training.

Each unit level staffing plan will detail a mechanism to measure patient acuity and nursing work intensity, including how staffing decisions are made to accommodate changes in acuity and intensity. A patient acuity and workload intensity tool is agreed upon through consensus at the UBC or unit level, and is included in each unit staffing plan.

The Hospital will maintain appropriate staffing levels on each unit, supported by the staffing decisions based on acuity and intensity, as dictated by the staffing plan, for the duration of each shift.