MEMORANDUM OF UNDERSTANDING #2

On-Call Staffing in Labor & Delivery Unit

The Oregon Nurses Association (“Association”) and Oregon Health & Science University (“Employer”) hereby agree to the following provisions regarding on-call staffing in the Labor & Delivery Unit. These provisions shall be in effect for the life of the parties’ current Agreement:

1. The Employer may maintain the practice of having nurses sign up for call shifts of their choosing, including one mandatory eight (8) hour call shift per 4-week work schedule. The Employer may, if necessary based on operational need, expand the mandatory call requirement to one twelve (12) hour call shift per 4-week work schedule. Nurses who sign up for a weekend call shift of eight (8) or more hours may have that weekend call shift count toward one of their weekend work obligations during a four-week scheduling period.

2. If the unit manager and the UBNPC at any point jointly determine, based on an assessment of current staffing and patient volume on the unit, that a voluntary on-call system would suffice to meet the unit’s staffing needs, the unit may implement such a system. If Employer’s designated call shifts (up to the number of unit FTE nurses multiplied by eight hours or twelve hours if operationally necessary) are not filled through voluntary call, the Employer can, at its discretion, implement a mandatory call system assigning nurses shifts up to one eight (8) hour call shift (or a twelve (12) hour call shift if necessary based on operational need) per four-week work schedule.

3. If either party determines that the call system as set forth herein does not meet the staffing needs of the unit, then that party may so notify the other party and offer to bargain over a new method for meeting those needs, in which case the parties will proceed in accordance with ORS 243.698.

4. This Memorandum of Understanding shall be effective upon ratification.

OREGON NURSES ASSOCIATION                         OREGON HEALTH & SCIENCE UNIVERSITY

By: ________________________                        By: ________________________
Date: ______________________                        Date: ______________________