

Memorandum of Understanding
OPERATING ROOM REORGANIZATION

PURPOSE

In an effort to improve readiness in the OR, the hospital has decided to implement a complete OR team staffing model for nights and weekends. The desire is to have a designated team in-house as the first level of response for trauma and urgent medical conditions requiring surgery. In order to achieve this, the hospital has entered into negotiations with unit representatives of the bargaining unit to transition the current “hybrid” positions to “in-house” teams. The purpose of the Hybrid teams, and now the In-house teams is to minimize call as the first line of response in the OR and to utilize call shifts for support and adjunct staffing.

On April 23, 2013 Sacred Heart Medical Center (Hospital) and Oregon Nurses Association (Association) initiated a process to discuss the Hospital proposed Operating Room Reorganization. To date the Hospital and ONA have met on the following dates: 4/23, 5/14, 5/21, 5/28, 6/13, 7/17, 7/24 and 7/31/2013. The following are the agreements from those meetings.

1. AGREEMENTS

In an effort to minimize disruption to the lives of all the Register Nurses due to a department- wide reorganization, the parties agree to focused negotiations that will meet both Hospital and staff’s needs and negate a department-wide reorganization.

The tentative implementation date for this agreement is October 6, 2013.

- A. The Hospital has identified the need to modify the current Hybrid Registered Nurses positions. Hybrid Registered Nurses positions will be eliminated and have layoff rights according to Article 14 of the current Collective Bargaining Agreement between the Oregon Nurses Association and Sacred Heart Medical Center (August 12, 2012 – June 30, 2014)
 - (1) This agreement nullifies Appendix M “OR Hybrid On-Call Positions” of the Collective Bargaining Agreement (August 12, 2012-June 30, 2014)
- B. The Hospital will create five new positions as indicated below. These positions will first be available to current Hybrid RNs as specified in Section 2 of this MOU. All agreements regarding these positions and their benefits will remain in effect unless renegotiated with the Association.
 - (1) Two (2), Day Shift, 12 hour shifts, every Saturday and Sunday, (FTE 24 hours)
 - (2) Two (2) Night Shift M-F, 10 hour shifts, pattern includes seven (7) day stretch every other week, (FTE 25 hours)
 - (3) One (1) Night Shift, 12 hour shift, every weekend, (FTE 24 hours).
- C. Positions noted in B (1), (2) and (3) will receive full time benefits per Article 15.
- D. Positions noted in B (1), (2) and (3) (Agreements) will, in addition to all applicable differentials, receive a \$5.00 per hour incentive.

- E. Positions noted in B (1) will also receive Facilitator Pay (currently \$2.20 per hour) as specified in Article 9.5. Pay will be awarded to the RN that fulfills the Team Lead/facilitator duties on the weekend day shift.
- F. Positions noted in B (1), (2) and (3) will not be required to take regular monthly call.
- G. Positions noted in B (1) and (3) will not be required to take holiday call.
- H. Two- 8-Hour day shift positions will transition to 10- hour shift positions - by volunteers or attrition - preferably with either a 35 or 40 hour FTE. Per Article, 8.4.3, Jim Bolig, Nurse Manager, sent an email out on August 1st asking for volunteers to move to 10-hour shifts. Nurses have until August 16th to notify Jim of their interest in changing shift length. If there are more volunteers than positions, they will be filled by seniority order. If no qualified internal candidate volunteers for one or both of the 10-hour shift positions; the positions will occur through attrition of current day shift 8 or 9 hour shift positions.
- I. Short Notice or regular shift PTO for positions noted in B (1), (2) and (3) (Agreements) will be filled by regular OR staff volunteers according to Section 8.7 of the Collective Bargaining Agreement or by On-Call staff. Volunteers or On-Call staff will not be required to be on-premises during these periods.
- J. Absences Longer Than One Cycle - In the Event of one and/or more Registered Nurse in positions noted in B (1), (2) and (3) (Agreements) being absent for one of the following:
 - (1) Vacation longer than one cycle,
 - (2) FMLA longer than one cycle,
 - (3) Leaves of absence longer than one cycle,
 - (4) Work place injury/Light Duty assignments that within good reason may prevent the nurse for being available for longer than one cycle,
 - (5) Any time off that is scheduled or unscheduled which may be longer than one cycle
 - (6) Military leaves longer than one cycle

The Hospital will as soon as being notified of a leave or vacancy by staff for positions noted in B (1), (2) and (3) (Agreements), request volunteers during a five working day period and then contract a traveler agency to fill uncovered shifts. The Hospital may consult with operating room Association representatives to identify reasonable options.

- K. On-Call Staff Monday thru Friday- OR will be staffed night shifts by a Registered Nurse Monday thru Friday. The Hospital will maintain one additional 2300-0700 On-Call Registered Nurse 2300-0700 Monday thru Friday as is current practice. The On-Call Registered Nurse will be called in per the call practice as of June 1, 2013 (see attached). Any proposed changes in call scheduling practices will be handled per contract Article 8.12.
- L. Holidays Shifts and/or Holidays Preceded By Saturday and Sunday- If a Registered Nurse in positions noted in B (1) or (3) (Agreements) regular schedule includes a Saturday and Sunday

prior a to Monday holiday (Memorial Day or Labor Day, not, other holidays that may fall on Monday's) the nurse will work that Saturday and Sunday as part of their regular schedule.

M. In the event of night shift staff call off (sick, FMLA, emergency, PTO etc.) – the hospital will offer voluntary “sleep in” shifts to backfill at 3 times Tier 1 call pay (currently \$15 an hour). The scheduled on-call nurse would be offered this first followed by other volunteers.

(1) If the scheduled on-call nurse does not agree to “sleep in,” they will remain on call at home at the applicable call rate. Another volunteer would then be offered Tier 2 to work from home. If there are no volunteers to be the (back up on-call nurse), call would be assigned based on a system of rotation, commencing with the least senior nurse. (Appendix C, #4) Reasonable effort will be made to notify that nurse with a minimum of two (2) hours' notice.

N. Holiday call will not require any RNs to be on premises.

2. Elimination of Hybrid Positions

- A. Any current hybrid RNs would have the opportunity to bid on one of the new positions in seniority order or, utilize their rights under Article 14 – Work Force Reduction; or, be granted a per diem position in the department.
- B. Current hybrid RNs will receive written notice of the intent to eliminate their position via email and certified mail.
- C. The hybrid RNs shall choose, within 14 calendar days of receiving notice, and in order of house-wide seniority either one of the 5 new positions specified in Section B “Agreements”; or their rights under 14.1.2, 3 (a) – (d); or be granted a per diem position.
- D. Following this process; any unfilled positions outlined in Section B “Agreements” will be posted and filled per Article 13 of the Collective Bargaining Agreement.

3. Weekend PTO

The following exception shall apply to Appendix B Scheduled Time Off (b) for the main operating room

- A. For shifts that cover the period from 2400 Friday night through 0730 Monday Morning.)
 - i. Where core staffing is one (1) through four (4) nurses, a minimum of one (1) nurse shall be granted time off.
 - ii. Where core staffing is five (5) through eleven (11) nurses, a minimum of two (2) nurses shall be granted time off.

4. Team Lead Pay

The following changes shall apply to Team Lead Pay referenced in the Collective Bargaining Agreement, Appendix C "OR, PACU, Cath Lab On-Call Time #6

- A. Nurses in the new positions [B (1), (2) and (3)] will assume the duties of Team Lead while they are working. On the weekend day shift the nurses will alternate responsibility for the role of Team Lead unless mutually agreed. The weekend day shift nurse in the role of Team Lead will receive Facilitator pay.
- B. If these nurses are not working, another OR staff nurse will be assigned Team Lead duties and receive the applicable pay.

5. Transition plan for night and weekend coverage.

During the transition from Hybrid night and weekend coverage of the OR to covering with regular staff, the hospital will continue to cover gaps with call shifts while endeavoring to recruit staff to the open positions. Management will try to mitigate the impact on staff by utilizing travelers or by offering staff a mutually agreed upon incentive and to cover these gaps in the schedule. If no volunteers, then call will be assigned per Appendix C #4.

If by the end of calendar year 2013 management is unable to fill the positions, they will petition the administration for a training program that would require a commitment to the OR for two years. This training program would help bring additional qualified staff into the OR to help with overall staffing needs as well as filling these new positions.

Current Call Practice for the Main OR (as referred to in Agreement “J”)

The current OR call guidelines are as follows: When an emergent case is booked, the Team Lead is responsible for calling in one surgical tech and one RN to complete the case. In the event of a full trauma, there are two RNs and one surgical tech called in.

At any point, if an emergent case becomes more critical and the RN feels that more help is needed, an additional RN may be called in to help with the case. During the hours of 2300 to 0700, when there are two RNs on call, if there is a full trauma in progress or a case where two RNs are needed and another emergent case or trauma arises the Team Lead shall call in another surgical tech and one of the RNs shall tend to the second room. The administrator on call will then be contacted and come in if needed. The administrator will help orchestrate calling in additional RNs to help with the emergency.