

TITLE:	Overtime Management for Patient and Caregiver Safety	NUMBER: 8720-453
ORIGINATING DEPT:	General Nursing	PAGE 1 of 5

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**SCOPE:**

Columbia Memorial Hospital (CMH) Departments of Nursing Services, Nursing Staff Members, House Supervisors, Hospital Administration

**GENERAL POLICY STATEMENT:**

For the safety and well-being of our caregivers and patients, and in accordance with Oregon State Law and the Oregon Board of Nursing, CMH strives to minimize the amount of overtime that patient caregivers are working and at all times attempts to avoid mandatory overtime.

**PURPOSE:**

To outline the procedures and structure to minimize overtime and avoid mandatory overtime. To define the procedure for communicating and documenting reduction and avoidance interventions and to comply with SB 469 and OHA Chapter 333 Division 510 ORS 333-510-0125 and ORS 333-510-0130.

**DEFINITIONS:**

- Mandatory Overtime (MOT) is any time that exceeds those limits specified in ORS 441.166 unless the Nursing Care Staff voluntarily chooses to work overtime
- Nursing Care Staff: A Registered Nurse (RN), Licensed Practical Nurse (LPN) or Certified Nursing Assistant (CNA) (Patient Care Technician)
- House Supervisor Designee: May be a nurse manager, another designated administrator for that specialty, or the CMH Administrator on Call (AOC).
- Nursing Care Staff Vacancy: Qualified replacement Nursing Staff Member required in the event of an emergency, sickness, vacations, vacancies and other absences.
- On-Call List: A list of Nursing Staff Members and/or agencies that may be called to provide qualified replacement or additional Nursing Care Staff, provides a sufficient number of replacement Nursing Staff Members for the hospital on a regular basis and is available to the individual responsible for obtaining replacement Nursing Staff Members.

**REQUIREMENTS:**

- A. When notified of the need to replace a Nursing Staff Member, CMH makes every reasonable effort to obtain Nursing Staff Member(s) for unfilled hours or shifts before Nursing Staff Member(s) work overtime.

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- a. A reasonable effort includes seeking replacement at the time the vacancy is known and contacting all available resources.
  - b. These efforts are documented.
    - i. See procedure section.
  
- B. CMH will track mandatory overtime in compliance with applicable Oregon State law and review occurrences at the quarterly Staffing Committee meetings.
  
- C. Overtime will generally be considered to be voluntary unless documented otherwise by the House Supervisor or Designee and Nursing Staff Member (per E1 below). CMH will track voluntary overtime and report trends at the quarterly Staffing Committee meetings. Nursing staff will be prompted to attest to the condition for which voluntary overtime occurred at the time of clocking into/out of their shift. The following options/definitions will apply:
  - i. Open Shift Coverage
  - ii. Patient care/shift tasks
  - iii. Meeting/education
  - iv. Urgent/Emergent Patient Care
  
- D. This policy is provided to all new Nursing Staff Members and posted in a conspicuous location according to ORS 441.166
  - a. To meet this requirement, the Nursing Department Manager will:
    - i. Provide a copy of this policy to new Nursing Staff Members
    - ii. Human Resources will post it in the Caregiver Notices display case located in the hallway outside housekeeping
  - b. The policy is also available for all Nursing Staff Members viewing via CMH's electronic policy system.
  
- E. As a general guide, for patient and caregiver safety, Nursing Staff Members should not be allowed to work greater than 16 hours in a 24-hour period

**PROCEDURE:**

- A. When a Nursing Staff Member vacancy arises and a need for replacement of a Nursing Staff Member is identified, the House Supervisor or designee is responsible to:
  1. Assess the workload of the department(s), patient acuity, nursing staffing in all nursing care departments and pending admissions and discharges
  2. Huddle with charge nurse(s), Patient Care Coordinator(s) (if available) and unit manager(s) to formulate a plan of action.
  3. Refer to department specific staffing plans and review process for evaluating and initiating limitations on admissions or treat and transfer of patients (see policy #8720-409 "[Diversion of Patient / Nurse Initiated Divert Requests - General Nursing](#)")
  4. Pursue all reasonable efforts to obtain replacement Nursing Staff Member:
    - i. Seek qualified Nursing Staff Member that is willing to volunteer for extra

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- work hours/shifts.
  - ii. Float qualified Nursing Staff Member from other departments (see policy #8720-468 "[Nursing Services Orientation Plan - General Nursing](#)").
  - iii. Contact Nursing Care Staff who are not working from the on-call Nursing Staff Member list.
  - iv. Seek agency personnel.
  - v. Contact list of CMH supervisors, managers, directors, licensed nurses, certified nursing assistants, who are competent to provide direct patient care or serve as helping hands.
- B. If the staffing need cannot be filled from one of these resources or patients are unable to be transferred, admissions cannot be limited and, in the judgment of the House Supervisor or designee, failure to fill the vacancy may create a serious patient safety risk or force the hospital to operate outside the department's staffing plan, the House Supervisor or designee will:
1. Notify affected nurse and Director of Nursing or VP of Patient Care Services, as appropriate, of decision to implement one-hour MOT.
    - i. "Affected" nurse is based/determined by the number of hours worked within the shift and/or work week and seniority.
  2. If, during the one hour, the staffing emergency remains unchanged, the House Supervisor shall:
    - i. Conduct an emergency Staffing Committee huddle to discuss the emergent situation and potentially modify the staffing plan in response to the emergency circumstance
      - a. Ideally the huddle will include both Staffing Committee co-chairs, the Staffing Committee Direct Care Nurse member from the affected department, the House Supervisor and/or Nurse Manager and the affected Nursing Staff Member.
      - b. If either co-chair is unreachable the House Supervisor will contact the co-chair's alternate.
      - c. If the alternate cannot be reached, then the House Supervisor will contact a direct care nurse member for the direct care co-chair/alternate or a management member for the management co-chair/alternate until one direct care member and one management member is contacted to participate.
      - d. The House Supervisor shall facilitate the emergent Staffing Committee huddle using SBAR format, with the intent to arrive at a solution that ensures safe patient care for current and potential patients within the community.
      - e. If necessary, the House Supervisor or designee and the AOC may activate Internal Emergency Triage (Facility Disaster Plan) in order to manage the resource shortage (See policy #8610-980 "[Emergency Operations Plan](#)").
- C. Per requirements of ORS 441.166 CMH may not require a Nursing Staff Member to work,

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unless it meets criteria #5 below.

1. Beyond the agreed-upon and pre-arranged shift, regardless of the length of the shift.
2. More than 48 hours in any hospital-defined work week.
3. More than 12 hours in a 24-hour time period.
4. During the ten-hour period immediately following the 12<sup>th</sup> hour worked during a 24-hour period. This work period begins when the Nursing Staff Member begins a shift.
  - i. If a nurse works during this period, either as a result of mandatory or voluntary overtime or scheduled call, and he/she feels unsafe to report to his/her scheduled shift, he/she may request an uninterrupted 10-hour rest period. Such requests shall be honored.
    - a. The nurse must inform the House Supervisor.
    - b. The House Supervisor or designee will record event in KRONOS.
    - c. For OR staff, the House Supervisor or designee will also note the event on the surgical white board, including proposed staff arrival time.
5. CMH may require an additional hour of work and it is deemed Mandatory OT if:
  - i. A Nursing Staff Member vacancy for the next shift becomes known at the end of the current shift.
  - ii. There is potential harm to an assigned patient if the Nursing Staff Member leaves the assignment or transfers care to another.
6. Time spent in required meetings or receiving education or training shall be included as hours worked.
7. Time spent on call or on standby when the Nursing Staff Member is not required to be at the hospital will not be included as hours worked for purposes of this section.
8. Time spent on call or on standby when Nursing Staff Member is required to be at the hospital will be included as hours worked.
9. The provisions of this section do not apply to Nursing Staff Member needs:
  - i. In the event of a national, state or local emergency or circumstances requiring the implementation of a facility disaster plan or,
  - ii. In emergency circumstances that include:
    - a. Sudden and unforeseen adverse weather conditions.
    - b. An infectious disease epidemic suffered by hospital staff.
    - c. Any unforeseen event preventing replacement staff from approaching or entering the premises.
10. A registered nurse at a hospital may not place a patient at risk of harm by leaving a patient care assignment during an agreed upon scheduled shift or an agreed upon extended shift without authorization from the appropriate supervisory personnel as required by the Oregon State Board of Nursing OAR, chapter 851.

D. CMH maintains and posts a list of on-call Nursing Staff Members and staffing agencies to provide replacement for Nursing Staff Members in the event of vacancies as required by ORS 441.162 within the House Supervisor's Office:

1. This list includes all Nursing Staff Members by department.
  - i. The payroll office generates a list of all Nursing Staff Members by

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- department with current phone numbers and addresses.
- ii. The payroll office sends this list to the House Supervisors each month.
- 2. A separate list is maintained by the House Supervisors/department managers that includes Nursing Staff Members that have completed competencies in more than one department.
- 3. All completed competency documentation is kept in Human Resources.

E. Documentation and Record Retention:

- 1. Document the MOT by completing the MOT Occurrence form. The MOT form is available on CMHtv – Links – Forms for All or as attached to this policy.
- 2. Complete the form in full, including Nursing Staff Member’s signature.
- 3. Attach a print out of the Nursing Care Staffing agency availability calendar and/or all staff contacted to fill the vacancy, as appropriate.
- 4. Send the originals to the department manager for which the MOT occurred.
- 5. Give copies to the Nursing Staff Member placed on MOT.
- 6. Send copies to the Staffing, Scheduling and Timekeeping Coordinator.

**REFERENCES:**

Oregon Health Authority, Public Health Division, Division 510 Patient Care and Nursing Services in Hospitals, 333.510.0045

**ATTACHMENTS:**

Mandatory Overtime Occurrence Form  
Staffing Coverage Tracking Form

**KEY WORDS:**

Safe staffing, safe patient care, acuity, census, divert, diversion

Approved by Staffing Committee: 05/08

Date of Origin:

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Distribution: All Nursing Units

## **ANTI-RETALIATION NOTICE**

### **Oregon Nurse Staffing Law: SB 469**

June 2019

As stated in SB 469, Oregon's Nurse Staffing Law, retaliation against a nursing staff member is prohibited for disclosure about a hospital activity, policy, or practice in violation of a law or professional standards of practice that may pose a risk to the health, safety, or welfare of a patient or the public. This notice summarizes the provisions of ORS 441.181, 441.183, 441.184 and 441.192 and is posted for hospital nursing staff as required by the statute.

#### ***441.181: Retaliation for disclosure is prohibited***

A hospital may not take retaliatory action against a nursing staff member because the nursing staff:

- (a) Discloses, reports or provides information about an activity, policy, or practice in violation of a law or professional standards of practice
- (b) Objects to or refuses to participate in an activity, policy, or practice in violation of a law or professional standards of practice
- (c) Participates in a committee or peer review process or files a report or complaint that discusses allegations of unsafe, dangerous or potentially dangerous care

If a nursing staff member is concerned about any hospital activity, policy, or practice in violation of a law or professional standards of practice that may pose a risk to the health, safety, or welfare of a patient or the public, the nurse is requested to provide notice to a hospital manager (or other reporting structure as defined by hospital policy) to provide the manager a reasonable opportunity for correction. If the nursing staff member is reasonably certain that the activity, policy, practice or violation is known to one or more hospital managers, or an emergency situation exists, or reasonably fears physical harm as a result of the disclosure, or reasonably believes that a crime has been committed, there is no requirement to notify a hospital manager prior to disclosure.

#### ***441.183: Remedies for retaliation***

If a nursing staff member has been retaliated against, he/she may seek remedy through the county circuit court system, up to and including punitive damages.

#### ***441.184: Unlawful employment practices***

A hospital that takes any retaliatory action against a nursing staff commits an unlawful employment practice. A nursing staff member claiming retaliation may file a complaint with the Commissioner of the Bureau of Labor and Industries.

#### ***441.192: Notice of employment outside of hospital***

A hospital may require a full time registered nurse, who is receiving benefits, to provide notice of any outside employment. If a hospital determines the outside employment causes a risk to hospitalized patients receiving services, the hospital may require the nurse to discontinue the outside employment. The hospital is to provide a written explanation how the outside employment creates a risk to patients. If the nurse does not comply, the hospital may pursue disciplinary action of the nurse up to and including termination.

To read the entire Oregon Revised Statutes for Hospital Nursing Services, go to:

[https://www.oregonlegislature.gov/bills\\_laws/ors/ors441.html](https://www.oregonlegislature.gov/bills_laws/ors/ors441.html)