APPENDIX B — SURGICAL SERVICES STANDBY AND CALL-BACK

The following standby and on-call policies shall apply to all regular nurses in surgical services, and those Per Diem nurses in surgical services who volunteer for standby assignments:

1. **Assignment of Standby Shifts.**
   Regular and introductory nurses will be assigned a maximum of one (1) standby shift per week and one (1) weekend standby shift per month. Nurses will not be floated to another department during such standby or call-back shifts. Nurses may volunteer for additional standby shifts.

2. **Standby Hours.**
   Scheduled standby shifts may be designated on each unit based on Hospital needs.
   
   For pre-scheduled Operating Room weekday standby shifts (Monday at 1700 through Saturday at 0659):
   
   **A. For nurses who are already working:**
   1. If standby time is needed at the end of a nurse's scheduled shift, standby hours will begin at 1730.
   
   **B. For nurses who are not already working:**
   1. If a nurse who is not already working picks up standby hours from an already working nurse, the shift will start at 1700.
   2. If a nurse is not already working and is scheduled for standby, that shift will start at 1700.

   For pre-scheduled Operating Room weekend standby shifts, the weekend is defined as Saturday 0700 to Monday at 0659.

   For pre-scheduled PACU weekday standby shifts, if a nurse is not already working, standby time will start at 2000. If a nurse is currently working, standby time will start when the nurse’s MDO begins or once the nurse has clocked out at the end of their shift.
For pre-scheduled PACU weekend standby shifts, the weekend is defined as Saturday at 0800 to Monday at 0759.

Nurses will continue to flex their hours as requested by the Hospital to meet operational and patient care needs. The Hospital may, on occasion, request that the nurse start their standby hours earlier to meet patient care and operational needs.

In the instance operational needs dictate the scheduling of a second call team, those nurses would be provided standby consistent with Article 9(B)(2).

Minimum arrival times are as follows:
- Operating Room: 30 minutes
- PACU: 45 minutes
- Medical Procedures Unit: 30 minutes

A nurse may not be scheduled on standby for more than 48 consecutive hours without the nurse’s preapproval.

3. Standby Shifts. The following provisions will apply to all standby shifts:

   (a) Nurses will be paid at the standby rate set forth in Article 9.A for all hours on standby. The extra shift incentive rate will apply to call back on vacant and/or vacated call back shifts.

   (b) Nurses who are on standby or who agree to report to work outside their regular schedule and with less than 4 (four) hours of notice, despite not being on standby, will be paid subject to the minimum hour call-back provisions in Article 9.B. This provision does not apply to changes to regularly scheduled work shifts.

   (c) When nurses working can reasonably predict that their workload could cause them to work more than twelve (12) hours and they are unwilling or unable to do so, the nurses will alert the appropriate supervisor who will attempt to find volunteers to provide respite after 12 hours.
(d) If a nurse is called in and works on shift and is unable to receive an eight (8) hour break before his or her normally scheduled shift, the nurse may elect to be placed on MDO from the beginning of the nurse's regular shift until he or she receives up to an eight (8) hour break, provided, however, that the maximum number of MDO hours in combination with the hours worked that day shall not exceed the length of the nurse's prescheduled shift. The nurse will then report for work after he or she receives an eight (8) hour break and work for the duration of the nurse's regular shift (and longer if agreeable to the nurse and the Hospital). If there are not four (4) hours left in the nurse's regular shift at the time the nurse reports to work, the nurse will be given the opportunity to work a minimum of four (4) hours.

Contingency Plan for filling a Vacant and/or Vacated Call Shift:

- Each unit will follow departmental processes for filling call shifts;
- Management will request volunteers within the unit to fill the call shift;
- In the event the shift remains unfilled, the vacancy will be mandated to the next part-time or full-time nurse who has not previously filled an unexpected vacancy. Shifts are tracked on the Emergency Call Vacancy list which is maintained in the unit.
Pilot Program for Surgical Services – On Call Recognition Side Letter Agreement

The parties agree to pilot the following new program for Surgical Services. This program will be piloted for twelve months, after which it will be evaluated and may be renewed. Sunset on May 31, 2024.

The pilot program is intended to incentivize nurses to volunteer for additional on call hours to fill vacant and/or vacated call shifts. Vacated call shifts are defined as a previously assigned call shift that is vacated or an open call shift that remains unfilled subsequent to posting of the current schedule.

Effective first payroll period following ratification, nurses who agree to pick up a vacated or vacant call shift, will receive an additional $4 per hour for each hour of standby on that shift. The Hospital will use its best effort to have the lump sum bonus (less required withholdings) paid at the end of the pay period in which the vacant or vacated call shift is worked.

MEMORANDUM OF UNDERSTANDING – EXTRA CALL SHIFT INCENTIVE FOR VACATED CALL SHIFTS – SURGICAL SERVICES

This Memorandum of Understanding (MOU) is agreed by the Oregon Nurses Association/Oregon Federation of Nurses and Health Professionals (ONA/OFNHP) and Providence Milwaukie Hospital, hereinafter “the parties”, to solve a problem within the application of the collective bargaining agreement with respect to an incentive for working an unexpected vacant call shift in Surgical Services. This MOU is to be effective until the expiration of the current 2019-2022 collective bargaining agreement and not intended to create a precedent as to how other vacant call shifts in other units will be filled or incentivized.

Current language from Appendix B – Surgical Services Standby and Call-Back: Assignment of Standby Shifts

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“Regular and introductory nurses will be assigned a maximum of one (1) standby shift per week and one (1) weekend standby shift per month. Nurses will not be floated to another department during such standby or call-back shifts. Nurses may volunteer for additional standby shifts.”

Standby shift hours per the collective bargaining agreement may be designated on each unit.

Definition of a vacated call shift: A vacated call shift is defined as an unexpected vacancy due to sick call, leave absence or other reasons that the call shift cannot be fulfilled and after the schedule has been posted. This does not include additional volunteered call shifts or traded call shifts.

The expectation of the nurse vacating the call shift is to make attempts to trade call shifts with their peers. If unforeseeable to find coverage for the call shift the following contingency plan applies:

Contingency Plan for filling a Vacated Call Shift:

- Management will request volunteers within the unit and Share Care nurses to fill the call shift.
- In the event there is not a volunteer and all options have been exhausted, the vacancy will be mandated to the next part-time or full-time nurse who has not previously filled an unexpected vacancy. Shifts are tracked on the Emergency Call Vacancy list which is maintained by the Associate Nurse Manager and Nurse Manager, and posted at the Charge Nurse desk.

The incentive for working a vacated call shift that is not a regularly assigned call shift:

- Nurses will be paid $150 for every unexpected vacated call shift worked above the minimum contract standby assignment as stated above. The incentive is payable every three months from the date this MOUS is signed in the form of a bonus and added to the nurse's paycheck.
- At the end of each one month period, the nurse is responsible for notifying the Nurse Manager of the number of extra vacated shifts worked then the Nurse Manager will submit the paperwork to pay the bonus.
he nurse must meet the minimum contract standby assignments of four (4) weekdays and one (1) weekend a month for the four (4) week scheduling period in which the shift is worked unless the standby assignment was not satisfied due to prescheduled PTO or approved leave of absence.

The total incentive bonus is not to exceed five (5) or $750 per bonus period (three (3) schedule periods of four (4) weeks for a 12 week total).