

PRN meetings at Los Gatos for questions and answers

1. Discussion of impressions of ECHO computer system.
 - a. Feeling that patient care is suffering because of the computer system. Discussion about charting immediately after doing patient care. Must not wait until end of shift to chart. ECHO facilitates and demonstrates use of clinical judgment. Surveillance is constant through use of Pyxis and ECHO.
 - b. Question about time stamp on ECHO. Be careful of time listed on ECHO, especially for medications. ECHO will show the time a medication is ordered. There is a ½ hour leeway on either side of time a medication is scheduled to be given. Chart the time a medication is actually given. Chart immediately.
 - c. Question regarding dispensing narcotics: all medications including narcotics are dispensed as ordered. If not all is used, must waste and have a witness. Must document in Pyxis at the time of vending.
 - d. Computer must be taken to bedside whenever a medication is given. Discussion about not enough computers to follow this procedure. There is only one computer for 3 units: L&D, mother/baby, and nursery.
 - e. PRN medications must have a documented reason for administration. Assessment must be documented. Intervention must be documented. Further assessment must also be documented as to effectiveness of intervention.
 - f. Deviation from medication policy is grounds for termination.
2. Question regarding HCs and floating. Patient care staffing standards in the PRN contract addresses the issue of HC. Discussion of order in which HC is given. HC may be unpaid or paid with PTO or EL (must actually do education work if choosing this option). Travelers float first. CCU RNs are not required to float to MSO, but may volunteer to float. If they float from CCU, they may take a maximum of 2 patients unless they voluntarily complete the competencies to take 4 patients, in which case the RN may take a maximum of 4 patients. HC percentages are not being published on the units. PCSS unit-specific implementation procedures to come for each unit.
3. Patients on cardiac medication drips must be in CCU not MSO. If patient is on MSO because CCU is full, the patient must be cared for by a CCU RN.
4. Discussion of weekend waiver in order to work extra weekends. Waiver form is on the PRN website. Any work on a weekend, no matter how few hours, constitutes a weekend worked. Being “On Call” status on a weekend is counted as a weekend worked.
5. Question of positions being posted after accepting a position not necessarily desired. Must RN stay in position originally hired for provisional period, or may RN change to position desired? Answer is to talk to manager first and email PRN with results of discussion with manager. Due to the hiring/posting situation at Los Gatos as positions are added RNs should be able to request a change to a newly posted position.
6. Discussion of return in less than 8/12 hours.
7. Question about Nursery level II RN floating to Mother/baby unit to care for infants. Discussion of competencies for postpartum RNs taking care of baby in couplets.
8. Concerns about no charge RN position for Level II Nursery. The unit falls under the L&D charge RN. If there is at least one patient in NICU there must be 2 RNs on duty.

When ever there are 2 RNs on duty one RN must be designated “in charge” and is to receive Charge Nurse differential. If only one RN is on duty and the other RN is On Call there is no designated charge nurse.

9. Discussion of ACLS requirement to work in CCU and with telemetry patients on MSO unit. Telemetry patients on MSO must be physically assessed by the CCU charge RN on each shift.
10. Issue regarding orientation to charge nurse role, responsibilities and authority. Charge Nurse assignment is not a management position. It is a patient care assignment just like any other assignment for an RN in the bargaining unit.
11. Discussion of how to fill in time cards. Use of code 75. Discussion of new work station designations (LG, LA, LE, LT). HR will have some meetings to address time card issues.
12. For 12 hours shifts, must work 3 days in each week of pay period versus 2 shifts in one week and 4 shifts in the second week of the pay period. Discussion of overtime and Code 75 for 12 hour shifts.
13. Discussion of Code 45 for missed rest and meal breaks. Rest and meal breaks cannot be combined. Additionally, ratios must be maintained **at all times**. If this means an RN cannot take a break (rest or meal) because to do so would put her out of ratio compliance, the RN cannot take the break and must receive Code 45 penalty pay.
14. Discussion of overtime rules.
15. Discussion of differentials.
16. Question about a rumor that circulated in April about ECH hiring only 50% of Los Gatos RNs. Other rumors were regarding CNA. Rumors were unfounded.
17. Time card issue regarding return in less than 8 hours. Manager changed time card without consulting RN. HR will address this issue.
18. Issue regarding RN who wants to work every weekend, prompting the manager to request that other RNs work only week days. However, if other RNs want to work some weekends, then weekends must be fairly rotated.