Medical Center Proposal

The Employer reserves the right to add to, edit, delete or modify any of the terms of these proposals at any time during negotiations. Article and MOU numbering and titles may be adjusted upon mutual finalization of the complete collective bargaining agreement. All agreed to pay provisions, unless otherwise stated, will be implemented the first full pay period following ratification.

ARTICLE 18 – NURSING CARE DELIVERY

18.1 No Changes
18.2 No Changes
18.3 No Changes
18.4 No Changes

18.4.1 Staffing plan. Pursuant to ORS 441.155; the staffing plan shall:

(a) Must 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 that the hospital is staffed to meet the health care needs of patients;

(b) Must be based on a measurement of hospital unit activity that quantifies the rate of admissions, discharges and transfers for each hospital unit and the time required for a direct care registered nurse belonging to a hospital unit to complete admissions, discharges and transfers for that hospital unit;

(c) Must be based on total diagnoses for each hospital unit and the nursing staff required to manage that set of diagnoses;

(d) Must be consistent with nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations;

(e) Must recognize differences in patient acuity and nursing care intensity;

(f) Must establish minimum numbers of nursing staff, including licensed practical nurses and certified nursing assistants, required on specified shifts, provided that at least one registered nurse and one other nursing staff member is on duty in a unit when a patient is present;

(g) Must include a formal process for evaluating and initiating limitations on admission or diversion of patients to another hospital when, in the judgment of a direct care registered nurse or a nurse manager, there is an inability to meet patient care needs or a risk of harm to patients;
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(h) Must consider tasks not related to providing direct care, including meal breaks and rest breaks; and

(i) May not base nursing staff requirements solely on external benchmarking data.

Staffing plans must include a mechanism to measure patient acuity and nursing care intensity. A patient acuity and workload intensity tool shall be adopted by the UBPC in accordance with the process for adoption of a staffing plan as outlined in Article 18.4.4. This tool will be included with the staffing plan for approval by the Nurse Staffing Committee.

The Medical Center will maintain staffing levels on each unit aligned with professional organizations' standards and guidelines and supported by the acuity tool as listed above.

18.4.2 No Changes

18.4.2.1 No changes