

BEVERLY HOSPITAL REGISTERED NURSES ASSOCIATION
UNITED NURSES ASSOCIATIONS OF CALIFORNIA/
UNION OF HEALTH CARE PROFESSIONALS

COUNTER PROPOSAL TO BEVERLY HOSPITAL

ARTICLE E 6 - PATIENT CARE ADVOCACY, SUPERVISION, AND PROFESSIONAL RESPONSIBILITY

601 Staffing Ratios

602 The Hospital shall ~~use its best efforts to~~ comply with all staffing requirements mandated by federal and state laws and regulations, including Title 22 of the California Administrative Code. The Hospital and the Union shall work together in good faith to implement required staffing levels for all patient care units covered by Department of Health Care Services (DHCS) nurse-to-patient staffing ratio regulations (listed below), and to implement appropriate staffing levels in non-covered units.

<u>Hospital Unit</u>	<u>DHCS Staffing Ratio</u>
<u>Critical Care/ICU</u>	<u>1:2 or fewer at all times</u>
<u>Neonatal ICU</u>	<u>1:2 or fewer at all times</u>
<u>Perinatal Services</u>	
<u>Labor & Delivery</u>	<u>1:2 (in active labor) or fewer at all times</u>
<u>Antepartum</u>	<u>1:4 (not in active labor) or fewer at all times</u>
<u>Postpartum</u>	<u>1:6 (mothers only) or fewer at all times</u>
<u>Couplet Care</u>	<u>4 mother-baby couplets or fewer at all times</u>
<u>Well-Baby Nursery</u>	<u>1:8 or fewer at all times</u>
<u>Post-anesthesia (PACU)</u>	<u>1:2 or fewer at all times</u>
<u>Emergency Department</u>	
<u>Trauma</u>	<u>1:1 at all times</u>

<u>Critical Care</u>	<u>1:2 or fewer at all times</u>
<u>Visits</u>	<u>1:4 + Triage Nurse or fewer at all times</u>
<u>Operating Room</u>	<u>1:1 at all times</u>
<u>Pediatrics</u>	<u>1:4 or fewer at all times</u>
<u>Stepdown</u>	<u>1:3 or fewer at all times</u>
<u>Telemetry</u>	<u>1:4 or fewer at all times</u>
<u>Medical/Surgical</u>	<u>1:5 or fewer at all times</u>
<u>Specialty Care (e.g. Oncology)</u>	<u>1:4 or fewer at all times</u>
<u>Psychiatric</u>	<u>1:6 or fewer at all times</u>

M603 Should the staffing requirement mandate by applicable law change during the term of this Agreement, upon request, the Hospital will meet with the Union to discuss the impact, if any, of the change.

~~M604 The Hospital, in its sole discretion, may staff nursing units at a level above the applicable minimum staffing requirements.~~

U603 Nurse-to-patient ratios represent the maximum number of patients assigned to one licensed nurse at any one time. "Assigned" means that the nurse has responsibility for the provision of care to a particular patient within his/her scope of practice. There shall be no averaging on the number of patients and the total number of nurses on the unit during one shift or over a period of time. The Hospital shall plan for routine fluctuations in patient census and shall meet the minimum DHCS regulations regarding ratios in every applicable unit at all times. The Hospital shall make reasonable, good faith efforts to exceed the DHCS ratios in every applicable unit.

U604 Charge Registered Nurses will not be given a patient assignment, and shall not be included in the calculation of the required nurse-to-patient ratio. When appropriate, Charge Registered Nurses may relieve nurses during breaks, meals and other routine, expected absences from the unit.

U605 The staffing ratios specified in Paragraph 602 shall constitute the minimum number of nurses who shall be assigned to direct patient care. Additional staff in excess of these prescribed ratios, including non-licensed staff, shall be assigned in accordance with the

Hospital's documented patient classification system for determining nursing care requirements.

U606 The Union shall have the option to reopen this Article for additional negotiations relating to staffing issues should staffing requirements mandated by law change during the term of this Agreement.

~~M605 Staffing Issues~~

~~M606 Issues regarding the application and interpretation of this Article 6 may be raised with Department Directors, the Patient Classification System Committee described below, or the Clinical Leadership Committee, and are not subject to the dispute resolution procedure contained in this Agreement.~~

U607 Patient Needs Staffing System

U608 The Hospital will have a staffing system based on assessment of patient needs in conformance with the accreditation applicable requirements of Det Norske Veritas Healthcare, Inc. and Title 22 of the California Administrative Code. Concerns regarding staffing ratios and acuity issues shall be addressed by the Registered Nurse Advisory Committee (RNAC) Beverly Professional Practice Council (BPPC). The Patient Classification System (PCS) will be a method of determining staffing requirements for each patient, each unit and each shift as appropriate based on physical observation and assessment of each patient by the Registered Nurse who is responsible for the patient. The DHCS-mandated staffing ratios shall provide minimum nurse staffing levels, with staffing levels at all times consistent with the requirements of the Hospital's PCS and Title 22 of the California Administrative Code.

U609 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 Hospital will make every effort to procure additional Registered Nurses. Should persistent shortages be identified, the Hospital will take the necessary steps to ensure safe patient care.

U610/ M609 Patient Classification System Committee

U611/M610 The Hospital 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 Union shall have the right to select the bargaining unit Registered Nurse 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. ~~The Union may suggest to the Chief Nursing Officer the names of Registered Nurses to serve on the Committee, which suggestions shall receive appropriate consideration.~~

U612/M611 Float Assignments

~~M613 Registered may be required to float to a different department or unit in accordance with the Hospital's Floating/Float Zone policy.~~

U613/M612 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 Hospital revises individual assignments based on staffing needs, Registered Nurses may be required to float to a different department or unit. The Hospital shall be responsible to predetermine the individual Registered Nurse's qualifications or certifications to perform a particular float assignment.

U614 Floating shall be in the following order:

1. Volunteers
2. Registry
3. Travelers
4. Registered Nurses working an additional shift at an overtime rate
5. Per Diem Registered Nurses in rotation by department
6. Part time Registered Nurses working an additional shift at their straight time rate in rotation by department
7. Full time and part time Registered Nurses in rotation by department

Charge Nurses working in a bargaining unit position, not as a designated Charge Nurse, shall be included in the float rotation in the appropriate category above.

U615 Float assignments for full time and part time Registered Nurses shall be by inverse seniority on an equitable, rotational basis. A float log shall be maintained in every unit to track the appropriate rotation of float assignments. The designated Charge Nurse shall be responsible to determine float assignments for the on-coming shift.

U616 If a Registered Nurse who floated at the beginning of the shift has an assignment which ends before the shift does and the Registered Nurse is needed on another unit, the second assignment will also count on the float rotation.

~~M614 When floating Registered Nurses, the Hospital shall make a good faith effort to be in compliance with all federal and state laws and regulations, including Title 22 of the California Administrative Code.~~

U617 Floating of Registered Nurses shall be in compliance with all federal and state laws and regulations, including Title 22 of the California Administrative Code. Patient care assignments shall be subject to the following guidelines:

1. Assignments shall include only those duties and responsibilities for which competency has been validated.
2. Registered Nurses may not be assigned total responsibility for patient care, including the duties and responsibilities described in subsection 70215(a) of Title 22, until all standards of competency for the unit have been validated.
3. New graduates will not be floated until they complete their clinical orientation and meet the requirements of 1 and 2 above.

U618 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.

U619/M615 Cancellation of Scheduled Hours

~~M616 The Hospital may cancel scheduled hours by adhering to the procedures established in the Nursing Schedules/Staffing Acuity policy.~~

~~M617 The Hospital shall attempt to contact the Registered Nurse regarding the cancellation at their phone number on file with the Hospital at least two (2) hours prior to the start of the~~

~~scheduled work shift. If the Registered Nurse does not answer the phone, the Hospital shall leave, if possible, a message with the person answering the phone or on voice mail if the Registered Nurse has voice mail.~~

M619 Each Registered Nurse shall provide the Hospital with a current phone number at which the Registered Nurse can be reached.

U620 On the occasion of low patient census, the Hospital may cancel scheduled hours by adhering to the following procedures.

U621 Cancellation shall be in the following order:

1. Volunteers by rotation
2. Registry
3. Travelers
4. Registered Nurses on overtime in rotation by department
5. Per Diem in rotation by department
6. Full time and part time in rotation by department

Charge Nurses working in a bargaining unit position, not as a designated Charge Nurse, shall be included in the cancellation rotation in the appropriate category above.

U622 Cancellations in category 6 above, shall be done by department, equitable on a rotational basis including Charge Nurses not working in a Charge Nurse capacity.

U623 Registered Nurses will assist management in setting up the rotation and tracking whose turn it is to be cancelled.

~~M620 Registered Nurses who are cancelled after the start of a work shift and who lose eight (8) or more hours of work shall receive credit for a cancelled shift for purposes of the equitable, rotating distribution provision.~~

U625 Registered Nurses who are cancelled after the start of a work shift and lose four (4) or more hours of work shall receive credit for a cancelled shift for purposes of the equitable, rotating distribution provision.

~~M618 It the Hospital does not make a timely attempt to contact the Registered Nurse regarding a cancellation as provided in this Article, the Registered Nurse will, at the Hospital's discretion, be paid for four (4) hours, or provided with at least four (4) hours of work upon~~

reporting to the Hospital, or provided any combination of work and pay totaling a minimum of four (4) hours.

U624 The Hospital shall provide Registered Nurses at least a minimum to two (2) hours advance notice of cancellation prior to the start of the scheduled work shift. Where the Hospital does not make a timely notice of cancellation of scheduled work, the Registered Nurse will be paid for four (4) hours, or provided with at least four (4) hours of work upon reporting to the hospital, or provided any combination of work and pay totaling a minimum of four (4) hours.

U626 A Registered Nurse shall not have scheduled hours cancelled more than one (1) time per pay period unless on a voluntary basis.

M621 A Registered Nurse whose shift is cancelled shall be relieved of all duty during the hours cancelled.

~~M622 A Registered Nurse who is cancelled prior to the start of the scheduled shift may be placed on flex on-call status. A Registered Nurse whose services are not longer needed after starting the scheduled shift may be placed on flex on-call status for the remainder of the scheduled shift.~~

U627 A Registered Nurse whose shift is cancelled shall be relieved of all duty during the hours cancelled. Placement on on-call status shall be on a voluntary basis. In the case a Registered Nurse agrees to be placed on-call, that Registered Nurse will be informed for which unit(s) she/he is on call.

M623 A regular full time or regular part time Registered Nurse who has lost work hours due to having been cancelled shall be afforded an opportunity for available work during the same pay period in their normally scheduled unit. However, the Registered Nurse must have informed their Director of the desire to have the work and may not displace a scheduled employee.

U628 Regular full time and part time Registered Nurses who have lost work hours due to having been called-off shall be afforded the first opportunity for extra work during the same pay period by displacing Registry or Per Diem Registered Nurses scheduled for work, provided a desire for extra work is made known to the immediate supervisor by eligible Registered Nurses.

629 BEVERLY PROFESSIONAL PRACTICE COUNCIL (BPPC)
REGISTERED NURSE ADVISORY COMMITTEE (RNAC)

630 Purpose

631 The Union and the Hospital seek to improve professional performance and to assure the development and maintenance of the highest levels of patient care.

632 The ~~Registered Nurse Advisory Committee (RNAC)~~ Beverly Professional Practice Council (BPPC) 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~~ BPPC provides a collaborative setting to address issues, resolve problems and create general ideas for change. The ~~RNAC~~ BPPC develops and supports programs which enhance harmony and teamwork in a culturally diverse setting. The ~~RNAC~~ BPPC encourages professional growth and professionalism in accord with promoting continually improving patient care and a climate conducive to patient satisfaction.

633 The ~~RNAC~~ BPPC 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.

634 A joint chairmanship will provide leadership for each ~~RNAC~~ BPPC. The joint chair positions will be held by one (1) member of Hospital management and one (1) bargaining unit Registered Nurse. ~~These leaders will be selected by the members of the RNAC.~~ The Hospital management members of the BPPC will select the management joint chair and the bargaining unit Registered Nurses will select the bargaining unit joint chair. 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. The Union may post copies of the agenda and the minutes of the BPPC on its bulletin board.

635 The parties will reduce to writing any agreements reached by the Hospital and the Union at a ~~RNAC~~ BPPC meeting.

636 Composition

637 The RNAC shall be composed of ~~three (3)~~ six (6) bargaining unit Registered Nurses chosen by the Union and ~~three (3)~~ six (6) members of nursing management chosen by management. ~~All members of the BPPC shall be licensed registered nurses with at least five years of clinical nursing experience and have worked at the Hospital for at least two~~ ~~(2) consecutive years.~~ The Union 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 BPPC may ~~if requested by the joint chairs~~ attend meetings on an ad hoc basis, as needed, to add clarity and insight into issues being addressed. ~~The assigned Staff Representative serves as an RNAC member.~~ The assigned Union Staff Representative, a representative of the Hospital's Human Resources Department, or Nurse Managers may attend all meetings of the BPPC as an observer.

638 The RNAC BPPC joint chairs may appoint a sub-committee to address issues affecting individual units. ~~RNAC BPPC~~ sub-committees shall function under the same guidelines as the RNAC BPPC.

639 Meetings

640 The RNAC BPPC shall meet on days selected by the joint chairs, but in no event less than monthly ~~four (4) times during each twelve (12) month period.~~ Meetings can only be held if ~~both joint chairs and at least two (2) management and two (2) bargaining unit members who are regular members of the BPPC are present.~~ In the case a joint chair is absent; an alternate joint chair will be selected by the respective BPPC members. Time spent attending meetings by Registered Nurses who are regular RNAC BPPC members Registered Nurses who are regular members, ~~and Registered Nurses who attend on an ad hoc basis,~~ shall be paid at 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 ~~joint chairs parties~~ mutually agree to meet for longer than four (4) hours, ~~or more than once per month, as necessary to cover agenda items,~~ that time also shall be considered hours worked and compensated. Time spent in attendance by Registered Nurses who are not regular BPPC members at meetings of the BPPC shall not be considered hours worked or compensated unless requested to attend by both joint chairs. ~~pay shall be provided.~~

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

641 Responsibilities

642 The RNAC will review, discuss, and resolve professional nursing issues. Topics within the responsibility of the RNAC shall include, but not be limited to:

~~Staffing levels, including ratios~~

~~Patient classification~~

Quality of care/national quality initiatives

Care delivery systems

Floating concerns

~~Qualifications~~

~~Workload~~

Policies and procedures relating to Nurse Practice

Professional practices

~~Employee safety~~

~~Staffing Objection Forms and other recurring problems~~

~~Scheduling issues, including vacation scheduling~~

~~Flexible staffing~~

~~The use or scheduling of Per Diem Nurses~~

~~Weekend staffing issues~~

~~Registry and/or traveler utilization~~

Legal updates impacting practice of nursing

Evaluation tools

Literature review

~~New Jobs~~

643 ~~In considering these issues the Hospital 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 if authorized by the joint chairs.

644 It is the intent of the RNAC BPPC to reach mutually acceptable resolutions to all issues presented by either the Hospital or the Union. ~~If, however, the RNAC cannot after a good faith effort by both parties resolve an issue relating to patient classification or staffing ratios, the unresolved issue is subject to the Grievance and Arbitration Article.~~

645 Performance of Supervisory Duties

646 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

647 Delegation of Duties

648 Subject to directions received from the Charge Nurse or other supervisory personnel, ~~Individual~~ Registered Nurses shall have the authority to determine those aspects of patient care which are to be delegated to non-bargaining unit employees based on the Registered Nurse's ~~his/her~~ assessment of the patient's needs or condition(s), subject to and in accordance with Hospital directives and policies. The Hospital shall maintain a record of the credentials of non-bargaining unit employees regularly assigned to patient care units who are regularly assigned patient care functions in order to assist the Registered Nurses in delegating tasks under this Article.

649 Performance of Non-Nursing Functions

650 The Hospital 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.

U651/M648 Performance of Bargaining Unit Work By Others

652 The parties agree that non-bargaining unit personnel employed by the Hospital, 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.

~~M649 Nothing in this Agreement shall be interpreted to limit non-bargaining unit employees from performing work also performed by Registered Nurses in the bargaining unit.~~

U653 Protection of Bargaining Unit Hours

U654 The assignment of work to Hospital personnel outside the bargaining unit shall not be for the purpose of reducing hours for bargaining unit Registered Nurses.