Memorandum of Agreement

FBC Scheduled Call

In support of patient care needs and staffing the Family Birth Center, a call nurse OR 3\textsuperscript{rd} nurse shall be scheduled every shift to meet the goal of one above core.

1. Start date: 7/25/18
2. Call in time- The call or 3\textsuperscript{rd} nurse has 45 minutes to arrive at CMH following notification from the nursing supervisor
3. Scheduling- Less than an average of 30\% of the months scheduled shift will have three nurses scheduled. Call shall be assigned equitably with manager approval. Nurses may trade after the schedule is posted. The procedure is to fill out the shift exchange form and turn in to time keeping for approval (per process). Voluntary trades and other changes made to the call schedule do not count towards unscheduled pay OT or in call distribution totals.
4. The call nurse will only be called in to work in the FBC. A call nurse will not be used to replace a scheduled nurse to float.
5. When there is a vacancy for a shift the goal is to maintain the call nurse and try to cover the vacancy with someone not scheduled to work
6. The call nurse is not required to respond or be available until their scheduled call time
7. Call times will run in conjunction with shift length i.e- 12 hour shift/12 hour call
8. If it is post-partum care that is needed the call nurse does not get called in if there is a float nurse available and the unit is meeting the standard of having 2 FBC RN's in house. Skill and ability of the float nurse needs to be considered with patient census and the supervisor should consult with charge nurse prior to floating a nurse from another department
9. If there are 3 nurses scheduled and not needed then a nurse will either be placed on dock standby, floated for helping hands if needed, or have the option for orientation to another department if previously arranged.
10. The nurse may declare an intent to orient to another department and will communicate that desire with the FBC manager and the manager of the floor they wish to orient to.
11. Once oriented the nurse in the FBC should not work on another unit if they are scheduled to be the call nurse or 3\textsuperscript{rd} nurse in the FBC. The goal of the call nurse is to be available for an obstetrical emergency. If there is a hospital staffing crisis, then a staffing huddle should be called by staff or the supervisor. If it is deemed that for patient safety the best option is to float the nurse AND the FBC is staffed appropriately, the call or 3\textsuperscript{rd} nurse may be floated. The nurse floating must be completely oriented and able to take a patient assignment.
12. All other sections of Article 36 Dock Standby/On-Call apply where not in conflict with the memorandum of agreement

Trece Gurrol Date Amber Cooper Date
VP Patient Care Services Labor Representative, ONA