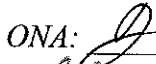



ONA:   
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**ARTICLE 19 – REDUCTIONS IN FORCE AND LOW CENSUS**

- A. Layoff. - A layoff is defined as a staff reduction because of a position elimination or long-term reduction in hours, unit closure or merger, or Medical Center projections that the staff reduction in a unit and shift will continue for an extended period.
- B. Qualifications. - Subject to the provisions of Section D(2), for purposes of this Article, a nurse is “qualified” if the nurse currently works on or is oriented to the nursing unit where the positions exists, or is determined to be able to meet the routine or previously posted positions requirements, with an orientation not to exceed six (6) consecutive weeks.
- C. If the Medical Center determines that a reduction in force as defined in Section A of this article is necessary, a minimum of forty-five (45) days’ notice will be given to the Association detailing purpose and scope of the reduction and the likely impacted unit or units, shifts, and positions. The Medical Center will provide the Association with a list of open RN positions at the Medical Center and, at the request of the Association, at any other Providence facilities within Oregon. An “open position” is any position for which the facility is still accepting applications.
- D. Upon notice to the Association, representatives of the Medical Center and the Association will meet to discuss scope of the reduction and the likely impacted unit or units, shifts, and positions as well as options for voluntary lay-offs, reduction of the scheduling of agency, traveler and temporary nurses, and conversion from regular nurse status to an intermittently employed nurse and FTE reductions (full-time nurses going to part-time status). The Medical Center will consider the options suggested by the Association but will not be required to implement the suggested options.
- E. If after meeting with the Association, the Medical Center determines that a reduction in force is still needed the nurse or nurses on the unit or units to be impacted will be given a minimum of thirty (30) days’ notice. If there are any posted RN positions within the Medical Center at the time of a reduction in force,

the Medical Center will wait to fill such positions with an external applicant until it has become clear which nurses will be impacted by the reduction in force (either laid off or displaced into another position), and those nurses have had an opportunity to apply for those positions. The Medical Center may immediately post and fill nursing positions if either (1) it is apparent that the nurses likely to be impacted by the reduction in force are not qualified for the open position or (2) the Medical Center has an urgent need to fill the position for patient care reasons. The Medical Center will inform other employers within Providence-Oregon of the existence of the reduction in force, and request that they consider hiring the impacted nurses, if any, for any open positions.

1. In the event of a layoff or elimination of a nurse's position, the nurse with the least seniority, (as defined in Article XVII) among the nurses in the shift of the patient care unit where such action occurs, will be displaced from their position in the following manner. The initially displaced nurse will then have the following options:
  - a. The initially displaced nurse may, within seven (7) calendar days of his or her notification of the displacement, choose to accept layoff with severance pay in lieu of further layoff rights or options. Such severance pay will be based upon the Medical Center's severance policy applicable to non-represented employees then in effect, except that the nurse will receive severance payments equal to seventy-five percent (75%) of the severance payments available to non-represented employees with the same number of years of service as the nurse. Severance is not available to nurses who become displaced due to the application of the "bumping rights" described below; or
  - b. The initially displaced nurse may take the position of the least senior regular nurse in the same patient care unit, provided they are qualified to perform the work of that position (the nurse whose position is thus taken will become the displaced nurse for purposes of the following Subsections); or
  - c. The displaced nurse may take the position of the least senior regular nurse in the patient care unit(s)/cluster in which the nurse is permitted to float, provided the nurse is qualified to

perform the work of that position. However, no regular full-time or part-time nurse will be required to take the position of resource nurse and no nurse with benefits will be required to take a non-benefitted position. (The nurse whose position is thus taken will become the displaced nurse for purposes of the following Sections); or

- d. The displaced nurse may take the position of the least senior regular nurse in the bargaining unit, provided they are qualified to perform the work of that position. However, no regular full-time or part-time nurse will be required to take the position of resource nurse and no nurse with benefits will be required to take a non-benefitted position. (The nurse whose position is thus taken will become the displaced nurse for purposes of the following Subsections); or
- e. The displaced nurse may elect reclassification to resource status on a non-regularly scheduled basis; or
- f. The displaced nurse may elect to transfer, if offered by the Medical Center, to a temporary position for not to exceed ninety (90) calendar days or a position in a training program for not to exceed six (6) months, which position will not be considered a vacancy under this Article; or
- g. The displaced nurse will be laid off.

2. In the event the Medical Center undergoes a layoff and a position exists in a unit affected by the layoff that required special skills and/or competencies which cannot be performed by other nurses in that unit, the Medical Center will notify the Association. The parties agree to promptly meet and discuss the unit, scope of layoff, the job skills required, and how to address the situation in order to protect seniority rights and care for patients. In considering the special skills and/or competencies, the ability to provide training to more senior nurses will be considered. Special skills and competencies will not include a

specific academic degree, non-mandatory national certifications, disciplinary actions or work plans.

3. Recall from layoff will be in the order of laid off nurses' seniority, provided the nurse is qualified to perform the work of the recall position. A displaced nurse under any of the five preceding Subsections, including recalled nurses under the previous sentence, will be given preference for vacancies in the same unit and shift from which the nurse was displaced, in order of their seniority. Rights under this paragraph continue for up to twelve (12) months from the date of displacement. It is the responsibility of the displaced nurse to provide the Medical Center with any changes in address, telephone number or email address. A nurse forfeits any recall rights if the nurse fails to provide the Medical Center such changes and the Medical Center is unable to contact the nurse using such contact information. The Medical Center agrees it will attempt to contact the nurse by letter/mail, telephone and email (if provided by the nurse) and document such efforts. The recalled nurse must respond to the Medical Center within fourteen (14) calendar days of such contact or will forfeit all recall rights.
  
4. In Unit Posting to Prevent Layoff. - In the event a unit is overstaffed on a shift, and is simultaneously understaffed on a different shift, and the Medical Center would otherwise be required to lay off a nurse on the overstaffed shift, the Medical Center will notify the Association and the parties will meet to review the positions and nurses affected. If the parties review the information and agree that posting the position as available only to nurses in that unit is necessary to prevent a layoff, the position may be posted notwithstanding Art. XVII (C).

F. Low Census Definitions:

1. Low Census - A Low Census event occurs when the Medical Center determines that there are more nurses scheduled or working than needed.
  
2. Rolling Calendar Year - For this Article, Rolling Calendar Year will

mean the twenty-six (26) pay periods preceding the current pay period.

G. Low Census Process:

1. Low Census will be assigned in the following sequence within the cluster (and within unit in the surgical clusters) where the need for Low Census is identified in the following order:
  - a. Agency Nurses (Travelers, Per Diem or Guaranteed)
  - b. Temporary Nurses (A nurse employed by the Medical Center for less than six (6) months)
  - c. Share Care Nurses
  - d. Nurses earning overtime and extra shift incentive pay
  - e. Nurses earning overtime without extra shift incentive pay
  - f. Nurses earning extra shift incentive pay without overtime
  - g. Volunteers, with preference given to standby volunteers
  - h. Resource RNs (0.0 FTE) (After working twenty-four (24) hours that week)
  - i. Part-time nurses working an extra shift without extra shift incentive pay or overtime.
  - j. Resource RNs (0.0 FTE) (Working less than twenty-four (24) hours that week)
  - k. Mandatory Low Census
2. Low Census from the "Mandatory List" will be assigned to the nurse with the lowest "Factor".
3. "Factor". - A Mandatory List will be maintained, by assigning each full-

time and part-time nurse a Factor calculated as follows:

$$\begin{array}{l} \text{Nurse's Total Low Census} \\ \text{Hours (voluntary and} \\ \text{mandatory) in a rolling} \\ \text{calendar year} \end{array} \div \begin{array}{l} \text{Nurse's FTE (expressed in} \\ \text{annualized hours for the rolling} \\ \text{calendar year)} \end{array}$$

Cancelled Extra Shifts are not included in the Low Census hours.

- i. The Mandatory List will be updated every twelve (12) to twenty-four (24) hours and will be available for viewing by nurses. Each nurse is responsible for checking the Mandatory List and alerting his or her manager to any concerns with the calculation for that nurse or the nurse's relative placement on the list.
- ii. Situations that will alter the assignment of Voluntary and Mandatory Low Census by the lowest Factor are:
  1. The nurse's qualifications may not meet the needs of an area. Example: Charge nurse required, new graduate available. Special care nurse needed, staff nurse available.
  2. The nurse whose turn it is to be off is already on an assigned day off.
- iii. Any nurse who is assigned a Mandatory Low Census and desires to work may request to fill available positions on another day or another shift. The Medical Center will attempt to offer regular full-time and part-time nurses, who would be working except for being on Low Census, an opportunity to work such time in areas where they are qualified, before assigning nurses on the "on call list" to work in such areas at such times.

H. Nurses' Status While on Mandatory Low-Census Before the Start of the Shift.

1. When a nurse is placed by the Medical Center on low census, the nurse will request either:

- a. Full Shift Low Census. - This means that the nurse is not obligated to the Medical Center for that shift.
- b. Partial Shift Low Census. - This means that the nurse is obligated to the Medical Center for a portion of that shift.

The Medical Center will, consistent with operational and patient care needs, make its best efforts to honor the nurse's preference for full or partial shift low census.

## 2. Partial Shift Low Census.

- a. If the Medical Center cannot grant a nurse's request for full shift low census, it will place the nurse on partial shift low census. Partial shift low census will be limited to one (1) instance per shift, and result in not less than four (4) hours of work. If standby is needed by the Medical Center, the nurse will be placed on standby during the low census portion of the nurse's shift. While on standby, the nurse may receive an assignment commensurate with the floating grid. If the nurse is called in to work during the time the nurse is on voluntary standby, the standby provisions of this contract will apply.
- b. If the Medical Center places a nurse on partial shift low census, whether voluntary or mandatory, and the nurse has informed the Medical Center of their preference to be placed on full shift low census, that nurse will be moved to the top of the list for voluntary low census.
- c. To better ensure consistency of patient care and safety, if there is subsequent low census in that nurse's cluster before the nurse has reported to work such that the nurse could be given full shift low census, the Medical Center will grant that nurse's request for voluntary low census before granting the request of any other nurse who has already reported to work or who would have been ahead of the nurse on the voluntary low census list.

d. If the nurse works only the last four (4) or six (6) hours of a scheduled shift due to low census, the nurse will be credited with the entire length of the nurse's shift as credit towards the nurse's Low Census Factor. Evening shift nurses (3:00 p.m. – 11:00 p.m.) will receive this credit if they work any four (4)-hour segment of their shift.

I. Nurses' Status While on Voluntary Low-Census Before the Start of the Shift.

The Medical Center will, consistent with operational and patient care needs, make its best efforts to honor a nurse's preference for voluntary low census.

When volunteering for low census, the nurse may ask to be placed on either (1) full shift low census with or without standby, or (2) partial shift low census with or without standby, but with a scheduled partial shift of either four (4), six (6) or eight (8) hours (ten (10)- or twelve (12)-hour night shift nurses will have a partial shift length of eight (8) hours). If the nurse is called in to work during the time the nurse is on voluntary standby, the standby provisions of this contract will apply.

J. ~~Protocol for Addressing Excess Mandatory Low Census.~~ ~~If the Association desires to discuss with the Medical Center its concerns regarding excess mandatory low census on any unit, it may raise that issue at a Task Force meeting. The parties shall consider actions to remedy the situation and to support nursing units/areas with high census/acuity, including potential reorganization, new to specialty fellowship opportunities, Flex RN assignments and/or implementation of a reduction in force.~~

J.K. Mandatory Low-Census Caps. No nurse will be asked to take mandatory low census beyond a cap of 24 hours per scheduling period and not to exceed a cap of one hundred and thirty-two (132) hours in a calendar year. It is the responsibility of the nurse to inform the nurse's manager that the cap on low census has been reached in the scheduling period. If all nurses scheduled for the shift have reached the scheduling period or annual cap, and no alternate assignment is available, and low census is still required, then the nurse with the lowest factor will be given the mandatory low census, with pay. The Hospital will provide a mechanism for tracking mandatory low census that will be accessible by the nurse.