


Tentative Agreement

9/25/2023

SNA counter 9.25.23 to Hospital proposal 9.25.23 (SNA original proposal #27, 36)


HR REP
MacLennan
SNA

ARTICLE II - RIGHTS AND RESPONSIBILITIES

A. Assignment of Nurses

The Hospital has the right and responsibility to assign Nurses, including the assignment of Nurses to other shifts or service areas as deemed necessary by the Hospital management to maintain adequate coverage of Nurses for the assurance of quality patient care. In the exercise of its rights, however, the Hospital recognizes the responsibility of Nurses to their licenses and the assignment of Nurses to other service areas will be in accordance with Sections B, C, and D below.

B. Temporary Assignments

Nurses will be assigned only to areas, in which they are qualified, have received training, and have been properly oriented. However, a Nurse may be temporarily assigned to other areas under the following conditions:

1. In the event of an emergency

An emergency is defined as a sudden, unplanned occurrence such as, but not limited to, a major fire, epidemic, earthquake, etc., which results in a dramatic increase in patient census or increase in acuity of illness. All qualified Nurses will be called to work before a Nurse will be assigned outside ~~her/his~~ their area of normal expertise. Consistent with patient care, the Hospital will use reasonable efforts to alleviate the staffing problems created by the emergency.

2. In order to fill vacancies in other service areas

A Nurse may be assigned outside ~~her/his~~ their area of normal expertise (i.e., where ~~she/he~~ they have has not received training) in order to fill vacancies which occur in the regular functioning of the Hospital, such as absences of scheduled Nurses due to illness, a shortage of qualified Nurses in a service area, etc. In such situations, the Hospital will make every reasonable effort to secure other coverage; including calling all qualified Relief Nurses. A Nurse who floats (i.e., is assigned) to a department shall have been oriented to that department per Title 22 regulations. Orientation shall include but is not limited to a tour of the department and the identification to the floating nurse of the location of medications, supplies, equipment, and the disaster board.

A Nurse who floats into a department shall be subject to the process of competency validation for ~~her/his~~ their assigned patient case. Department

The UNION reserves the right to add, alter, amend, modify, substitute or withdraw any proposals during these negotiations.

1

8:13pm
9/25

competencies are to be made available to the Nurse floating into the department and discussed between the Lead Nurse and the Nurse floating to the department to identify competency gaps. Prior to the completion of validation, of the competency standards for a patient care department, patient care assignments shall be subject to the following restrictions:

a. Assignments shall include only those duties and responsibilities for which competency has been verified by the floating nurse; and

b. A resource nurse shall be assigned responsibility for those duties for which the floating nurse has not demonstrated competency; and

c. Nurses assigned to “closed staffing” departments (Critical Care Department, ~~Women and Children’s Services (including Pediatrics), Mother/Baby, NICU, Pediatrics,~~ Emergency Department, ~~Pre and Post-Surgical Services (including PACU and Ambulatory Surgery Center), Peri-op, Pre and Post-Op Anesthesia Care Unit (PACU), Ambulatory Surgery Center Surgical, Ambulatory Surgery Center Pre and Post-Op (PACU), Endoscopy (as defined in Appendix E) and Angioeardiology Cardiovascular (including Cardiovascular Pre and Post-Op PACU), Electrophysiology, Radiology~~ are not required to float. However, Nurses who have transferred into a closed department as part of the Clinical Academy program are subject to floating to an area where they have demonstrated competency only after they have completed six (6) months working in the closed department to assure a successful transition. Thereafter, they may be required to float to the area of demonstrated competency a total of six (6) times in the following six (6) months, but in no event more than one (1) time per pay period. Nothing in this section prohibits the mandatory floating from “closed staffing” departments of Nurses to other departments in which they have voluntarily sought and received cross-training from the Hospital and continue to have demonstrated competency in that department.

d. To assure continuity of care and patient safety, after receiving a patient assignment in a department, the Nurse will not be required to float more than once to another distinct department during an eight (8) hour shift or more than twice to another distinct department during a twelve

#27

(12) hour shift. This floating restriction does not apply to Float Pool Nurses, Nurses who have not received a patient assignment, Nurses assigned to provide break coverage, or Nurses floating back to their home department.

e. A Nurse hired as a Staff Nurse I will not be required to float for six (6) months after completing their department orientation with their assigned preceptor. However, that Nurse can float during their orientation with their assigned preceptor. A Nurse can also float six (6) months after their hire date as a Staff Nurse I if the Nurse agreeable to do so.

f. A Nurse hired as a Staff Nurse II will not be required to float for one (1) month after completing their department orientation. This will not prevent an experienced new hire Nurse from floating sooner if they are agreeable to do so.

g. A Nurse hired with less than six (6) months of Registered Nurse employment within the last three (3) years on a regular basis in an Acute Care Facility will not be eligible for hire into the Float Pool Department.

#36

C. Supervision for Certain Assignments

It is the Hospital's intent that when temporary transfers to different service areas are made and the Nurse being transferred does not have current training or proper orientation, the Nurse will be assigned to work under the direct supervision of qualified personnel present at the station, so the Nurse will not have to work alone.

D. Resolution of Disputes

If a Nurse was required to work in another service area and believes that the conditions described above did not exist, and the Nurse has been unable to resolve the dispute through direct discussion with ~~her/his~~ their manager, ~~she/he~~ they may request that a meeting between the Chief Nursing Officer (or designee) and the Association be held. The meeting shall be scheduled within seven (7) business days. The Chief Nursing Officer's designee (if appointed) shall hold a position of Director or equivalent. The purpose of such meeting is to determine the specific facts of the situation with the objective of settling the question. If it is not settled to the Nurse's satisfaction, the Nurse may file ~~her/his~~ their grievance within the twenty (20) day time period specified in the grievance procedure.