

EL CAMINO HOSPITAL

2009 PATIENT CARE STAFFING STANDARDS (PCSS), as Amended REGISTERED NURSES (RNs) ONLY

GENERAL SCHEDULING

1. PRN and ECH have agreed the following two (2) objective criteria will be used to evaluate the appropriateness of PCSS.
 - A. Each RN will work as close to her/his designated work status as possible each pay period. Specifically, we will avoid whenever possible the situation where one (1) RN ends up working over status while another RN must work under status in a given pay period.
 - B. Each unit/department on each shift will be staffed to meet patient care needs to the best of our ability.
2. Refer to El Camino Hospital Patient Care Services Policy and Procedure 11.03 - SCHEDULING.
3. Refer to PRN/ECH Collective Bargaining Agreement (CBA), Work Status
4. Each RN is scheduled for no more than eight (80) hours in a pay period. However, RNs working an alternative-hour work schedule are scheduled for no more than forty (40) hours per week.

a. **“Over Status” is defined as:**

When the schedule is posted for the pay period (or week) and/or the schedule is changed during the pay period (or week), and an RN is scheduled to work over her/his designated work status (e.g.: FT, 4/5ths, etc.) over the entire pay period (or week), the RN is designated “Over Status” for **any day** during the pay period (or week), until she/he has been canceled or has taken HCs which total the number of days she/he is scheduled over her/his designated work status.

b. **Determination of Over Status**

1. To determine if an RN is over status on any given day, look at the entire pay period (or week). If the RN has worked and/or is scheduled to work more than her/his designated work status during the pay period (or week), she/he is considered over status for the day in question.
2. If an over status RN is canceled or takes HC on any day during the pay period (or week), the cancellation may result in the RN remaining over status or change the RN to within status or under status, depending on the

number of days the RN was scheduled above her/his designated work status during the pay period (or week).

3. Once the RN has been canceled or taken HC for the same number of days she/he was scheduled over status, she/he is considered within status. Once the RN has been canceled or taken HC for more days than he/she was scheduled over status, the RN is considered under status. The number of days worked and/or scheduled for the entire pay period (or week) must always be taken into consideration.
 4. PTO/ESL/EL days are included in the RN's work status and count towards the RN being over status, within status or under status.
 5. PTO/EL days used to cover HC time off are not included in the RN's work status and do not count towards the RN being over status.
5. Each unit/department will develop a plan for requesting time off (with PRN approval), so that each RN is given a fair and equitable opportunity to get requested time off.

VACATION SCHEDULING

1. Each unit/department will develop its own vacation plan (with PRN approval) that meets the minimum requirements of the CBA. The unit/department plan will be reviewed as needed.
2. A minimum of one (1) RN per shift (a vacation slot) may be scheduled for vacation at any given time. If possible, more than one (1) vacation slot may be made available for any given week, at the discretion of the Clinical Manager. At least one (1) vacation slot will be available for each week during the year.
3. Prime time will be defined within each unit/department, including:
 - A. The number of vacation slots available for each prime time week of the vacation calendar.
 - B. The maximum length for vacation requests during prime time(s).
 - C. The time(s) of year which will be designated as prime time(s).
4. If an RN permanently changes units and the RN has previously been granted a vacation, the previously granted vacation will be honored by the manager of the new unit. Vacations for other RNs' on the new unit will not be affected.

SCHEDULING OF PAID TIME OFF (PTO)

1. With the exception of an emergency or illness, PTO must be requested in writing in advance of the time off desired.
2. All requests for PTO must be dated.
3. PTO will be granted per CBA and by unit/department procedures, based on first requested, first granted. If all else is equal, PTO will be granted based on seniority.

HOLIDAYS

1. For the purpose of holidays, a year will begin on the first day of the first accounting period beginning after January 1 of each year.
2. Holidays will be staffed by volunteers first, based on first requested, first granted. If all else is equal, holidays will be staffed by volunteers based on seniority.
3. For Thanksgiving, Christmas Eve, Christmas Day, New Year's Day (New Year's Eve for evening shift RNs), a rotation plan for granting holidays off will be determined by each unit/department (with PRN approval).
4. For all other holidays (other than those listed above), requests to have a holiday off will be granted based on first requested, first granted. If all else is equal, requests to have a holiday off will be granted based on seniority.
5. HCs on holidays may be treated the same as any other HC and will be included in the unit's/department's non-holiday HC tracking mechanism and distribution plan; or HCs on holidays may be treated as separate HCs from non-holiday HCs with a separate "Holiday HC List".

If a unit chooses to have separate HC lists (non-holiday HC list and holiday HC list), the same HC tracking mechanism and distribution plan will be applied to the holiday HCs as to the non-holiday HCs. The unit must submit the 2-HC list plan to PRN for approval.

MANAGEMENT OF FLOATING

1. RNs are expected to comply with mandatory floating to clinical units/departments as designated by an "X" on the "Clinical Department Mandatory Floating Designation" chart (see last page). "Y" designates units/departments that require special/specific qualifications for floating (e.g.: CCU, NICU).
2. Cross-training to a non-assigned clinical unit/department is voluntary and competency based.
 - A. "Cross-training" is defined as: Building on existing skill sets and competency

based. If the nurse does not float to the areas for which she/he was cross-trained, the nurse will receive New Training (NT) time for refresher training with the amount determined by mutual agreement between the RN and the Clinical Manager, based on the RN's training needs.

- B. "Re-training" is defined as: Training to acquire new skill sets.
3. RNs will receive cross-training as needed, based on an individual RN's skills inventory. Orientation will be provided as needed.
 4. An RN who is willing to work outside her/his assigned units/departments is responsible to communicate this to her/his Clinical Manager and to the Clinical Manager of the units/departments of interest. Cross-training will be provided based on the recommendations of the Clinical Managers. Once an RN has been cross-trained to a non-assigned unit/department, she/he will be expected to work in that unit/department to meet patient care needs and as needed to maintain skills to support patient care.
 5. Once an RN is cross-trained to a non-assigned unit/department she/he may be required to float to that unit/department even if a nurse from another unit/department must be floated in to cover that cross-trained RN.
 6. If an RN permanently changes units with a different mandatory floating assignment, the RN will be required to float to all units based on her/his current (new) permanent unit, not based on prior experience. The RN may voluntarily float to a non-mandatory unit for which she/he is qualified.
 7. **Assignment to Float**
 - A. Floating decisions precede and have priority over decisions regarding the allocation of HC. No HCs will be given until all units are staffed in accordance with the ECH staffing policy and procedure (refer to 11.03 SCHEDULING).
 - B. A rotational plan will be determined by each unit/department (with PRN approval). Each unit/department will determine whether per diem/casual RNs are included in the same rotation plan as the full-time/part-time RNs.
 - C. If an RN floats out of turn, the RN will receive double credit for both floating. If the RN floats to a non-mandatory unit, the RN will receive single credit for floating.
 - D. When an RN transfers into a unit/department, the RN's float credit will remain the same; except if her/his credit is lower than the lowest credit on the unit/department, the transferred RN's credit will be increased to equal the lowest credit on the unit/department.
 - E. Floating will be done by volunteers first.

- F. The RN in charge is responsible for making assignments that are compatible with the skill level of the incoming float employee.
- G. Once an RN is assigned to float, reassignment may occur based on changes in patient care needs. However, the unit releasing the RN may not recall the floated RN after the notification cutoff time for the shift.
- H. There can be mandatory bumping of only one (1) RN by another, per unit, per shift, as a result of floating, in order to staff a unit with qualified RNs. More than one (1) RN may be bumped from a unit or into a unit only when the unit charge nurse (in consultation with the unit clinical manager) determines the RN skill mix can provide safe patient care.
- I. An RN will not be required to float more than fifty percent (50%) of her/his work status per pay period.
- J. No RN will be required to float to cover another employee's requested or mandatory HC.
- K. A newly hired RN will be assigned an float credit equal to the lowest float credit in the unit/department.
- L. As a result of changes to the cross-training/floating rules, the RNs who have cross-trained to float outside their mandatory float will have a one-time opportunity to withdraw their agreements to float to non-mandatory units. These RNs will be given this one-time option three (3) months after the new rules have been implemented (PCSS changes implemented on August 1, 1999). Effective date November 1, 1999.
- M. The length of a float assignment will be declared at the time the float is assigned. Thereafter, the RN will be expected to return to her/his home unit for the remaining portion of her/his scheduled shift, unless additional float time is assigned.
- N. Travelers will float first, regardless of unit.
- O. 12-hour shift RNs will not float the middle four (4) hours of their shifts, unless they float for more than four (4) hours. The RN will only be floated the first 4-hours or the last 4-hours, unless the RN is floated for an 8-hour shift. For example, if the RN is on her/his home unit for the first and last four (4) hours, the RN **will not** float the middle four (4) hours.

ADMINISTRATION OF HOSPITAL CONVENIENCE TIME OFF (HC)

1. HCs are given when, and only when, all units/departments in the hospital are staffed to meet patient care needs. HCs are not a right and should not be expected.
2. Reasonable notice of insufficient work will be given. If reasonable notice is not given, the RN will receive two (2) hours pay and may be required to work the two (2) hours before being granted the HC. If the RN is notified after the reasonable notice cutoff time and the RN has not yet come into work, the RN is not required to come into work to receive the two (2) hours minimum pay.

“Reasonable notice” is defined as one (1) hour prior to the RN’s scheduled shift.

3. HC is not pre-scheduled time off.
4. The length of an HC will be declared at the time the HC is granted. Once an HC is accepted by the RN, she/he will not be required to be available to work for the duration of the HC. The RN will be expected to report for work for that portion of her/his scheduled shift that extends into the next traditional eight (8) hour shift, unless notified by the hospital or unit/department that there is insufficient work and additional HC is being granted.

An HC granted during a shift will be granted when the RN can be released from work. An RN will not be given an HC if she/he would be required to return to work to complete a shift.

The RN is not required to contact the hospital or unit/department about working the remainder of her/his scheduled shift. It is expected the RN will automatically work the remainder of her/his scheduled shift unless the hospital or unit/department contacts the RN regarding additional HC. It is helpful if the RN notifies the hospital or unit/department of her/his desire to take additional HC, if HC is to be granted. Otherwise, the additional HC is given/granted to the RN with the least percentage of HC.

5. HC credit is based on an RN’s work status and converted to percentages. A minimum three (3) month cumulative HC record will be maintained (as each day is added to the three (3) month cumulative record, one (1) day is removed from the beginning of the record). Information will be recorded on each unit/department and in the Staffing Office. Recorded information will include the date and amount of HC taken, in as little as fifteen (15) minute increments.

6. Each unit/department will develop an HC tracking mechanism. Data will be entered and an HC list will be generated no less than each day (and/or shift). Each RN will update her/his record (on a daily basis or as needed) to reflect HC taken.
7. Mandatory and voluntary HCs are given/granted in the same way.
 - A. First determine which group of RNs must/may take an HC. See the CBA, Hospital Convenience Time Off for the order in which RNs are given HCs.
 - B. Within the designated group of RNs who must/may take an HC, the HC is given to the RN with the lowest percentage of HC taken over the last three (3) months.
 - C. RNs may volunteer to take HCs by putting their names on a volunteer list, but HCs are not given on a first-come/first-serve basis. Voluntary HCs are given by percentage and the HC is given to the RN with the lowest percentage of HC taken in the last three (3) months.
 - D. HCs are given/granted when, and only when, all units/departments in the hospital are staffed to meet patient care needs.
 - E. Per diem RNs do not earn a percentage of HC, they earn hours of HC.
8. When an RN transfers into a unit/department, the RN's HC percentage will remain the same; except if her/his percentage is lower than the lowest percentage on the unit/department, the transferred RN's percentage will be increased to equal the lowest percentage on the unit/department.
9. A newly hired RN will be assigned an HC percentage equal to the lowest percentage of HC on the unit/department.
10. RNs are not given HC during their probationary periods.
11. A non-RN employee will not have her/his days off changed to force an HC onto an RN.
12. HCs may be covered by PTO or EL. PTO/EL used to cover HCs are not included in the RN's work status for the purpose of determining "over status".
13. Each RN in the Float Pool will be assigned to a specific unit/department for administration of HCs. The float pool RN assigned to a specific unit/department will be included in the HC rotation plan for that unit/department, with HCs allocated and percentages earned based on the unit's/department's HC rotation plan.
14. If an RN floats out of turn, the RN will receive double credit for both floating. If the RN floats to a non-mandatory unit, the RN will receive single credit for floating. If the RN works, the RN does not get credit for HC.
15. A full-time/part-time RN may bump a per diem RN on another unit, if the other unit is

one of the FT/PT RN's mandatory units. Floating will not be required to bump a PD RN.

REST AND MEAL BREAKS

1. In accordance with State and Federal wage and hour laws, each and every RN will receive statutory and contractual rest and meal breaks.
2. To ensure compliance with laws and the CBA, a unit/department may be required to assign rest and meal breaks. Whenever possible, a plan will be developed by the unit/department to guarantee rest and meal breaks are provided and taken by the RNs.

COVERAGE

These Patient Care Staffing Standards apply to each and every patient care unit/department where PRN bargaining unit RNs work, regardless of service line.

2009 CLINICAL UNIT/DEPARTMENT MANDATORY FLOATING DESIGNATION

DEPARTMENT FLOATED TO

| Unit | 4A | 4B | 3B | 3C | 2C | PCU | CCU | NSY | NICU | Mat | PACU | Pre-Op/Short Stay | Flex RN |
|-------------------|----|----|----|----|----|-----|-----|-----|------|-----|------|-------------------|---------|
| 4A | | X | | | X | | | | | | | | |
| 4B | X | | | | X | | | | | | | | |
| 3B | | | | X | | X | | | | | | | |
| 3C | | | X | | | X | | | | | | | |
| 2C | X | X | | | | | | | | | | | |
| PCU | | | X | X | | | Y | | | | | | |
| CCU | | | | | | | | | | | | | Y |
| NSY | | | | | | | | | Y | X | | | |
| NICU | | | | | | | | X | | | | | |
| Mat | | | | | | | | X | | | | | |
| PACU | | | | | | | | | | | | X | |
| Pre-Op/Short Stay | | | | | | | | | | | X | | |
| Flex RN | | | | | | | | | | | | | |

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| <p>X = Floating required</p> <p>Y = Floating based on RN's qualifications</p> |
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