MEMORANDUM OF UNDERSTANDING
New Graduate Residency Program Cohort September 2018
**AMENDED 10/15/2018**

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 and University District. 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 next Graduate Nurse Residency Program will begin September 2018. 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. In order to fulfill this commitment, the Medical Center shall assign more than one preceptors for each resident. 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 they attend. Nurses may miss two of the eleven seminars due to illness, PTO or other factors. The seminar schedule shall be provided to the nurses prior to their start date. There will also be unit specific training based on the resident’s home assignment. 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. In the event a nurse is required to attend the seminar or unit specific training 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. Reasonable efforts will be made to accommodate the nurse’s need for adequate rest if they are required to work a variable shift schedule in order to complete the required education.

- Nurses who experience a reduction in hours due to being taken off the schedule in order to attend a seminar or unit specific training will be given the option of taking voluntary low census with or without PTO for the equivalent number of 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 do not suffer a loss of pay. If it is not possible for the nurse to return to their unit for the remainder of their shift, nurses may make other arrangements to make up the hours rather than experience any reduction in pay.
• In the event a scheduled seminar or unit specific training is cancelled without sufficient prior notice for the nurses’ schedules to be adjusted, the affected residents will be provided with the opportunity to be placed on the work schedule, take a day off without using PTO, use their PTO or work on their assigned evidenced based project.

**Med/Surg Program** Medical (Riverbend and University District), Oncology, Surgical, Orthopedics, Neurology, OHVI4, OHVI5, Observation Unit, Rehab (University District) Pediatrics and Mom Baby. Nurses will be hired into unassigned positions. Nurses will be able to state their preferred clinical areas. The Medical Center shall make an effort to honor those requests. However, the final assignments will be made based on unit-specific staffing needs. Nurses 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 only for this cohort of 32 49 nurses (26 43 RiverBend and 6 University District) that begins in September 2018. The parties will meet in December of 2018 to jointly develop a set of surveys to solicit feedback from program participants, preceptors and staff nurses in order to inform the evaluation of the program.

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.

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.
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 second cohort of Nurse Residents. The Medical Center will not hire more than 49 Nurse Residents in this cohort. The Medical Center will ensure that each recent RN graduate is provided appropriate preceptor support and will ensure that each preceptor has an appropriate work load with the resources to provide support to the recent RN graduate.

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 (7) 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. Each resident RN shall be assigned more than one preceptor in the residency program to allow the preceptor to participate in both the mandatory and voluntary low census rotation. RNs in the residency program will be exempt from the low census requirement for the duration of the orientation period not to exceed six months. 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.