ARTICLE 9 – SCHEDULING

A. Work schedules shall be prepared for twenty-eight- (28) day or monthly periods and will be posted at least two (2) weeks prior to the beginning of the scheduled period. A unit may opt to post the schedule for the two (2) scheduling periods that include Thanksgiving, Christmas and New Year’s.

1. At the time of initial posting, the Medical Center will schedule nurses for at least every other weekend off, or for two (2) consecutive weekends off after every scheduled weekend in the case of each full-time or part-time nurse who has been continuously employed by the Medical Center as a nurse for twenty (20) or more years, unless (a) a nurse agrees to be scheduled for any of such weekends or (b) scheduling is based on rotation of holiday work and an observed holiday falls on a weekend.

(a) When the Medical Center determines that it is reasonably feasible, consistent with staffing needs and patient care needs, the Medical Center will not require full and part-time nurses with at least thirty (30) twenty-five (25) years of continuous employment by the Medical Center as a nurse or twenty-five (25) years for Operating Room nurses, to work weekend shifts or full and part-time nurses with at least twenty-five (25) years of continuous employment by the Medical Center as a nurse to take mandatory call-back rotation in those units where being on-call is a requirement.

i. Notwithstanding subsection (a) above, the Medical Center will not schedule full-time and part-time nurses for shifts (excluding standby shifts) more than once every four (4) consecutive weekends if they have been continuously employed by the Medical Center as a nurse for thirty (30) or more years.

2. After the schedule is posted, a nurse will not be required to work an unscheduled weekend, except in emergencies, on which occasions Appendix A, Section L, will apply in accordance with its terms.
B. Nurses who are scheduled to report for work and who are permitted to come to work without receiving prior notice that no work is available in their regular assignment, shall either: (1) perform any nursing work to which they may be assigned or (2) if nursing service determines after consultation with the nurse that he or she is unqualified for the temporary assignment, then the nurse may elect to take the day off with PTO or as mandatory low census without pay. Except in emergencies, the nurse’s temporary assignment will not be to a unit where the nurse has not been oriented and no nurse familiar with the unit will be available during the assignment. When the Medical Center is unable to utilize such nurse and the reason for lack of work is within the control of the Medical Center, the nurse shall be paid an amount equivalent to four (4) hours, or one-half (½) the scheduled hours of the shift canceled if that number is greater than four (4), times the straight-time hourly rate plus applicable shift, certification and Clinical Ladder differentials; provided, however, that a nurse who was scheduled to work less than four (4) hours on such day shall be paid the nurse’s regularly scheduled number of hours of work for reporting and not working through no fault of the nurse.

The provisions of this section shall not apply if the lack of work is not within the control of the Medical Center or if the Medical Center makes a reasonable effort to notify the nurse by telephone not to report for work at least two (2) hours before the nurse’s scheduled time to work. It shall be the responsibility of the nurse to notify the Medical Center of the nurse’s current address and telephone number. Failure to do so shall preclude the Medical Center from the notification requirements and the payment of the above minimum guarantee. If a nurse is dismissed and is not notified before the start of the next shift that he or she would have otherwise worked, he or she shall receive four (4) hours’ pay in accordance with the provisions of this section.

C. Nurses will not be regularly scheduled to work different shifts, except that for the purpose of participation in an educational program, any nurse may agree to be regularly scheduled to work different shifts. Upon completion of the nurse’s agreed-upon participation in such program, the nurse will be reinstated in the nurse’s former regular shift. If more nurses within a unit request to be so scheduled than the Medical Center
determines to be appropriate for its operations, preference will be given to the earliest of such requests.

Nurses will not be required to work more than three (3) consecutive twelve- (12-) hour shifts without their consent.

D. Nurses should notify the Medical Center of any unexpected absence from work as far in advance as possible, but at least two and one-half (2½) hours before the start of the nurse’s shift.

E. Per Diem Nurse Scheduling.

1. A per diem nurse must be available for at least four (4) open shifts (each of the 4 required shifts must occur on separate days (i.e., there can be no breaking up of shifts to enable multiple partial shifts to be taken in one day)) as posted in the electronic scheduling tool, during each twenty-eight (28) day or monthly schedule period, which may include any open shifts of between four and twelve hours in length, at the nurse’s discretion;

2. A per diem nurse may completely opt out of one (1) work schedule each calendar year, provided the nurse notifies the Medical Center in advance of the preparation of the work schedule;

3. The four (4) available shifts must include any two of the following: weekend, evening, night, holiday, and/or standby or on-call shifts as assigned by the Medical Center, if those shifts are regularly scheduled in the nurse’s hired home unit where the nurse is to be assigned;

4. At least one (1) of the available assigned shifts in a calendar year will be on a holiday, which shall be chosen at the nurse’s discretion, and the holiday will be rotated between winter (Thanksgiving Day, Christmas Day, New Year’s Day or Martin Luther King Jr Day) and summer holidays.
(Memorial Day, Fourth of July, or Labor Day), in alternate calendar years
(for per diem nurses in units or departments with standby scheduling on
holidays, one [1] holiday standby shift will apply); and

5. The per diem nurse must meet the patient care nurse’s hired home unit’s
education requirement for the year.

6. A per diem nurse who has averaged twenty-four (24) or more hours of
work per week during the preceding twelve (12) weeks may apply in
writing for reclassification, except that a per diem nurse employed on a
temporary basis to replace a nurse on an approved leave of absence will
not be eligible for this reclassification. An eligible nurse applicant will be
reclassified as of the next schedule to be posted to a regular part-time or
full-time schedule, as appropriate, closest to the nurse’s work schedule
(including shifts and units) during the preceding twelve (12) weeks. A
nurse who is reclassified under this paragraph will not be eligible to return
to per diem status for one (1) year from the date of reclassification.

F. Unit Based Self-Scheduling

1. The Medical Center and Association Union will allow unit based staff self-
scheduling for any unit that has a consensus of the unit's nurses for this
practice. Within ninety (90) days of ratification, the topic of inequality
between shifts in relation to unit based scheduling and pattern scheduling
will be discussed at Task Force which may, for example, explore pilot
programs in designated units.

2. A nurse or team of nurses from the unit will may take and maintain
responsibility for assigning nurses into the unit core schedule, as
determined by the Medical Center, according to the provisions of this
agreement.

3. Units making use of this provision will determine their scheduling process,
and assignment of the nurses into the core schedule will be a fair and
equitable process. This process will have been agreed upon by members
of the Unit Based Council, including the nurse manager, and with notification by the ONA/Medical Center Task Force. If a nurse has a concern about the scheduling process that has not been adequately addressed on the unit level, the nurse may raise the issue with the ONA/Medical Center Task Force.

4. After the nurses schedule themselves, prior to posting, if changes are necessary for balance and skill mix, such changes will be made through voluntary moves to the extent possible, the manager (or designee) will ensure the schedule is balanced and meets the skill mix needs of the unit, or will make changes to adjust the schedule accordingly.

5. Each unit shall have a mechanism for tracking the quantity and frequency of changes made to nurse schedules and develop guidelines for making schedule changes. Tracking mechanisms and guidelines will be available for nurses to review in the case of mandatory schedule changes.

6. The Union agrees that the nurse manager for such units has final approval for each monthly schedule in a manner that is not arbitrary or capricious nor in violation of any provision of this agreement.

MEMORANDUM OF UNDERSTANDING – DEVELOPMENT OF PATTERN SCHEDULING

G. Pattern Scheduling. At the written request of thirty percent (30%) of staff nurses or twenty (20) staff nurses on the unit or in a department (or by shift if determined to be operationally feasible) the Unit Based Council shall be convened within one (1) month of the request to address the creation of a pattern scheduling system for that shift, unit or department using the method below.

1. The Medical Center, in accordance with Article 11 SB469 (2015), and applicable law will identify the core staffing needs and the number of nurses needed per shift, including the number of pattern schedules and
flexible \textit{variable} schedules on which to bid.

2. \textbf{A pattern schedule is defined as a preset repeating schedule.}

3. \textbf{A variable schedule is defined as a schedule without a repeating sequence. Variable schedules will follow the same weekend requirements outlined in Section A.}

\textbf{A.} The Unit Based Council, or designated staff solicits up to the top three (3) schedule pattern choices of each RN on the unit, shift or department.

\textbf{B.} The Unit Based Council develops at least one (1) pattern schedule (based on seniority preference and with nurses identified on the pattern/schedule) on which the unit may vote. \textit{The unit, shift, or department will vote to approve the schedule proposed by UBC. A two-thirds vote is required to submit the schedule for management approval. If the vote does not demonstrate majority support, the process will be referred back to UBC for further consideration.}

\textbf{C.} If approved by the manager, the selected pattern shall be implemented within two (2) schedule periods an agreed-upon timeframe with the Unit Based Council and unit manager. The manager will not withhold approval for arbitrary or capricious reasons.

No such system will be implemented without approval by both the unit manager and the majority vote of the nurses on the unit. Any such \textit{pattern scheduling} system will adequately address, at a minimum:

\begin{enumerate}
\item Scheduling that is as predictable and regular as possible with regard to the days of the week to be scheduled and worked over the course of a pay period or a scheduling period as defined in Section A of Article 9.
\end{enumerate}
b. Adhering to the weekend and holiday scheduling provisions of Article 9 unless the unit unanimously votes to suspend them. Such unanimity may be signified by a vote, signed letter or petition that is provided to both the unit manager and the Association Union.

1. e. A method to adapt any pattern schedule to meet changing patient and operational needs, including a method for the nurse manager to adjust the pattern/schedule on a case-by-case basis.

2. d. A method for nurses to bid into the patterns that are created and posted based on the provisions of Article 22 – Seniority.

3. e. Charge Nurses may also have a pattern or predictable schedule template, separate from staff nurse patterns, that meets the leadership needs of the unit.

B. In order to facilitate the implementation of pattern schedules, a unit may choose to temporarily suspend the process on that unit by which intermittently employed nurses who average twenty-four (24) or more hours of work per week in a twelve- (12-) week period, as set forth in Article 2(A)(12), for a period of no more than six (6) months.

C. If necessary to implement a pattern schedule on a particular unit, the Medical Center may post positions whereby a nurse would work different shifts notwithstanding the provisions of Article 9, Section C.

K. Maintaining Pattern Schedules and Guidelines.

1. The unit manager or designee shall be responsible for maintaining patterns, review, and posting patterns following vacancies.

2. Once the pattern schedule is implemented, no changes will be made to the nurses schedule, unless approved by the nurse.
3. When a pattern becomes vacant, the pattern will be posted to staff by email for bidding for 7 days. UBC may establish additional posting methods. The vacant pattern will be posted no later than seven (7) days following the vacancy.

4. An FTE vacancy shall be posted separately from the schedule pattern.

5. Nurses can only bid on schedule patterns that match their FTE and start time.

6. Nurses filling vacancies will be assigned either a variable schedule or a vacant available schedule pattern.

7. Staff will be notified of the successful candidate for vacant scheduling patterns. A log of schedule pattern vacancies and the successful bidder will be maintained and made available to staff.

8. Staff may trade a pattern for a temporary period of time, subject to manager approval and consistent with scheduling guidelines. Such trades shall not exceed 12 weeks. Nurses may also trade individual shifts.

9. Pattern schedules shall not apply during weeks with observed holidays.

D. For the duration of this Agreement, the development and implementation of pattern schedules will be a standing agenda item for the ONA-PPMC task force.