

PCSS Cost Center-Specific Implementation Procedures, 2012
for
Interventional Services – Mountain View

Philosophy Statement

These implementation procedures in conjunction with the Memorandum of Understanding (MOU) and the PRN/ECH Patient Care Staffing Standards (PCSS) provide clear direction to all RNs for requesting/granting vacations, rotating off-duty holidays, rotating floating, HC lists and rotating mandatory temporary shift reassignments. Safe patient care through adequate staffing will be ensured.

I. Implementation Procedures

A. Vacation Scheduling

1. Vacation requests are submitted during the designated “submission periods”.
2. There will be two (2) periods/year for submission.
3. Vacation requests submitted during a submission period will be considered submitted at the same time and will be granted by seniority.
4. The two (2) periods/year will be:

Months	Date of Submission	Date of Posting
Oct-Nov-Dec Jan-Feb-Mar	June 1-15	July 1st
Apr-May-Jun Jul-Aug-Sep	December 1-15	January 1st

5. All RNs will submit a vacation request to the manager using the cost center’s standard notification method.
6. **Prime Time – Summer** is defined as: June, July and August. An RN may take no more than two (2) weeks of vacation (separate weeks or combined weeks) during summer prime time. If vacation slots remain vacant after the submission period, more weeks may be granted at the clinical manager’s discretion.

7. **Prime Time – Holiday** is defined as: The week before Christmas week, Christmas week and New Year’s week. An RN may take only one (1) week as vacation during holiday prime time. An RN is not eligible to take the week as vacation if she/he had the week off as vacation the previous year unless no other RN wants the week (e.g.: Had Christmas week as vacation this year, may not have Christmas week as vacation next year unless no other RN wants Christmas week the next year). If vacation slots remain vacant after the submission period, more weeks may be granted at the clinical manager’s discretion.
8. At least one (1) vacation slot will be available for each week. More than one (1) vacation slot may be made available for any given week, at the discretion of the clinical manager.
9. Making reservations and/or purchase of tickets does not guarantee vacation time approval.
10. Vacations will be granted in accordance with the MOU and PCSS.
11. Approval/denial notification to the RNs will be completed in accordance with the cost center’s standard notification method.
12. The clinical manager/designee will ensure the days off are entered onto the master schedule.
13. After the submission period, RNs may request vacation for vacant weeks for the period. These “late submission” vacation requests will be granted on a 1st requested-1st granted basis. Seniority is the deciding factor where multiple RN requests are submitted on the same date for the same time.

B. Holiday Scheduling

1. Interventional Services does not work holidays.

C. Floating Assignments

1. Interventional Services does not float.

D. Hospital Convenience Time Off (HCs)

1. HCs will be granted as stated in the MOU and PCSS.
2. HC percentages will be maintained and available for review.
3. All RNs are responsible to ensure that their HC hours are recorded correctly.
4. Routine and holiday HC percentages are on the same list.

E. Shift Reassignment

1. Interventional Services does not reassign shifts.

II. Other Staffing Procedures

A. Call Off Procedures – Sick Calls

1. All RNs must call the cost center within the appropriate time frame as outlined in the MOU.
2. All RNs must report/talk to the charge nurse/manager directly when calling the cost center.
3. Any RN who is more than thirty (30) minutes late and who has not called in to report tardiness or absence will be considered a “no show/no call”, and is subject to disciplinary action as outlined in the ECH Policy and Procedure: Absenteeism and Tardiness.

B. Tardiness

1. All RNs must notify the charge nurse/manager if they are unable to arrive at their scheduled time.
2. All RNs are expected to be in the cost center ready to begin their assigned work at the beginning of the shift.
3. There is no grace period for tardiness.
4. All staff are subject to discipline for excessive tardiness as outlined in the El Camino Hospital Policy and Procedure: Absenteeism and Tardiness.
5. The RN is responsible for clocking in correctly.

C. End of Shift

1. RNs are expected to remain in the cost center, on duty and accessible until the end of the shift.
2. Leaving early without pre-approval by the charge nurse/manager will be considered an occurrence of absenteeism, as outlined in the ECH Policy and Procedure: Absenteeism and Tardiness.
3. The RN is responsible for clocking out correctly.
4. When the cost center is over-staffed, RNs may be given HCs in accordance with the MOU and PCSS.

D. Individual PTO

1. All requests must be submitted in accordance with the cost center's standard request method and the electronic scheduling system (ESS) submission timeline listed in the MOU.
2. If staffing permits individual PTO's may be granted.
3. PTO requests will be granted after core staffing is met.
4. Seniority is the tie-breaker if more than one request is for the same day.

E. EL Requests

1. Requests for EL time off and EL pay are handled separately.
2. EL time off requests must be submitted to the clinical manager for approval prior to use of EL time off.
3. EL pay requests must be submitted to the clinical manager for approval prior to the use of EL time for pay.
4. An RN may request EL pay on her/his day off or HC time off in addition to her/his regular work status.

F. Individual Scheduling Requests

1. These requests are not guaranteed however scheduler will try to accommodate whenever possible.
2. There are no fixed schedules except temporary education needs and temporary or permanent health accommodations.

G. On Call Usage for Staffing

1. Call is used for staffing.
2. The call schedule is posted with the regular work schedule.
3. Taking call is mandatory unless there are enough volunteers to cover the call shift needs of the cost center.
4. Call is distributed among all RNs (including FT/PT and PD) with priority to FT/PT RNs.
5. RNs may exchange call with another RN who is equally qualified, with the approval of the clinical manager.
6. If an RN does not answer her/his phone or pager while on On Call status, the RN will be informed and disciplinary action may follow.

