MEMORANDUM OF UNDERSTANDING
New Graduate Residency Program Cohort One August 2017

The Medical Center and Association agree to modifications to Article 13.13 “Positions for Recent Graduates” in support of a trial of a new Graduate Nurse Residency Program at Sacred Heart RiverBend. Nurses in specialty areas may participate in the Article 16.6 “Extended Training Programs” concurrently with the Residency Program as described in this memorandum.

The Graduate Nurse Residency Program will begin August 2017. Nurses will be hired to begin the program on staggered dates as RNs successfully obtain their RN license from the State of Oregon. Eligible nurses will have graduated with their ADN or BSN up to one year before entering the program and have been licensed for less than 6 months and have less than 6 months of Acute Care experience as a RN.

The parties agree to the program description as outlined in the attached Frequently Asked Questions and Program Overview documents.

There is no financial penalty if nurses do not remain at Sacred Heart for less than the requested two years following completion of the program. There is also no financial or disciplinary penalty for not completing other “expectations of the Nurse Resident” as outlined in the “Overview and FAQ documents” attached.

There will be sufficient preceptors to provide support for the nurse participants in this program. These preceptors will receive training in order to provide them with sufficient education, resources and support for their important work.

Nurse residents will be paid for the eleven program seminars. Nurses may miss two of the eleven seminars due to illness, PTO or other factors. In the event a nurse is required to attend the seminar outside of their normal shift, the nurse shall be compensated for the time spent at the seminar at their applicable rate of pay including differentials and overtime, if appropriate, for hours worked. Nurses that work twelve hour shifts will be given the option of taking voluntary low census with or without PTO for the four hours that would constitute their normal shift or they may notify their manager that they prefer to return to work for the remainder of their shift so they don’t suffer a loss of pay. The seminar schedule shall be provided to the nurses by September 5, 2017. Nurses will be notified of pattern changes needed to accommodate the seminar schedule prior to the posting of the schedule as described in Article 8.6.4.

**Med/Surg Program** (Medical, Oncology, Surgical, Orthopedics, Neurology, Pediatrics and Mom Baby). Nurses will be able to state their preferred clinical areas, the Medical Center will make an effort to honor those requests. However, the final assignments will be made based on unit-specific staffing needs. They will continue in these positions following completion of orientation and then follow the collective bargaining agreement provisions regarding transfer of units and shifts. The typical orientation for RNs entering the Med/Surg program is 3 months.

**Critical Care Program** (ICU, ED, Labor and Delivery, NICU) – Nurses will be hired into unassigned positions. Upon completion of orientation, the nurse must bid for available posted positions of 32 hours or more per week for which the nurse is then qualified. Typical orientation for RNs entering Critical Care is 6 months.

**Surgical Services Program** (PACU, Short Stay, Main OR) – Nurses will be hired into unassigned positions. Upon completion of orientation, the nurse must bid for available posted
positions of 32 hours or more per week for which the nurse is then qualified. Typical orientation for RNs entering Surgical Services is 6 months for foundational work, with an additional 3-6 months to become oriented to the pod system. (9-12 months)

Exceptions to the current contract language are needed to accommodate the new Residency Program. The parties agree to these modifications to the Collective Bargaining Agreement are for the first cohort that begins in August of 2017. The parties will meet to evaluate the program by October 16, 2017 and renegotiate the terms of this memorandum.

13.13 Positions for Recent Graduates. Notwithstanding the provisions of this Article, the Medical Center shall maintain the right to hire recent RN graduates and to post positions as recent RN graduate positions under the following parameters:

13.13.1 Unassigned positions. The Medical Center may hire recent RN graduates into unassigned positions to allow these nurses the maximum opportunity for learning and development. Nurses hired into such a position may remain in the position for a minimum of two (2) months, including new graduate orientation, and a maximum of twelve (12) months. (This applies to all except the Med/Surg Nurse Residents who are hired directly into their positions and will not need to bid on a position following orientation.)

13.13.2 Bidding on open positions. During this 12-month period, such nurses shall have the opportunity, upon becoming qualified, to bid on open positions, including positions available for filling only by recent RN graduates. These positions shall only become available as vacancies occur. (This applies to all except the Med/Surg Nurse Residents as stated above)

13.13.3 Limits on recent RN graduate positions. A maximum of one (1) out of every five (5) vacancies that become available on a unit and shift during a fiscal year (excluding vacancies occurring as part of a workforce reorganization) may be posted as recent RN graduate positions. The maximum ratio will not apply to the first cohort of Nurse Residents. The Medical Center will not hire more than 60 Nurse Residents in the first cohort.

14.2 Low Census. In the event of low census days/hours, nurses shall be placed on low census in the unit and shift where the low census occurs in the following order: (1) “agency” traveler and temporary nurses (unless a bargaining unit nurse volunteers to be placed on low census ahead of such a nurse), (2) nurses working at a premium rate of pay, including sixth and consecutive day pay, (3) volunteers, (4) per diem nurses scheduled following the posting of the work schedule, (5) regular nurses who are working that shift in excess of their regularly scheduled hours, (6) per diem nurses scheduled on the posted work schedule, and finally, by a system of equitable rotation among the remaining nurses, provided the remaining nurses shall be qualified and available to perform the available work. Nurses who are acting as preceptors for RNs in the residency program and RNs in the residency program will be exempt from the low census requirement for the duration of the orientation period. This includes voluntary and mandatory Low Census. For purposes of this provision, equitable rotation shall be defined as a system that assures that individual nurses over a span of two (2) consecutive work cycles do not bear a burden of placement on low census disproportionate to their assigned FTE.
The system of equitable rotation shall be established by consensus of the manager(s) of the nursing unit and a majority of the staff nurses on that unit. Nurses who are intermittently assigned to an area shall be deemed qualified to perform in those areas for purposes of low census staffing adjustment. Floating will not be counted as low census.

SACRED HEART MEDICAL CENTER
By: [Name]
Date: August 4, 2017

OREGON NURSES ASSOCIATION
By: [Name]
Date: 8/7/17
Nurse Residency Program Overview

History—Research shows that new graduate nurses employed in acute care facilities often experience challenges in the transition from nursing student to professional nurse. The chief nursing officers of academic medical centers (through University Health System Consortium - UHC), in collaboration with the American Association of Colleges of Nursing (AACN), have implemented a national program that reflects best practices for integrating new graduate nurses into the workforce.

Structure—Goals for nurses participating in the residency program include: transitioning from entry level to competent professional nurse, developing effective clinical judgment, providing clinical leadership at the point of care, formulating an individual career development plan, incorporating research and evidence into practice, and successful integrating into the health care team as a competent and confident nurse. The nurse residency program is structured according to the guidelines and recommendations provided by the Vizient/AACN. Key features include:

- Clinical orientation with a trained preceptor; extended orientation for specialty practice areas
- Paid monthly 8 hour seminars during the first year of employment. Seminars are led by content experts and emphasize patient outcomes, professional development, leadership, evidence-based practice, and clinical reasoning
- Completion of an evidence-based practice project

Who Participates—To qualify for this program you must be:

- Eligible nurses will have graduated with their ADN or BSN up to one year before entering the program and have been licensed for less than 6 months and have less than 6 months of Acute Care experience as a RN

Expectations of the Nurse Resident—Each resident:

- Attends and participates actively in all residency program activities
- Promotes a culture of evidence-based practice by completing an evidence-based practice clinical project
- Completes all required assessment tools at the beginning, middle, and end of the 1-year residency program
- Commits to working in the PeaceHealth system for 2 years after completion of the program.
- Completes a BSN degree within 4 years of hire (for ADN nurses)
- There are no financial or disciplinary penalties for not completing these expectations.
FAQs

Do I need an RN license to apply?
- You do not need a license to apply to the residency program, but you will need to pass the NCLEX and be licensed before the program start date.

I have an associate degree in nursing. Can I apply to the residency program?
- You are welcome to apply. If you are hired into the residency program with an ADN, you will need to complete a BSN degree within 4 years of hire.

I haven’t worked as a nurse for four years. Can I apply to the residency program?
- To qualify for this program you must be a new grad or an RN that has been licensed for less than 12 months with less than 6 months of Acute Care experience as an RN.

How many new graduate positions are there?
- The size of each group will vary depending on staffing needs.

How long is the program? Will I be paid while I am in the program?
- The program is 1 year long. You are hired into a position on your unit and all residency-related time is paid time. The residency program supplements your working at the bedside on your unit. Nurse residents are expected to maintain a 32 hour per week or higher FTE in the first year of the program.

Can I choose the area I want to work in?
- You will be able to state your preferred clinical areas and we will make an effort to honor your choices, but final assignments will be made based on unit-specific staffing needs.

Are there any costs or fees to participate?
- PeaceHealth recognizes the significant investment we are making in the development of your professional nursing practice. There is no cost to you but we are asking you to work to commit to the best of your ability to the program expectations.

Will I be working 8 or 12 hour shifts?
- Your shift length will depend on your unit of hire. Some units utilize 8-hour shifts and other units utilize 12-hour shifts. Nurses have been hired into positions with shift lengths depending on the availability of each unit and the preference of the Nurse taken into consideration. We have preceptors available for 8 and 12 hour shifts and our commitment is to give the nurses a consistent preceptor experience.

How and when can I apply?
- We currently hire 2 cohorts per year. Applications open for a period of time prior to each hiring window. New graduate nurses are not hired outside of the residency program.

Will there be opportunities to change units at any point after being hired?
If the nurse is not a good fit for the original unit, but is a good fit for the organization, there will be a discussion with the manager, educator, new hire and director. The Collective bargaining agreement with the Oregon Nurses Association provides guidelines for transferring between units in Article 13.10.

Will there be opportunities to change shifts within the unit once hired to that unit?
- If an opportunity arises to change shifts, we will follow our existing policies and the guidelines in the collective bargaining agreement with the Oregon Nurses Association.

How long will unit orientation be?
- Orientation will be based on the time it takes for them to become safe to practice independently. Literature typically outlines orientation approximation as follows:
  - Med-Surg Program: 3 months
  - Critical CareProgram: 6 months
  - Surgical Services Program including the Main OR: 6 months foundational, additional 3-6 months based on OR or E.g. Neurosurgery, Orthopedics, Cardiac, Vascular, etc.

Is the 2 year commitment 2 years from date of hire or 2 years from completion of the program?
The commitment is 2 years from the completion of the program to work in the PeaceHealth system.