

**ARTICLE 6 – PATIENT CARE ADVOCACY, SUPERVISION,
AND PROFESSIONAL RESPONSIBILITY**

601 **Staffing Ratios**

602 The facility shall comply with all staffing requirements mandated by federal and state laws and regulations, including Title 22 of the California Administrative Code.

603 The Facility will follow California Law with regards to staffing and the prescribed nurse to patient ratios. The charge nurse may or may not be given a patient assignment, depending on the activity and acuity of the unit. Charge nurses shall be included in the calculation of the licensed nurse-to-patient ratio only when those charge nurses are engaged in providing direct patient care. When a charge nurse or other licensed nurse is engaged in activities other than direct patient care, that nurse shall not be included in the ratio.

604 **Patient Needs Staffing System**

605 The Facility will have a staffing system based on assessment of patient needs in conformance with the accreditation requirements of the Joint Commission on Accreditation of Hospitals and Title 22 of the California Administrative Code. Concern regarding staffing ratios and acuity shall be discussed by the Registered Nurses Advisory Committee (RNAC). The Patient Classification System (PCS) will be based on Title 22 requirements for patient classification systems. The DHCS-mandated staffing ratios shall provide minimum nurse staffing levels, with staffing levels at all times consistent with the requirements of Title 22 of the California Administrative Code.

606 The PCS will be applicable to all areas described within Title 22, and for other patient care areas appropriate systems for assessing staffing needs will be maintained. In the event the scheduled staffing is insufficient to meet the specific staffing levels called for by the PCS, the Facility will make every effort to procure additional licensed staff.

607 **Patient Classification System Committee**

608 The Facility shall maintain a Patient Classification System (PCS) Committee as required by Title 22, and will include as members the appropriate number (fifty percent (50%) of the total Committee membership) of Registered Nurses who provide direct patient care. The Association shall have the right to select the bargaining unit Registered Nurses PCS Committee members. The Committee will be responsible for reviewing the reliability and validity of the existing PCS, and for recommending modifications or adjustments to assure accuracy in measuring patient care needs.

609 **Float Assignments**

610 All regular full-time and part-time Registered Nurses shall be assigned to a particular department or unit in a job for which they are qualified and/or certified to work. Whenever the Facility revises individual assignments based on staffing needs, Registered Nurses ~~shall~~ may be required to float to a different department or unit. The Facility shall be responsible to predetermine the individual Registered Nurse's qualifications or certifications to perform a particular float assignment. Should a Registered Nurse not possess the necessary training or certification for a given nursing assignment, it is the responsibility of the Registered Nurse to inform the appropriate supervisor.

611 ~~Bargaining Unit Registered Nurses with 25 (twenty five) years or more seniority shall not be required to float.~~

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612 Newly hired graduate Registered Nurses shall not be required to float until the completion of one (1) year in their assigned unit.

613 Floating shall be in the following order:

- 1) Volunteers
- 2) Registry, as permitted by registry contract
- 3) Travelers
- 4) Per Diem Registered Nurses on a rotational basis
- 5) Full-time and part-time Registered Nurses on a rotational basis
- 6) Bargaining Unit Registered Nurses with 25 (twenty-five) years or more of work at the Facility

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If a Registered Nurse is requested to work, and accepts the shift, within twelve (12) hours of the shift start time, the Registered Nurse shall not be floated.

614 ~~Registered Nurses acting in the capacity of a designated charge nurse shall not be floated, except on a voluntary basis.~~

615 A Registered Nurse acting in the capacity of a preceptor shall not be floated unless no other Registered Nurse has the necessary qualifications and competencies. In the case a preceptor must be floated, the preceptee shall remain on the unit and shall be assigned to another preceptor for that shift only.

616 During times of low census, in lieu of being cancelled, the Facility may request a Registered Nurse to be oriented/reoriented to a unit where current competencies are expired or will expire within the next two (2) months, or new competencies are desired. For purposes of competency validation as it relates to floating, "current" is defined as having demonstrated competency in the last 12 months.

617 ~~Float assignments for regular full time and regular part time Registered Nurses shall be by inverse seniority on an equitable, rotational basis.~~ An official float log shall be maintained by administration to track the appropriate rotation of float assignments. This float log will be made available to staff.

618 Float assignments shall be tracked and rotated based on the most recent date floated regardless of the unit to which floated. In the case two (2) Registered Nurses have last floated on the same date, then the determining factor shall be the previous date floated.

619 A Registered Nurse shall be floated a maximum of one (1) time per shift unless the Registered Nurse agrees to be floated more. If the Registered Nurse agrees to be floated a second time the RN shall receive a second float credit in the float rotation. In any unit in which there are two (2) charge nurses on duty, one shall be in charge and the other shall be in the float rotation.

620 Floating of Registered Nurses shall be in compliance with all federal and state laws and regulations, including Title 22 of the California Administrative Code.

621 Registered Nurses who are required to float within the hospital will receive orientation to the newly assigned work unit prior to being placed thereon. Registered Nurses floated to a specialty unit to assist other qualified specialty Registered Nurses will not be expected to perform other than those skills they are qualified to perform.

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622 **Cancellation of Scheduled Hours (Hospital Convenience Day)**

623 On the occasion of low patient census, the Facility may cancel scheduled hours by adhering to the following procedures.

624 Cancellation shall be in the following order:

- 1) Registry
- 2) Travelers, as permitted by traveler contract
- 3) Registered Nurses on overtime, on a rotational basis
- 4) Volunteers on a rotational basis
- 5) Per Diem on a rotational basis
- 6) Full-time and part-time on a rotational basis

625 Cancellations in category 6 (above) shall be done by department, equitable in the aggregate (including Charge Nurses), and consistent with patient care needs.

626 The Facility shall provide Registered Nurses at least a minimum of two (2) hours advance notice of cancellation prior to the start of the scheduled work shift. Where the Facility does not make a timely notice of cancellation of scheduled work, the Registered Nurse will be provided with four (4) hours of work upon reporting to the Hospital.

627 Registered Nurses who are canceled after the start of a work shift and lose four (4) or more hours of work shall receive credit for a canceled shift for purposes of the equitable, rotating distribution provision and Section 6286 (below).

628 The Facility pledges to make every effort to cancel a scheduled shift of full-time and part-time Registered Nurses no more than three (3) times during a six (6) week period~~one (1) time per pay period.~~

629 The Facility, when cancelling a Registered Nurse's shift, may request the Registered Nurse to be placed on on-call status. It is the Registered Nurse's choice whether to accept the Facility's request to be placed on on-call status or to elect to be relieved of all duty during the cancelled shift hours. If the Registered Nurse declines the Facility's on-call request, the Registered Nurse may redeem PTO hours for the cancelled shift, and PTO used in this manner will not count as actual hours worked for overtime purposes. If the Registered Nurse whose shift is cancelled elects to be placed on on-call status, he/she shall be placed on on-call status for the shift, at a pay rate of six dollars (\$6.00) per hour. Registered Nurses who voluntarily elect to be placed on on-call status may redeem PTO hours in order to be made whole for the shift on which they were placed on on-call status. Registered Nurses who agree to be placed on-call and are called in to work shall be paid at a rate one and one-half (1½) times their straight time rate of pay for all hours actually worked when he/she is called in to work.

630 Regular full-time and part-time Registered Nurses who have lost regular work hours due to having been called-off shall, if requested, be afforded an the first opportunity for make-up work during the same pay period and Facility pledges to make every effort to accommodate this request including, when feasible, looking at displacing Registry or Per Diem Registered Nurses scheduled for work, provided a desire for extra work is made known with reasonable advance notice to the immediate supervisor by eligible Registered Nurses.

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631 **Registered Nurse Advisory Committee (RNAC)**

632 **Purpose**

633 The Association and the Facility seek to improve professional performance and to assure the development and maintenance of the highest levels of patient care.

634 The Registered Nurse Advisory Committee (RNAC) is a representative body comprised of both management and bargaining unit Registered Nurses who recognize the evolving nature of nursing and who are committed to the practice of professional nursing. The RNAC provides a collaborative setting to address issues, resolve problems and create general ideas for change. The RNAC develops and supports programs which enhance harmony and teamwork in a culturally diverse setting. The RNAC encourages professional growth and professionalism in accord with promoting continually improving patient care and a climate conducive to patient satisfaction.

635 The RNAC will develop annual goals and objectives that drive the Committee's work throughout the year. A portion of each meeting agenda should be devoted to collaborating on these goals and objectives and methods of implementation. Goals and objectives are to be determined by consensus and focus on the needs of nursing staff, managers, and patients.

636 A joint chairmanship will provide leadership for each RNAC. The joint chair positions will be held by one (1) member of management and one (1) bargaining unit Registered Nurse. These leaders will be selected by the members of the RNAC. The joint chairs will be responsible for setting the agenda for each meeting, facilitating meetings, parliamentary duties, assigning responsible parties for follow-up assignments and/or other work supporting the goals of the committee, communicating changes regarding meetings, and ensuring minutes are taken and distributed in a timely manner.

637 The parties will reduce to writing any agreements reached by the Facility and the Association at a RNAC meeting; provided, however that no agreement reached shall be effective unless and until such agreement is approved, in writing, by the Facility Chief Executive Officer, and upon such written approval, the agreement shall be communicated to bargaining unit Registered Nurses and management within fourteen (14) calendar days.

638 **Composition**

639 The RNAC shall be composed of six (6) bargaining unit Registered Nurses chosen by the Association and three (3) members of nursing management chosen by management. The Association shall make its selections by democratic procedures chosen and administered by it. In addition, bargaining unit Registered Nurses who are not selected to sit on the RNAC may attend meetings on an ad hoc basis, as needed, to add clarity and insight into issues being addressed. A State Staff Representative may also attend RNAC meetings.

640 **Meetings**

641 The RNAC shall meet monthly. Registered Nurses who are regular RNAC members, and Registered Nurses who attend on an ad hoc basis, shall ~~not be paid or penalized forat their normal straight time rate, excluding all differentials or other premiums, for time spent during the Committee meetings, up to a maximum of four (4) hours per meeting. In the event that the parties agree to meet for longer than four (4) hours or more than once per month, as necessary to cover agenda items, pay shall be provided.~~

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642 A scheduled RNAC meeting shall not be cancelled unless by mutual agreement or due to bona fide extenuating circumstances.

643 **Responsibilities**

644 The RNAC will review, discuss, and resolve professional nursing issues. Topics within the responsibility of the RNAC shall include nursing practice and evaluation, position development, quality of care, safety, staffing, scheduling and workload issues.

645 In considering these issues the Facility shall insure that it is in compliance with the requirements of Title 22. An agenda item which has not been fully discussed may be carried over to the next meeting.

646 **Preceptors**

647 Preceptorship is defined as the mentoring/training of any Registered Nurse receiving more than three (3) consecutive shifts of mentoring/training by the same Preceptor and is not limited to new graduate Registered Nurses. Preceptors shall attend formal preceptor training provided by Facility's PCHMC's education department prior to performing in the preceptor role. Participation as a Preceptor shall be voluntary. Acceptance of a preceptor assignment by the bargaining unit Registered Nurse shall be mandatory-voluntary. Preceptors shall have-be bargaining unit members with a minimum of two (2) years unit specific experience at the Facility PCHMC. Preceptors in each unit shall follow a unit specific preceptor program.

648 **Performance of Supervisory Duties**

649 Bargaining unit Registered Nurses shall not be responsible to regularly perform supervisory functions with respect to other employees, including non-bargaining unit employees. Bargaining unit Registered Nurses shall have no authority to hire, transfer, suspend, lay-off, recall, promote, discharge, reward or discipline other employees, nor shall they have the authority to adjust employee grievances. In accordance with Section 2(11) of the National Labor Relations Act, the routine delegation of clinical tasks, monitoring of the performance of clinical tasks by others, acting as a preceptor, and/or the performance of Charge Nurse responsibilities shall not disqualify the Registered Nurse from being included in the bargaining unit as a non-supervisory employee. However, nothing in this Section shall preclude or restrict the Facility from requiring, or a bargaining unit Registered Nurse from performing, all duties deemed necessary by the Facility to insure delivery of quality patient care.

650 **Performance of Non-Nursing Functions**

651 The Facility shall make reasonable and continuing efforts to minimize the need for Registered Nurses to perform non-nursing functions supportive to nursing care such as housekeeping, dietary, clerical functions or the transport of supplies or stable patients.

652 **Performance of Bargaining Unit Work by Others**

653 The parties agree that non-bargaining unit personnel employed by the Facility, including supervisory personnel, may perform clinical duties also performed by bargaining unit Registered Nurses, provided that the assignment of such work shall not result in the loss of scheduled hours for any bargaining unit Registered Nurse