

ARTICLE 16 – HEALTHY WORK ENVIRONMENT AND STAFFING

A. Minimum Staffing. The Medical Center and the Union agree that quality patient care is the parties' most important priority and staffing levels should permit the delivery of safe, transformative patient care. The parties acknowledge that Oregon HB 2697 amended Oregon's Hospital Nurse Staffing Law to establish minimum staffing levels in most areas of the Medical Center and to 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.

B. Oregon Nurse Staffing Law. The Medical Center will adhere to the Oregon Nurse Staffing Law, a current copy of which will be included for reference only in the Professional Agreement Contract Book. For ease of reference, ORS 441.762 through ORS 441.768 relate to the written staffing plan, and ORS 441.763 is entitled "Written staffing plan for nursing services."

C. The Hospital-Wide Staffing Plan.

1. The Hospital-Wide Staffing Plan as referenced in the Oregon Nurse Staffing Law will be the accumulated unit staffing plans of all nursing units.
2. Unit staffing plans will be developed by unit-based staffing committees (UBC or UBCs) in a manner consistent with the philosophy of the staffing law as a shared responsibility of Registered nurses and nursing leaders. Nurses with concerns regarding staffing are encouraged to raise those concerns without fear of retaliation, and to work with their staffing committee to identify solutions.
3. UBCs **will may** evaluate the regularity of incoming floats as well as resource hours and Education Leave approval, to assess the adequacy of their unit's core staffing and inform their work on the staffing plans.
4. The Employer will pay for UBC-related time performed in collaboration with the core leader directly related to developing the unit staffing plan, in anticipation of presenting to the Hospital Nurse Staffing Committee (HNSC) for review and/or approval. Unless pre-approved by core leader, outside preparation time for UBC meetings will not be compensated.

D. Unit-Level Staffing Plan Reviews. If there is an inability to gain agreement on a plan, the unit's HNSC representative, or if none, the UBC co-chair, may escalate the matter to the HNSC to request time on the agenda at the next HNSC meeting for the unit to present concerns and request guidance from the HNSC.

E. Nurse Staffing Plan Requirements.

1. 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 HNSC 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 UBC 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 UBC must have a mechanism for meal breaks and rest breaks on each shift, which shall be

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implemented consistent with professional nursing judgment and patient care needs.

2. Written staffing plans must comply with applicable Oregon Nurse Staffing Law. Disputes regarding this Section shall be referred to the HNSC, unless the dispute is submitted to OHA as otherwise allowed in the Oregon Staffing Law.
3. Minimum Staffing: The Medical Center will comply with the nurse-to-patient ratios in Oregon's Nurse Staffing law (Enrolled House Bill 2697), as amended.

F. Meal and Break Coverage. The Medical Center commits to providing meal and rest break coverage that allows nurses to take their meal and rest breaks, including lactation accommodations.

~~1. The plan for meal and rest break relief will comply with applicable law and be posted on each unit.~~

~~2. A nurse who is relieving another nurse for a meal or break period must be qualified and hold the competencies to provide the required patient care during the meal or break period.~~

~~3. Missed Meal Periods/Breaks. Starting June 1, 2025, in the event a Registered Nurse accurately reports a missed rest or meal period using the Medical Center's designated process for reporting, in addition to their earned wages they will be eligible to receive, upon request, a single payment equivalent to an additional hour (1.0) of pay at their base rate for a missed meal period and an hour (1.0) of pay at their base rate for each missed rest break in the next payroll period. This penalty payment will not be counted as an hour worked for any reason, including seniority, PTO accrual, overtime, etc. Nurses who decline to take a meal period or break when offered, and who do not immediately escalate declining a meal period or break through their chain of command, are not eligible for this payment. This is the sole remedy for missed rest breaks and meal periods.~~
~~[section F moved to Art. 5]~~

F. Meetings of the Hospital Nurse Staffing Committee.

1. The members of the HNSC 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.
2. The Medical Center will release members, or alternates when necessary, of the HNSC from scheduled shifts to attend committee meetings.
3. Partnership between Medical Center and ONA. As a routine part of monthly Task Force meetings between ONA and the Medical Center, the parties **agree to may** review relevant data and dialogue on issues related to workforce planning. Routine data to be reviewed at Task Force meetings includes, but is not limited to, current vacant positions, turnover of RN staff since previous meeting, RN new hire data since previous meeting, and the number of float hours for each unit.

G. Staffing Effectiveness. The Medical Center and ONA are committed to adequate nurse staffing on each unit in order 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 Registered nurse openings: Upon notice of upcoming Registered nurse vacancies, the Medical Center shall post the vacant position within two (2) weeks of **receiving the notification the position becoming vacant**, unless determining factors, including but not limited to 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, **on request of the UBC**, present **any of** the planned changes to the UBC.

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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~~ **post** any resulting shift vacancies **below core** prior to each schedule or during the current schedule period.
3. Registered nurse Staffing Updates: Upon request by the UBC, the Medical Center will share information about unit Registered nurse FTEs and vacancies.
4. Staffing Concerns: Registered nurses who have immediate and ongoing concerns that staffing is not being sufficiently addressed may communicate to the parties below to work towards resolution, **in order where possible:**
 - a. Unit charge nurse
 - b. House Supervisor
 - c. Core leader
 - d. Nursing director
 - e. HNSC via their division representative or co-chair(s) of the HNSC
 - f. ONA Task Force via the HNSC co-chairs

H. 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 will play an instrumental role in problem-solving capacity concerns, and their input will be sought in the decision-making process.