

IN-HOUSE REGISTRY (IHR) PILOT PROGRAM

Introduction:

~~The County proposes to establish a Pilot In-House Registry (IHR) Program for one (1) year, unless mutually agreed to by the County and the California Nurses Association (CNA) to reevaluate the program. The In-House Registry (IHR) Pilot Program is intended being developed~~ to reduce the utilization of outside temporary staffing services for short notice staffing needs provided by the ARMC Central Staffing Office (ACSO) or the Sheriff's Correctional Facilities Point of Contact (POC). Specifically, it is the intent to utilize IHR to cover short staffing needs caused by such things as call-offs, absences, unanticipated increases in-patient census, etc.

It is not the intent to change the current County policy/practice for filling overtime shifts in units.

The County proposes the IHR Program through January 10, 2025, unless mutually agreed to by the County and the California Nurses Association (CNA) to include as a new Article of the MOU during the upcoming negotiations session.

Departments:

Departments authorized to participate in the In-House Registry program are Arrowhead Regional Medical Center (ARMC) and San Bernardino County Sheriff's Department.

The parties recognize and agree should a State of Emergency be declared by the State of California- that impacts nurse availability, the parties will be open to discuss and evaluate other county departments that may benefit from the IHR Program (i.e., Department of Behavioral Health and Department of Public Health).

Eligibility:

- a) Any qualified Nurse (non-trainee), who takes an IHR designated shift may be assigned to perform duties in the following classifications:
 - Registered Nurse III
 - Registered Nurse III-Specialty Care
 - Registered Nurse III-Specialty Care Critical Care
 - Registered Nurse II-ARMC
 - Specialty Care Registered Nurse
 - Specialty Care Registered Nurse Critical Care
 - Correctional Nurse II and III
 - RN Case Manager
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- b) Nurses at ARMC shall only be eligible to work in those areas for which the nurse has demonstrated a competency that has been validated and in which the nurse is competent.
- c) IHR may be used for, but not limited to, the following ARMC in-patient specialty and critical care service areas: Med/Surg, Med-Surge/Tele, Critical Care (Neuro Cardiovascular Intensive Care, Surgical Intensive Care Unit, Medical Intensive Care Unit, Burn, Emergency Department and Post-Anesthesiology Care Unit for Intensive Care Unit holding, Cath Lab, IR, Pre-Operative Hold and Operating Room, Post-Anesthesiology Care Unit, Gastro-Intestinal Lab, Pain Clinic) Maternal/Child Health (MCH -- Labor & Delivery, Post Partum-Couplet Care, Neonatal Intensive Care Unit, Pediatrics, Nursery), Emergency, Trauma, Dialysis, Behavioral Health, and Case Management.
- d) The following indicators are measures or predictors of changes in demand and/or resource availability that may result in the use of the IHR rate:

Department	Indicator
ARMC Hospital	<i>No coverage or break relief - Unit Manager identifies schedule coverage deficient impacting coverage or break relief.</i>
	<i>Charge Nurse Patient Assignment - Charge nurse reassigned temporarily to provide patient care.</i>

	<i>Nursing Ratios - Nurse to patient ratio exceeds established standard.</i>
<i>Sheriff's Department</i>	<i>High call-offs, vacancies, or absences. Department discretion.</i>

- e) The parties agree to meet and confer after six (6) months from the date of Board Approval of this Side Letter Agreement, at the request of CNA, to discuss the progress of this Side Letter.
- f) The establishment of an IHR program is not intended as a guarantee of work.

Registration:

All ARMC IHR shifts must be recorded with the ACSO. A nurse may sign up for an IHR shift on their own unit, and/or cluster, or other unit the nurse is qualified to work with approval of receiving manager, ahead of time or in cases where signing up ahead of time is not feasible, the nurse, unit manager, or designee must notify the ACSO of all IHR shifts in advance, but no later than the start of the IHR shift. All nurses called in to work an IHR shift (meaning if there was no prebooking available prior to the need), are to be prioritized to work their own unit. After the final schedule is posted, -nurses will be required to contact the ACSO or Unit Manager in advance to provide their availability for the additional IHR shifts in Med/Surg, Med-Surge/Tele, Critical Care, (Neuro Cardiovascular Intensive Care, Surgical Intensive Care Unit, Medical Intensive Care Unit, Burn, Emergency Department and Post-Anesthesiology Care Unit for Intensive Care Unit holding, Cath Lab, IR, Pre-Operative Hold and Operating Room, Post-Anesthesiology Care Unit, Gastro-Intestinal Lab, Pain Clinic) Maternal/Child Health (MCH - Labor & Delivery, Post Partum-Couplet Care, Neonatal Intensive Care Unit, Pediatrics, Nursery), Emergency, Trauma, Dialysis, Behavioral Health, and Case Management.

Changes to IHR availability must be emailed (IHR@ARMC.SBCounty.gov) to nurse manager or designee and ACSO, prior to the scheduled shift or as soon as feasible. Nurses scheduled to work, and wo are calling off for their IHR shift, should follow call-off procedures as well as notifying the ACSO.

Nurses may change their availability during a work period by contacting the ACSO for shifts. At initial sign-up, nurses shall provide the ACSO the service line (Med/Surg, Med-Surge/Tele, Critical Care, (Neuro Cardiovascular Intensive Care, Surgical Intensive Care Unit, Medical Intensive Care Unit, Burn, Emergency Department and Post-Anesthesiology Care Unit for Intensive Care Unit holding, Cath Lab, IR, Pre-Operative Hold and Operating Room, Post-Anesthesiology Care Unit, Gastro-Intestinal Lab, Pain Clinic) Maternal/Child Health (MCH - Labor & Delivery, Post Partum-Couplet Care, Neonatal Intensive Care Unit, Pediatrics, Nursery), Emergency, Trauma, Dialysis, Behavioral Health, and Case Management in which they would like to work and their availability (i.e., dates and shifts) for the following work period. After initial sign-up, nurses will be required to contact the ACSO in advance to provide their availability for the following work period. Nurses may change their availability during a work period by contacting the ACSO.

Correctional Nurses at Sheriff's Correctional Facility shall contact the POC schedule coordinator to provide availability.

Removal from IHR Program: A nurse may be removed from the IHR program if they do not report or refuses an otherwise reasonable request to report to an IHR shift they previously requested on a finalized posted schedule. Removal from IHR Program may be appealed to the Human Resources Business Partner (HRBP) for the respective department.

In addition, a nurse may be removed from the IHR program if there are performance or job-related disciplinary issues in the course of their employment with the County.

Timekeeping:

Nurses will sign in and out on the IHR Log, clock in/out for their shift and code their time using designated TRC codes on the timekeeping system. At the end of the pay period, hours worked will be verified with the appropriate supervisor/manager in the unit that the employee worked an IHR shift.

IHR Compensation:

IHR rate will be a differential at a rate of double time. Double time is the maximum compensation for a worked IHR shift.

An IHR shift is defined as one extra shift, or portion of a shift (minimum of 2 hours for shift), of actual hours worked in addition to an employee's -regularly scheduled hours (e.g., a nurse regularly scheduled

at the hospital for 72/80 hours will receive the IHR rate only for extra shifts, or portion of a shift, of actual hours worked above these hours. Nurses regularly scheduled at a Sheriff's Correctional Facility for 84 hours will receive the IHR rate only for extra shifts worked above these hours).

For Per Diem Nurses working 72 hours (84 hours for Sheriff's Correctional Facilities) in a pay period, may be eligible for IHR compensation. Except where otherwise noted, Per Diem Nurses will follow all other IHR established criteria for the Nurses Unit.

If a nurse on an IHR shift is pulled to cover the MICN for the shift, they will not lose their IHR rate of pay for hours worked.

If a nurse calls off (e.g., personal reasons), calls in sick, or takes any leave time (holiday, vacation, education, jury duty) that is not pre-scheduled or approved on a regularly scheduled shift(s), the nurse will no longer be eligible for the IHR compensation, for that pay period. Pre-scheduled or approved means that the holiday, vacation, education, jury duty; was approved at the time the schedule was posted. Nurses sent home due to low census will not be disqualified for IHR. If a nurse was sent home due to low census and picks up an IHR shift, the hours of the IHR shift will be utilized to complete their tour of duty hours paid at regular rate of pay. Once the required eligibility hours (tour of duty hours) are complete the remaining IHR shifts hours shall be paid at the IHR rate. If a nurse calls for an IHR shift that is on a finalized posted schedule, this will be considered a call off and the nurse will no longer be eligible for the IHR compensation, for that pay period.

Compensation at the IHR rate is contingent upon the employee reporting for duty and working regularly scheduled hours during the pay period that the employee works an IHR shift (not including hours placed on stand-by).

While working an IHR shift, a nurse shall be eligible to receive ~~the Specialty Unit Floating Differentials and Medical Support Weekend Differential, if applicable~~, but shall not be eligible for Call-Back Compensation. Weekend differential (?) A Mobile Intensive Care Nurse (MICN) Shift is excluded from IHR, unless the nurse was scheduled for IHR and was pulled to cover MICN.

Nurses working in the IHR program is a voluntary waiver of the Rest Between Shifts Article and consecutive days provision of the Hours of Work Article of the Nurses Unit and Per Diem Nurses Unit MOU. MICN — differential ?

IHR Order of Cancellation and -Order of Floating:-----

Department shall continue to fill shifts on the schedule with regular, registry, travelers, and per diem staff when necessary.

Order of Cancellations at the Unit level is as follows:

1. Registry
2. Travelers
3. IHR Per Diem
4. IHR Regular
5. Overtime
6. Per Diem
7. Registered Nurses Working an Unscheduled Extended Shift

Order of Floating at the Unit level is as follows:

1. Volunteers
2. Registry
3. Travelers
4. IHR Per Diem
5. Per Diem
6. IHR Regular
7. Regular Part-Time
8. Regular Full-Time
9. Registered Nurses Working an Unscheduled Extended Shift

A regular nurse or per diem nurse who is not notified at least two hours prior to the beginning of an IHR scheduled shift and who reports for work, will be worked and paid a minimum of four (4) hours at IHR rates. This minimum guarantee shall not apply if the County has contacted the nurse by telephone at least two hours prior to the beginning of the shift.



IHR Bonus Payments:

- a) All eligible nurses who work an IHR shift of at least 8 hours will be eligible for a \$100 bonus per IHR shift. For example, a nurse who works two (2) 8-hour IHR shifts (16 total hours) will be eligible for a \$200 bonus. Shifts worked that are less than 8 hours will not be eligible for the bonus payment.

- b) All eligible nurses who work an extra IHR shift of at least 12 hours will be eligible for a \$150 bonus per IHR shift. For example, a nurse who works two (2) 12-hour IHR shifts (24 total hours) will be eligible for a \$300 bonus. Shifts worked that are less than 12-hour may be eligible for the bonus payment of \$100 (see IHR Bonus Payments #a).

IHR bonus payment(s) will be processed with the pay period in which it is earned.

IHR Bonus Payment Duration:

The IHR Bonus Payment program will sunset on April 22, 2022.

Effective Date:

The IHR program will be effective the pay period starting 1/15/2022.

Date Agreed: 1/5/2024

County

Leo Gonzalez

Print and Sign

CNA

 YVETTE L. LOPEZ

Print and Sign