These suggestions are submitted as criteria for determining whether or not management has made a good faith effort to anticipate and fill staffing vacancies before resorting to mandatory overtime.

Establish a voluntary OT list by shift and preferred days of the week with periodic updates for accuracy. People who place their name on this list have agreed to report to work within a specified period of time when called, i.e. 45-90 minutes.

Post a calendar of staffing holes in the schedule for nurses to review and sign up on a voluntary basis, at least a month prior to commencement of the schedule. Volunteers are not obligated to honor prior commitments to work so an incentive by management to follow through can be helpful when cancellations become problematic.

Create a float pool of nurses who are cross trained to work on wards/units where they will be floated. These nurses can be part of a routine float pool or be volunteers with permanent assignments to a ward/unit who are willing to be displaced when needed. An incentive to volunteer in this manner can be helpful when volunteers don't step up.

Create an agency per diem pool of nurses, drawing from retirees and the public. These nurses will be oriented prior to being utilized so that they are prepared to meet facility needs.

Use Stand By/On-Call rosters per Collective Bargaining Agreements.

Develop a uniform timeframe for staff call-ins (1-2 hours prior to the start of a shift). This allows ample time to notify and bring in volunteers and other supplemental staff for the start of the shift.

Document that the voluntary OT call list was actually utilized.

Create an incentive to honor voluntary commitments to cover vacancies. This incentive must take CBA in consideration.

Negotiate where appropriate and provide premium pay when MOT is imposed.

Offer flexible schedules, i.e. compressed time, shared shifts, etc.

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