

ARTICLE XVI – 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 will amend Oregon's Hospital Nurse Staffing Law to establish minimum staffing levels 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.
- B. The Medical Center will adhere to the Oregon Nurse Staffing Law, which will be included for reference in the Professional Agreement Contract Book.
- C. The Hospital Staffing Plan
The Oregon Nurses Association and Providence St. Vincent Medical Center recognize the patient care benefits of direct caregiver input regarding unit staffing, competency, acuity standards, and other criteria that impact the quality of care.
1. The Hospital 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 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. Unit based staffing committees, whether separate or part of another department committee, will 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.

Deleted: The Medical Center, ONA, and the nurses at the Medical Center have a joint commitment and a shared interest in providing a healthy work environment, to support and foster excellence in the provision of patient care. The parties echo the statement from the American Association of Critical-Care Nurses that the nursing shortage cannot be reversed without a healthy work environment that supports excellence in nursing practice. Toward that end, the parties are committed to working together – including using the existing processes – to address the elements of a healthy working environment and agree with the AACN statement: "Healthy work environments do not just happen. Therefore, if we do not have a formal program in place addressing work environment issues, little will change." Caregiver engagement surveys that measure the work environment using the criteria outlined by the ANCC Magnet Recognition Program will occur at a minimum of every two (2) years. Unit administration will share the results of these caregiver surveys with their departments and develop plans to address the issues that the units identify as top priorities

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4. The Employer will pay for unit-based staffing committee-related time performed in collaboration with the core leader directly related to developing the unit staffing plan, in anticipation of presenting to the Housewide Staffing Committee for review and/or approval. Unless pre-approved by core leader, outside preparation time for unit-based staffing committee 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 Housewide Staffing Committee representative (or, if none, the unit staffing co-chair) may escalate the matter to the Housewide Staffing Committee to request time on the agenda at the next Housewide Staffing Committee for the unit to present concerns and request guidance from the Housewide Staffing Committee. Nurse Staffing Plan Requirements.

1. 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 Housewide Staffing 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. Disputes regarding this Section shall be referred to the Housewide Staffing Committee.

2. Minimum Staffing: The Medical Center will comply with the nurse-to-

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patient ratios in Oregon's Hospital Staffing Plan law (Enrolled House Bill 2697), as amended, by June 1, 2024.

3. 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).

a. The plan for meal and rest break relief will be outlined in each unit's nurse staffing plan.

b. 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.

E. Meetings of the Housewide Staffing Committee.

1. The members of the Housewide Staffing 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.
2. The Medical Center will release members (or alternates when necessary) of the Housewide Staffing Committee 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 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.

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F. 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, 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 present the planned changes to the UPC.
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.
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:
 1. Unit charge nurse
 2. House Supervisor
 3. Core leader
 4. Nursing director
 5. Housewide Staffing Committee (HWSC) via their division

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- representative or co-chair(s) of the HWSC
6. ONA Task Force via the HWSC co-chairs

G. 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.