

Know your rights! A roadmap to the Low Census process

We value our time and our ability to keep our paychecks whole. That's why as a union we have fought over the years to maintain protections from low census and the ability to be compensated when management asks us to be flexible through standby and call shifts. We have some of the strongest language in the union for low census protections because we have a strong union at St. Elizabeth. Here is a guide to contract language that protects our work life balance.

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"With the cuts that are coming and what we have experienced, we need to use our contract and management needs to abide by it. The low census fund is for nurses who are cut to give us the ability to be made whole again by doing projects, not to help on the floor by doing adjunct staffing, it's for nurses not to use their PTO. I have fought for this low census fund for years because when I started working at St. Elizabeth I was cut so much. My kids qualified for assistance, that was humiliating to me as a sole bread winner when really it should be humiliating to management. Management wants to group everything under low census fund but they need to follow the combination duties and floating, and offer those assignments before we use our low census fund. They can "late start" us which is low census, but when they start pushing "late start" after the first call it becomes standby. We need to stand firm on this and management needs to abide by our contract. They cannot have their cake and eat it too, trying to pretend that continual late start is not actual standby and that all work is low census fund." **-Kelly Patton, RN, Acute Care**

Standby

Standby is when management places us in a status where we are expected to wait by the phone to find out if we are needed to be called into work. Standby can be scheduled, commonly referred to as "call shifts." Standby can also be unscheduled, for instance, management can place a nurse on standby at the beginning of the shift or during the shift if there is a not sufficient work but the employer anticipates that things may pick up later.

Per our contract: 7.2 Standby Pay. Nurses placed on standby status shall be compensated at the rate of four dollars and twenty-five cents (\$4.25) per hour...

Q&A

Q: What do I do if I'm told that I will have a "late start," so I plan to come in at my "late start" time as directed by management but I receive a second call extending my "late start" a few more hours?

A: "Late start" is a new term management is using essentially meaning low census at the beginning of a shift. If you get a call to "late start" but you would prefer to work, see low census language below. If you accept the "late start" low census at the beginning of your shift and get additional calls pushing your start time later, you are now in a standby status because you are expected to be by the phone for an unknown period of time through the length of your shift. Write in the Kronos edit log the time that you got the second "late start" phone call as standby status and the time that you got to work would be standby pay. If the hospital refuses to pay, contact a delegate to file a grievance.

Low Census

When there is not sufficient work within the hospital, management may call you and request that you take Low Census. Here is what to do if you would like to protect your paycheck and continue to work.

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Step 1

14.1 Hospital Low Census Days Allocation. When the Employer identifies a temporary period of low census (to be distinguished from a permanent or prolonged reduction in personnel) and when the Employer determines that there is not sufficient work within a Hospital unit for a shift...

Q: Who gets cut first?

A: The employer must follow these steps, including cutting travelers and looking for volunteers. If they don't, contact your delegate.

14.1.1 Low Census

First Steps: First Cut – Agency/Contract Workers/Travelers (up to contractually allowed maximum)

Next Cut – Overtime Work

Next Cut – Volunteers

Next Cut – Extra Shifts (not overtime)

Next Cut – Per Diem

Next Cut – Part-Time Nurses

Next Cut – Full Time

Q: What if the manager did all of that and no one volunteered? Now they are saying “mandatory low census”?

A: Before management can do mandatory low census, they have to take “additional steps” outlined in our contract.

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Step 2

14.1.2 Low Census - Additional Steps. Should the Employer determine that the steps taken under Section 14.1.1 of this Article are not sufficient and that there still remains excess staff within a Hospital unit for a shift, then the Employer will take the following steps in this order:

They have to offer you to float – if management doesn't offer it, ask!

Float. “Employer identifies as having a staffing need capacity, then the Employer will offer that nurse the opportunity to ‘float’ to a different Hospital unit for work hours deemed available by the Employer for that shift...”

They have to offer you other duties – if management doesn't offer it, ask!

Other Duties. “If the Employer determines that there are other nursing related duties that can be performed for a shift (such as chart reviews, developing protocols, and designing and/or attending in-service, orientation or cross-training programs), then at the Employer's election a nurse identified by the Employer as excess staff [pursuant to Section 14.1.5.A (Equitable Rotation)] within a Hospital unit may be assigned such duties for work hours deemed available by the Employer for that shift...”

They have to offer you combination duties – if management doesn't offer it, ask!

Combination Duties. “The Employer may elect to combine “floating” and “other duties”, as described in Subsections A and B of this Section, when it determines that such combined work assignment may be available for work hours deemed available by the Employer for that shift...”

They have to offer you cross unit training – if management doesn't offer it, ask!

14.1.3 Cross Unit Training. A nurse may elect to participate in cross unit training pursuant to Article 15, Cross Unit Training Enhancement Program.

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Step 3

When all of those work options have been exhausted, ask for the low census fund. NOTE: if management says yes and you come in on the low census fund but then assigns you floating, combination, cross training, education, or any of the “additional steps” options for Kronos DO NOT write low census fund. DO write “floating, combination duties, education, or additional steps,” whatever is normal for your unit when performing work duties. This is important because our low census fund is meant to cover hours when there is not “sufficient work.” If you're floating or doing the other outlined duties there is sufficient work.

14.1.4 Low Census Protection. The Employer will maintain a low census fund equivalent to six hundred (600) nursing hours per calendar year to be used in lieu of mandatory low census, or mandatory standby in lieu of low census. Standby pay will not occur during the assignment of low census protection work. Unused hours in one calendar year will not carry over to the next year. Low census will be rotated in accordance with 14.1.1 providing the remaining nurses have the necessary skills, qualifications and abilities to perform the expected work of the unit. **After following the steps in 14.1 through 14.1.3. (above) and before commencing with mandatory low census 14.1.5. (below), the Employer will assign the affected nurse other duties, which the nurse shall perform.** It is specifically understood that such other duties may, at the Employer's discretion, include continuing education assignments. When low census hours exceed six hundred (600) in a 12-month period beginning January 1, then the mandatory low census process in 14.1.4. will be applied.

Step 4

When the 600 hours of the low census fund runs out, that's when management may implement mandatory low census, but they must do it by equitable rotation.

14.1.5 Mandatory Low Census. If after reviewing Sections 14.1.1 and 14.1.2 the Employer determines that there still will be excess staff within a Hospital unit for a shift, then the Employer will implement mandatory low census as follows:

(A) **Equitable Rotation.** If the Employer determines that the operation of a Hospital unit is essential for a shift, it will determine the number of nurses to work for the shift. It shall then select nurses to be placed on mandatory low census time for the day. Nurses will be placed on mandatory low census hours based on an equitable rotation within the shift for that Hospital unit...

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