ONA Proposal to OHSU Hillsboro 4.29.22

M. A nurse will be required to float only if, in Hospital’s view, the nurse’s primary unit is adequately staffed without the nurse based upon the unit’s approved staffing plan. For purposes of this section, “units” and or clusters are defined as those listed below in Article 1, Section A (except that ICU/PCU will be considered Critical Care and OR/Outpatient Surgery will be considered one unit). Geri Psych nurses will only float out of their unit on a voluntary, case-by-case basis; conversely, nurses will only float into Geri Psych on a voluntary, case-by-case basis. Nurses will not float outside their cluster except on a truly voluntary basis.

i. Medical Surgical- 5th floor, 4 West

ii. Critical Care- ICU, PCU

iii. Women and Children’s Center- Labor and Delivery, Postpartum, NICU, Pediatrics

iv. Surgical Services - Operating Room, Post- Anesthesia Care Unit, Day Surgery, TOPS- Outpatient Surgery, Endoscopy

v. Emergency Department

vi. Geriatric Psychiatry

vii. Clinical Resource Unit- float pool

a. i. Competency/Qualification. Nurses shall receive patient assignments commensurate with their skills and competencies. A nurse will not be required to float to a patient assignment that requires specialty competence for which he/she is not qualified. If a nurse feels that he/she is not qualified for a specific assignment, he/she should indicate the reasons why and give them at the time of the request to the appropriate charge nurse or appropriate supervisor/manager or designee for the record.
b. ii. Float Assignments. Nurses shall be floated only to work environments for which they have been fully trained. If the nurse communicates that they do not have the knowledge, skills and/or abilities to take a patient assignment, the nurse will not be floated oriented. For purposes of this section, "oriented" means that the nurse has received basic information needed to work on the unit, such as unit layout, location of supplies, and essential work protocols. A nurse may be oriented on a unit during the same shift that he or she is assigned to work, as long as such orientation begins before the nurse assumes any patient care duties. Each unit will develop its own written float guidelines with staff nurse input. Such guidelines will be available for viewing on each unit. Such guidelines will include sufficient information to orient the nurse on the unit.

c. iii. Floating Requirements. Nurses will not be floated more than once per shift. Nurses, including relief charge nurses, generally will be floated on a rotational basis, unless the charge nurse determines that the skill mix of the unit or the patient needs warrant a change in the rotation. The Hospital will make a good-faith effort not to float a nurse out of his/her unit when another nurse has floated into the unit on the same shift, unless such floating is required due to the expertise of the nurse or in order to meet patient care needs nurse possessing skills that the other nurse does not possess. If a nurse is floated out of rotation more than once per quarter, that issue will be raised at the next Labor Management Committee.

N. A schedule covering a minimum of a six-week period will be posted on each unit on the payday at least eight days prior to the beginning of the six-week period. After the schedule is posted on the applicable payday, adjustments to the posted schedule may be made only by mutual consent of the nurse and manager, unless an emergency situation necessitates a change, in which case the nurse will be given as much notice as practicable.
O. A nurse will not be scheduled for a full shift beyond the nurse’s budgeted hours without the nurse’s consent.