St. Charles Redmond - Staffing during the COVID-19 pandemic

December 18, 2020

St. Charles Redmond has made the decision that they need to implement alternative staffing.

STCR is acting under an Oregon-declared State of Emergency and has implemented its Facility Disaster Plan. This is the criteria for suspending staffing plans. Med/Surg ratios are planned to increase. The staffing plan ratios/acuteities should be evaluated by the Staffing Committee.

- ONA’s FAQ on Nurse Staffing

At this time the hospital has the ability to reassign to different shifts. **We support the hospital first seeking volunteers to fill its needs.** The hospital is maintaining it will work with nurses to make these changes. The hospital has made it known that if not enough volunteers are obtained, decisions will be made to mandate nurses change shifts, aka “redeployment.” ONA is working to be included in these decisions and assert fairness into the process. The hospital says they will not be offering any incentive pay on top of normal differentials to fill these needs. ONA will be meeting weekly with STCR upper management to review these staffing changes.

The plan STCR is immediately implementing is termed “Nurse Extender Program.” Nurses will be floated out as deemed necessary. Additionally, there will be determinations on some shifts being changed from 10 hours to 12 hours.

- FAQ from ONA on Declining Unsafe Assignments
- OSBN decision tree on the Scope of Practice Decision Making Guidelines For the RN and the LPN

If the situation worsens, STCR will consider Mandatory Overtime. There are strict criteria around Mandatory Overtime in a state of emergency.

- Mandatory Overtime FAQ from ONA:

OHA also provides interpretive guidance on Mandatory Overtime.

**Question:** Does the implementation of its facility disaster plan allow a hospital to require nursing staff members to work mandatory overtime?

**Answer:** Maybe. ORS 441.166(8)(a) and OAR 333-510-0130(10)(a) state that mandatory overtime rules do not apply “In the event of a national or state emergency or circumstances requiring the implementation of a facility disaster plan.”

The OHA has narrowly interpreted “circumstances requiring implementation of a facility disaster plan” to include only those events that are equivalent to a disaster for the given facility. A disaster is a calamitous event, especially one that occurs suddenly and causes a great loss of life, damage or hardship.
A hospital that implements its facility disaster plan in response to a lesser event is still subject to mandatory overtime limits.

Examples of such circumstances include:

• An event that causes an overwhelming and prolonged increase in a unit’s patient population. An overwhelming increase is one that significantly exceeds the maximum census contemplated by both the nurse staffing plan and the hospital’s Plan for Provision of Patient Care Services, Scope of Services, or similar document;

• An unexpected and prolonged hospital-wide power outage during which the hospital does not have use of a generator or backup power source; or

• An unexpected and prolonged systems failure that interrupts access to electronic health records (e.g., a ransomware attack).