ARTICLE 11 – STAFFING

A) Concerns. Nurses are encouraged to raise any staffing concerns, without fear of retaliation. For specific staffing concerns, the Medical Center will make available a form that is mutually agreeable to the Medical Center and the Association. Nurses will submit the staffing request and documentation form as directed on the form, and the Medical Center will not discourage the reporting, documentation and submission of such forms. A copy of such reports received by the Medical Center will be provided to the Association, the house wide staffing committee, and the appropriate unit manager.

B) The Nurse Staffing Effectiveness Committee and Charter. The parties acknowledge the legal requirements set forth in the Oregon Nurse Staffing law and any associated Oregon Administrative Rules regarding nurse staffing plans and Staffing Effectiveness Committees.

A) As required by the Oregon Nurse Staffing Law, each unit’s staffing plan will be based on the specialized qualifications and competencies of the nursing staff and provide for the skill mix and level of competency necessary to ensure the Medical Center is staffed to meet patient care requirements. The Staffing Effectiveness Committee will review unit staffing plans to ensure they are consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations. The staffing plan must establish minimum numbers of nursing staff (Registered nurses and certified nursing assistants) required on specified shifts, recognizing differences in patient acuity and nursing care intensity. In addition, the unit staffing plans must include a mechanism for meal breaks and rest breaks on each shift, which shall be implemented consistent with professional nursing judgment and patient care needs.

B) The parties acknowledge that Oregon HB 2697 will amend Oregon’s Hospital Nurse Staffing Law to establish a minimum staffing level for Registered nurses and a minimum staffing level for Certified Nursing Assistants, working onsite, in most areas of the Medical Center as well as mandate that nurses are provided their meal and rest breaks. The Medical Center will comply with the requirements of the Hospital Nurse Staffing Law, including as amended by HB 2697 as it goes into effect.

C) The Oregon Nurses Association and Providence Newberg Medical Center recognize the patient care benefits of direct caregiver input and shared decision-making regarding unit staffing, competency, acuity standards, and other criteria that impact the quality of care. To that end, we agree to the following criteria for shared governance in each unit throughout the medical center:
1) Direct care registered nurse representatives will be selected by the direct care nurses, through a process determined by the Association’s bargaining unit.
2) 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.
3) Each unit’s nurse staffing plan shall pass a majority vote of the unit’s registered nurses before moving to the Staffing Effectiveness Committee for approval and implementation. If the plan fails to receive majority support, it returns to the unit’s nurses for adjustment.

D) Break Coverage: The Medical Center commits to providing meal/rest break relief hours that allow nurses to take their meal and rest breaks (including lactation accommodations) without increasing patient assignments for nurses not on break.
1) A Break Relief Nurse is responsible for relieving registered nurses from their patient assignments for their rest periods and/or meal breaks. An RN providing break relief shall not routinely have a dedicated patient or charge nurse assignment except in crisis standards of care in response to a declared state of emergency.
2) Break Relief RN Shifts shall be established in each unit's nurse staffing plan and will be included in each unit’s nurse staffing matrix for each shift.
3) A Break Relief Assignment shall only be assigned to a nurse who holds competencies and is qualified to work in that assignment.

E) The Medical Center and ONA are committed to adequate nurse staffing on each unit to meet patient care requirements and promote a healthy work environment. To that end, the Medical Center and ONA will follow the below practices:
1) Posting of Vacancies: Upon notice of upcoming Registered nurse vacancies, the Medical Center shall post the vacant position within two (2) weeks of receiving the notification, unless determining factors, including: skill mix, reconfiguration of vacant FTE(s) to full-time, part-time or resource status, patient volume and acuity require additional consideration and time to determine need for posting. In that event, the unit leader or designee shall present the planned changes to the UBPC within two weeks.
2) Notice of Leave of Absence: Upon notice of a leave of absence, the Medical Center will demonstrate its commitment to adequate staffing by posting any resulting shift vacancies prior to each schedule or during the current schedule period.
3) Registered nurse Staffing Updates: Upon request by the Unit Partnership Council (UPC) or unit-based staffing committee, the Medical Center will share information about unit Registered nurse FTEs and vacancies.
F) **Patient Capacity Concerns:** The Medical Center, in collaboration with the charge nurses, will consider factors such as patient acuity, skill mix, admissions, discharges, transfers, and staffing plan guidelines. If a Registered nurse has concerns about staffing, they will escalate said concerns to the charge nurse, unit leadership, hospital supervisors and/or others to problem-solve staffing and capacity constraints in order to meet patient care and community needs. The charge nurse may determine additional staff are needed when a unit is beyond its capacity and shall be empowered to call in added staff due to capacity concerns. If no staff are available, the charge nurse may initiate a unit closure.

G) **Dispute Resolution:** The parties recognize our shared interest in quality patient care through stable, consistent staffing practices. If the Unit Level Staffing Review process outlined in Section C fails to resolve a dispute over Providence’s compliance with its minimum nurse staffing level, the dispute may be escalated to a Special Review Panel (SRP).

1) The SRP shall consist of three members: one RN selected by ONA, one RN selected by the CNO or their designee, and a third person selected by the other two panel members to serve as a neutral chairperson. The parties will make a good faith effort to select a chairperson who is experienced in the healthcare industry and with expertise in staffing in acute care hospitals. If they are unable to find such a person, they shall select an arbitrator from the Northwest Region to chair the Review Process.

2) If the SRP is unable to resolve the dispute, the third-party arbitrator shall resolve the difference and their decision will be final.

3) Any resolution must comply with the minimum nurse staffing levels established in Oregon’s Nurse Staffing Law.