OF UNDERSTANDING
OREGON NURSES ASSOCIATION
AND
MCKENZIE-WILLAMETTE MEDICAL CENTER
WHBCC Mandatory Call
Counterproposal presented September 4, 2020, 12:15 p.m.

1. The parties agree work-life balance is important for Women’s Health, Birth, and Child Center (WHBCC) as well as other nurses in our bargaining unit. Thus, they agree to modify both their collective bargaining agreement and their memorandum of understanding on mandatory call dated August 13, 2020 as stated below. This agreement exceeds AWHONN guidelines for hospitals with more than 500 births annually by outlining both a contingency plan and mandatory call when the master schedule falls below 60%.

2. Monthly, the Hospital shall maintain, and post in the WHBCC department, a roster of WHBCC nurses listing each nurses’ specified skill codes.

3. When mandatory call is not implemented, WHBCC nurses agree to come to work for a nonscheduled shift in an emergency, if they are willing and able.

4. If the unit’s master schedule falls below sixty percent (60%), then mandatory call will be implemented as detailed below. The denominator to calculate the sixty percent (60%) shall be the total number of filled and vacant benefited positions in the previous twelve months. The numerator shall be the number of benefited nurses oriented to the labor and delivery skill code.
   a. The American Nursing Association recommends that nurses not exceed forty work hours per week to allow work-life balance. Each benefitted nurse shall pick up monthly mandatory call based on their FTE: 24 hour/week positions have 12 hours, 30 hour/week positions have six hours, 36 hour/week position have four hours. The employer shall be required to post open shifts by the 5th of each month and nurses shall pick up mandatory call shifts by the 10th day of each month.
   b. The mandatory call nurse shall always be offered the opportunity to be cancelled first whenever the unit has two nurses on low-census standby (§12.2).
   c. In no case shall the Hospital call in a nurse from mandatory call
      i. when a WHBCC is floated to another unit as a sitter,
      ii. for a scheduled procedure(s), including inductions and cesarean section, and
      iii. for any other scheduled staffing situation, including earned leave or FMLA/OFLA.
   d. Nurses on mandatory call shall only be utilized for an obstetrics emergency, including gestational hypertension (HTN) emergency, cord prolapse, two or more sick calls, abruption, uterine rupture, crash cesarean section, and neonatal resuscitation.
   e. Two weeks ahead of time, the Hospital shall identify the list of skill code holes and present them to WHBCC nurses.