

**MNA PROPOSAL
LOW NEED PROCESS
UNITED HOSPITAL**

4/24/19

Time: _____

NOTE: This counter-proposal constitutes modifications of current contract language

14. **TEMPORARY STAFFING ADJUSTMENTS, LOW-NEED-DAYS, AND LAYOFF LAY-OFF**

Reduction of registered nurse staff may be made only in the event of a diminished number of needed nursing care hours. Reductions of registered nurse staff shall be determined by nursing management and any dispute relating to such reduction shall be resolved as provided in Section 25, Grievance Procedure. Unanticipated declines in patient needs may result in the need to temporarily reduce hours, but it is recognized by the parties that the basic policy shall be to use the layoff lay-off procedures of this Contract Agreement to accomplish staff reductions when a reduction in patient needs is reasonably expected to occur over a continuing period of time. Non-bargaining unit personnel shall not be utilized to replace any bargaining unit nurse whose hours are so reduced.

The order for cancellation of shifts (temporary reduction of scheduled hours)

1. Agency/Pool Travelers
 2. Per Diem
 3. Casual
 4. Regularly scheduled Registered Nurse hours scheduled less than twenty-four (24) hours before the start of the shift
 5. Regular low need process for regularly scheduled staff. (See Section (c) that follows)
 6. In the event of a mandatory low need, the regularly scheduled Registered Nurse will be given first opportunity for subsequent additional work hours for which she/he is qualified. She/he will have the ability to replace a casual or Per Diem nurse who is scheduled for a shift if necessary to maintain her/his work agreement (See Section (c) that follows)
- (a) Temporary Staffing Adjustment: Prior to utilizing Part (c) of this Section, nurses may be required to float to available assignments to other units for which they are oriented or otherwise qualified. Nurses assigned to units will be floated after the regular scheduled float pool nurses have been depleted and/or are not qualified to float to the unit. (See also Section 3 (e).

Upon arrival to the unit, the nurse will assess his/her patient care assignment and discuss any questions or concerns with the nurse in charge. If there are concerns that are not resolved, they shall be referred to the nurse manager. If still unresolved, the nurse shall have the right to document why he/she believes that he/she cannot

accept the assignment based on lack of his/her orientation or qualifications. In order to assure high quality patient care and to assure that each nurse meets his/her professional responsibilities/licensure, the following shall apply:

- (1) Prior to performing any nursing functions within a patient care area, the nurse will be provided an orientation at the beginning of the shift based on needs identified by a mutually conducted assessment of the nurse's ability, knowledge, and skills. Necessary orientation may include, but not be limited to, responsibilities of unit personnel; emergency and safety policies and procedures; nursing procedures and use of equipment; established systems of documentation and communication; and any orientation specific to the unit to which the nurse is floating. This nurse shall be assigned to a qualified, oriented nurse (buddy) for resource information throughout the shift, if requested.
 - (2) If the nurse is floated to an area in which the Hospital requires specialized preparation or orientation, the nurse who is floating shall perform only those responsibilities and functions for which he/she is qualified.
 - (3) A floating nurse will not be expected to function in a leadership role unless previously oriented, or in cases of emergency or unavoidable situations in which the leadership function cannot otherwise be provided.
 - (4) A nurse will not be expected to float during an established period of orientation to a new unit assignment at the Hospital unless there is an emergency or unavoidable situation which would have the effect of depriving patients of needed nursing care.
 - (5) A nurse who has forty one thousand six hundred (41,600) hours of seniority will not be expected to float unless no other eligible and qualified nurse is available to float.
 - (6) Casual nurses will float off the unit before regularly scheduled nurses.
- (b) Voluntary Low Need Days: Before resorting to Part (c) and (d) of this Section 14, the Hospital will offer the full-time and regularly scheduled part-time nurses an opportunity to voluntarily request a low need leave of absence without pay for up to ninety (90) calendar days. The Hospital will not permanently fill the nurses' position. In addition, the Hospital may, on a day-to-day basis offer individual low-need (requested absence) days to full-time and regularly scheduled part-time nurses. A nurse taking low-need (RA days) pursuant to Parts (b) and (c) of this Section 14 shall be given credit toward all benefits provided by this Contract and the Pension Plan for the hours lost.
- (c) Mandatory Low Need Days: If additional reductions are indicated, low need days shall first be taken by the casual and Per Diem nurses and then by the least senior

regularly scheduled nurse with the fewest mandatory low need hours in the contract year scheduled for the particular unit and shift where the reduction is necessary. Mandatory low need hours can only be issued in whole-shift increments.

No regularly scheduled nurse shall be required by the Hospital to take more than ~~three (3) low need days~~ twenty-four (24) low need hours per ~~Contract~~ contract year.

~~If the least senior regularly scheduled nurse on a particular unit and shift has been assigned three (3) low need days, the next least senior regularly scheduled nurse scheduled for the particular unit and shift may be assigned the low need day. In any case, the total of low need days under Part (c) of this provision shall not exceed three (3) per Contract year for any regularly scheduled nurse.~~ A nurse to be assigned a low-need day pursuant to this Part (c) shall be given a minimum of two (2) hours advance notice before the beginning of the shift.

Casual nurses, per diem or temporary nurses shall not be assigned to work on units for which the nurse receiving low need days is oriented or otherwise qualified. Nurses having hours reduced shall be given first opportunity for subsequent additional work hours that may become available to replace work hours lost.

(d) In the event it is determined that a nurse has been wrongly cancelled, the remedy shall be:

The Hospital will offer the grievant/employee the option of either (1) taking the low need that is the subject of the grievance and having the low need count toward the annual low need cap, or (2) getting paid for the hours the employee was low needed at the employee's regular base hourly rate of pay and not counting the low need toward the annual cap.

If the employee selects Option 2 and used vacation time to cover the hours of the low need, then the Hospital will restore the vacation hours that were used and provide any overtime premium shift differential, weekend differential, or holiday premium that would have been paid if the nurse worked the hours of the low need (if not already paid). No additional payment for hours that would have been worked will be required.

If the employee has already received benefit credit for the hours the employee was low needed, that credit will not be duplicated, however any vacation hours utilized will be credited back to the employee.