



ST. FRANCIS NURSES

Protecting our patients, our profession, our family



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SFRNA's Proposal for Support Staff

The primary function of a Charge Nurse is to coordinate and facilitate staffing, patient flow and serve as the primary resource for the unit's employees. The Charge Nurse shall not be assigned additional roles (for example: Telemetry Monitor Technician, Secretary) or be required to provide meal period coverage. The charge nurse shall be unit based and not required to provide meal coverage or function in the charge nurse role on additional units.

the safety of a patient such assignment will be in addition to the minimum of 2 CNAs per unit.

Each unit will be provided a secretary for a minimum of 8 hours per shift.

A minimum of 2 Registered Nurses will be scheduled per unit per shift to assist with break and meal coverage.

When patients are boarding in the ER, a secretary and/or CNA will be provided.

A monitored tech will be staffed for 7200 or any monitored area outside of the 6th floor.

A minimum of 2 CNAs (days and nights) shall be assigned to each unit. The CNA shall function in the CNA role and not be required to function in additional roles (secretary, sitter). If a patient's acuity requires the assignment of a sitter to assure



PROTECTING OUR PATIENTS DEMANDING SAFE STAFFING

St. Francis Registered Nurses Association's
Professional Practice Standards
and
Delivery of Safe Outstanding Care
Proposal

SAFEGUARDING OUR LICENSES

What You Can Do Now

1. To protect patient safety and build the case for a contractual guarantee of strong safe staffing, fill out Staffing Objection Forms for every violation that occurs in your shift.
2. Share your example of the impact of lack of staffing on patient safety and quality service. E-mail your report to : SFRNAcares@unac-ca.org.
3. Contact your Bargaining Team Member or your Staff Representative for further information.
4. Show your Support by attending the next negotiation sessions:
June 14, 15, 20, 23 and 24
5. Be ready: your Bargaining Team may be calling for action.



United Nurses Associations of California
Union of Health Care Professionals

PROTECTING PATIENTS WITH STRONG SAFE STAFFING



The California Safe Staffing Law provides for minimum safe nurse-patient ratios in many different areas of hospital care.

St. Francis RNs know that when our hospital falls out of compliance with the law it puts our patients and our licenses in jeopardy.

By winning contract language that guarantees and even improves on the state mandated minimums we add a layer of protection and enforcement

that will improve patient care and working conditions for nurses at our hospital.

The chart below shows the ratios from our contract proposal side-by-side with the Department of Health and Safety minimums from state law.

On the back find our proposal for Support Staff, and the steps you can take to win this strong safe staffing language.

SFRNA's Professional Practice Standards and Delivery of Safe Outstanding Care Proposal

- Critical Care: 1:2 (or better)
- Neonatal ICU: 1:2 (or better)
- Intermediate Care/Continuing Care/DOU Nursery 1:3
- Labor and Delivery 1:2
- Postpartum: 1:6
- 3 couplets- total amount of patients including infants should not exceed 6
- Post Mag-Sulfate drip patients must have documented stability of greater than 6 hours prior to transfer
- Well-Baby nursery: 1:6
- PACU/PARR: 1:2
- An OR or surgery center or any RN that is not assigned to PARR cannot be considered in the 1:2 ratio
- ER-Trauma: 1:1
- RNs assigned to trauma will not be required to provide meal period relief
- ER Critical Care: 1:2
- ER Visits: 1:3
- ER MICN
- RNs assigned to MICN will not be required to provide meal period relief
- ER Pediatrics: 1:3/ER intubated/critical pediatrics 1:2 or better
- Operating Room: 1:1
- Pediatrics: 1:3
- An RN will not be required to provide LVN coverage with a 1:3 staffing ratio.
- If an RN is assigned less than a 1:3 staffing ratio assignment the maximum amount of LVN coverage that will be assigned shall be 2 additional patients with the LVN assigned as the primary nurse for those patients.
- An RN will not be assigned more than a total of 3 patients including any LVN coverage assignment.
- Telemetry: 1:3
- An RN will not be required to provide LVN coverage with a 1:3 staffing ratio.
- If an RN is assigned less than a 1:3 staffing ratio assignment the maximum amount of LVN coverage that will be assigned shall be 2 additional patients with the LVN assigned as the primary nurse for those patients.
- If an RN is assigned less than a 1:4 staffing ratio assignment the maximum amount of LVN coverage that will be assigned shall be 2 additional patients with the LVN assigned as the primary nurse for those patients
- An RN will not be assigned more than a total of 4 patients including any LVN coverage assignment.
- Case Management: 1:15
- If an RN is assigned less than a 1:3 staffing ratio assignment the maximum amount of LVN coverage that will be assigned shall be 2 additional patients with the LVN assigned as the primary nurse for those patients.
- An RN will not be assigned more than a total of 3 patients including any LVN coverage assignment.
- Medical-Surgical: 1:4 (1:3 if providing LVN coverage)
- An RN will not be required to provide LVN coverage with a 1:4 staffing ratio
- If an RN is assigned less than a 1:4 staffing ratio assignment the maximum amount of LVN coverage that will be assigned shall be 2 additional patients with the LVN assigned as the primary nurse for those patients
- An RN will not be assigned more than a total of 4 patients including any LVN coverage assignment.

DHS Ratios

- CRITICAL CARE I ICU 1:2
- NEONATAL ICU 1:2 RN only
- PRENATAL SERVICES
- Labor & Delivery 1:2 (in active labor)
- Antepartum 1:4 (not in active labor)
- Postpartum 1:6 (mothers)
- Couplet Care 1:4 (couplets)
- Well-Baby Nursery 1:8
- EMERGENCY DEPARTMENT* 1:4 *
- Trauma 1:1 RN only
- Critical Care Patients 1:2
- POST ANESTHESIA (PACU) 1:2
- OPERATING ROOM 1:1
- PEDIATRICS 1:4
- STEPDOWN 1:3
- TELEMETRY 1:4
- SPECIAL CARE UNIT (ie, ONCOLOGY) 1:5
- MEDICAL I SURGICAL 1:5
- PSYCHIATRY 1:6

