MEMORANDUM OF UNDERSTANDING

WHBCC Floating Guidelines

FINAL TA MARCH 23, 2017

1. ALL regularly scheduled WHBCC RN’s will hold four (4) of the following skill codes: labor/delivery, mother/baby, circulating, nursery, pediatric or a scrub. They will maintain such skill code throughout their employment at WHBCC. Resources staff and charge nurses can volunteer to hold additional skill codes so long as they work that skill code enough to remain competent.

2. WHBCC RN’s can choose if they want to continue to float to units other than WHBCC. Each individual nurse’s decision will be mutually respected by the hospital and other nurses. No existing WHBCC RN’s will negatively impact the decision of those nurses who choose to continue to float.

3. WHBCC RN’s can be floated to be a sitter for any other unit in the hospital. If a standby is floated to be a sitter, they will be released back to the floor within the 30 minute report time when needed, unless there is an emergent situation, in which case, they will be released immediately. RN’s will be floated in the following order: (1) Volunteers, (2) Inverse order of seniority on a rotational basis such that at the time the need arises, whoever is not needed on the unit to perform a specific skill or whose skill can be covered by another nurse. WHBCC RNs who serve as sitters must be adequately oriented to the proper care of that patient.

4. WHBCC RN’s will not be floated in the capacity as a CNA or RN to other units (except as outlined above).

5. WHBCC RN’s who hold the pediatric skill code and who need to float to another unit to care for a pediatric patient will not have a team of any other patients, unless the RN volunteers to do so.

6. GYN patients and minor surgeries (such as, but not limited to: appendectomies, cholecystectomies, etc.) will continue to be placed on WHBCC and it is the expectation that ALL WHBCC RN’s can take these patients.

Skill Code Requirements for WHBCC

1. Unless otherwise approved by the WHBCC Manager, WHBCC needs to have an equal number of RN’s that hold a nursery, pediatric, and scrub skill code on each shift. Initially, the manager will determine how many of each skill code currently exists on each shift and the complimentary number of each skill code needed. Then, by order of seniority, each RN who does not have a total of four (4) skill codes will choose the skill code for which they wish to train.

2. The manager and each RN will work collaboratively to develop a training plan. Both parties acknowledge that training will take some time and only a few RNs can be trained at one time.

3. On an ongoing basis, newly hired WHBCC RN’s can be required to hold up to four (4) skill codes based on the needs of the unit as a condition of employment. The manager, the newly-hired
RN, and the RN’s preceptor will collaborate to determine when the newly-hired RN is ready to train and hold the additional skill code. Every effort will be made to maintain a balanced number of each skill code on each shift through this process. However, if job changes create a skill mix that is insufficient to cover the needs of the hospital, existing RN’s may be required to change skill codes in the following order: 1. Volunteers, by seniority on the affected shift. 2. The least senior employee(s) on the affected shift may be required to train for the other skill code. In this event, they will not be expected to maintain their former skill code, unless they so choose. The total length of time to get all RN’s trained in their new skill codes will be determined by the Manager, based on the needs of the department. When an RN is identified as being “next” for training/precepting in their new skill code, the Manager will work with the RN to assign orientation days based on the needs of the unit. The RN may be assigned partial or full days of orientation with an appropriate preceptor and may continue to work on alternate shifts in their existing skill codes. The Manager and the RN will work collaboratively to determine when the employee is adequately trained to take their own patients in their new skill code, but will orient frequently enough to be fully trained 6 months from the start of their training/precepting. RN’s who train for the pediatric skill code may have a longer than 6 month training/precepting if the volume of patients warrants such as determined by the Manager.

4. Pediatric Patients are defined as patients up to 18 years of age.