

EL CAMINO HOSPITAL

2012 PATIENT CARE STAFFING STANDARDS (PCSS), as Amended
Including
Regional Floating – Mountain View and Los Gatos
And
Inter-Campus Floating

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 cost center 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 Memorandum of Understanding (MOU), Work Status
4. Each RN is scheduled for no more than eighty (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 for the Purpose of HCs” 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 [including PTO/ESL/EL] (e.g.: FT, 4/5ths, etc.) over the entire pay period (or week), the RN is designated “Over Status for the purpose of HCs” 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 cost center 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 cost center will develop its own vacation plan (with PRN approval) that meets the minimum requirements of the MOU. The cost center 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 cost center, including:
 - a. The number of vacation slots available for each prime time week of the vacation calendar.

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- b. The maximum length for vacation requests during prime time(s).
 - c. The time(s) of year which is designated as prime time(s).
4. If an RN permanently changes cost centers and the RN has previously been granted a vacation, the previously granted vacation will be honored by the clinical manager of the new cost center. Vacations for other RNs' on the new cost center will not be affected.

SCHEDULING OF DAYS OFF, INCLUDING PTO [EXCEPT VACATIONS], DAY REQUESTS (DR) AND/ OR EL

1. With the exception of an emergency or illness, PTO and/or EL must be requested in writing in advance of the time off desired.
2. All requests for PTO, DR and/or EL must be submitted in the Electronic Scheduling System (ESS).
3. Refer to “ECH eTime Staffing and Scheduling Employee Timeline for Scheduling Periods” handout or the schedule listed in the MOU.
4. The ability of the clinical manager to grant a request will be affected by the staffing/scheduling needs of the cost center in addition to the following rules.
5. The first fifteen (15) days of the Self-Scheduling Requests Open-Close period for a specific scheduling period is designated the “scheduling submission period”.
6. PTO, DR and/or EL will be granted per MOU and PCSS based on the following rules with PTO and EL taking priority over DR:
 - a. RNs submitting PTO, DR and/or EL requests during the first fifteen (15) days of the scheduling submission period will be considered having submitted the requests at the same time. Therefore, the requests will be granted by seniority.
 - b. RNs submitting PTO, DR and/or EL requests after the fifteenth (15th) day of the scheduling submission period will be granted requests by “first-come, first granted” basis after the requests submitted during the submission period.
 - c. If the RN is on an LOA or PTO for the entire submission period, she/he may email her/his clinical manager during the submission period with the PTO, DR and/or EL request. The request will be considered with the other requests submitted during the submission period and granted by seniority.
 - d. If all else is equal, PTO, DR and/or EL will be granted based on seniority.

HOLIDAYS

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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. **Minor Holidays:** The following holidays are designated as “the minor holidays”: MLK, Presidents’ Day, Memorial Day, Independence Day, and Labor Day.
3. **Major Holidays:** The following holidays are designated as “the major holidays”: Thanksgiving Day, Christmas Eve, Christmas Day and New Year’s Day.
4. Minor holidays will be staffed by volunteers first, based on the following rules:
 - a. RNs submitting holiday requests during the first fifteen (15) days of the scheduling submission period will be considered having submitted the requests at the same time. Therefore, the requests will be granted by seniority.
 - b. RNs submitting holiday requests after the fifteenth (15th) day of the scheduling submission period will be granted requests by “first-come, first granted” basis after the requests submitted during the submission period.
 - c. If the RN is on an LOA or PTO for the entire submission period, she/he may email her/his clinical manager during the submission period with the holiday request. The request will be considered with the other requests submitted during the submission period and granted by seniority.
 - d. If all else is equal, holidays will be staffed by volunteers based on seniority.
5. 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 cost center (with PRN approval).
6. HCs on holidays may be treated the same as any other HC and will be included in the cost center’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 cost center 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 cost center must submit the two (2) HC list plan to PRN for approval.
7. The ability of the clinical manager to grant a request will be affected by the staffing/scheduling needs of the cost center in addition to the above-listed rules.

MANAGEMENT OF FLOATING

1. RNs are expected to comply with mandatory floating to cost centers as designated in the

Regional Floating agreements between PRN and ECH. There is an agreement for the Mountain View campus and a separate agreement for the Los Gatos campus.

2. **See Regional Floating, Mountain View and Los Gatos and Inter-Facility Floating, Mountain View and Los Gatos**
3. Cross-training to a cost center out of the designated region 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 (TRN) 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. “New training” is defined as: Training to acquire new skill sets.
4. RNs will receive cross-training as needed, based on an individual RN’s skills inventory. Orientation will be provided as needed.
5. If an RN permanently changes cost centers with a different mandatory floating assignment, the RN will be required to float to all cost centers based on her/his current (new) permanent cost center, not based on prior experience. The RN may voluntarily float to a non-mandatory cost center for which she/he is qualified.
6. **Assignment to Float**
 - a. Floating decisions precede and have priority over decisions regarding the allocation of HC within a floating region.
 - b. A rotational plan will be determined by each cost center (with PRN approval). Each cost center will determine whether per diem/relief 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 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 new cost center, the RNs float credit will remain the same; except if her/his credit is lower than the lowest credit on the cost center, the transferred RN’s credit will be increased to equal the lowest credit on the cost center.
 - e. Floating will be done by volunteers first. Travelers will float second. Resource

Pool RNs will float third unless there is an agreed-upon alternative at the time the floating decision is being made on the cost center.

- 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 cost center 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 cost center, per shift, as a result of floating, in order to staff a cost center with qualified RNs. More than one (1) RN may be bumped from a cost center or into a cost center only when the cost center charge nurse (in consultation with the cost center's 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 a float credit equal to the lowest float credit in the cost center.
- l. 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 cost center for the remaining portion of her/his scheduled shift, unless additional float time is assigned.
- m. Travelers will float first, regardless of unit.
- n. 12-hour shift RNs will not float only 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 cost center for the first and last four (4) hour, 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 cost centers in the region are staffed to meet patient care needs. HCs are not a right and should not be expected.

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2. See "Reasonable Notice" in the MOU.
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 cost center 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 for the duration of the shift. 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 cost center 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 cost center contacts the RN regarding an additional HC. It is helpful if the RN notifies the hospital or cost center 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 cost center and in the Staffing Office. Recorded information will include the date and amount of HC taken, in as little as fifteen (15) minute increments.
HC percentages are updated no less than daily, but may be updated by the cost center throughout the 24-hour period.
6. Each cost center will develop an HC recording mechanism. Data will be entered and an HC list will be generated no less than each day.
7. Each cost center may determine whether to have one (1) HC list that includes holiday HCs or a separate list for holidays.
8. 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 MOU, 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. Per diem RNs do not earn a percentage of HC, they earn hours of HC.
9. When an RN transfers into a new cost center, the RN's HC percentage will remain the same; except if her/his percentage is lower than the lowest percentage on the cost center, the transferred RN's percentage will be increased to equal the lowest percentage on the cost center.
 10. A newly hired RN will be assigned an HC percentage equal to the lowest percentage of HC on the cost center.
 11. Newly hired RNs have a provisional period of 180 days. RNs who transfer to a new cost center have an additional provisional period of 120 days. During these times, the RN is not to receive HCs, either voluntary or mandatory, except:
 - a. A transferring RN who has previous training in the new cost center (such as a telemetry RN who moves to the Resource Pool and works in telemetry) does not require additional training, just orientation. This RN may receive HCs, both voluntary and mandatory, during her/his provisional period.
 - b. An RN in any provisional period may receive HCs, both voluntary and mandatory, on holidays (both major and minor holidays). This HC rule is for the holiday only, not the days around the holiday.
 12. A non-RN employee will not have her/his days off changed to force an HC onto an RN.
 13. 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 for HCs".
 14. Each RN in the Resource Pool will be assigned to a specific cost center for administration of HCs. The resource pool RN assigned to a specific cost center will be included in the HC rotation plan for that cost center, with HCs allocated and percentages earned based on the cost center's HC rotation plan.
 15. A full-time/part-time RN may bump a per diem RN on another cost center to avoid taking an HC, if the other cost center is one of the FT/PT RN's mandatory units. Floating will not be required to bump a PD RN.

SICK CALLS AND ON CALL/CALLIN SHIFTS

1. If an RN is scheduled to work and take call on the same day and the RN calls in sick for the regularly scheduled shift, she/he will be cancelled for the call shift(s) on the same day.
2. If an RN is scheduled to work on a Friday and take call on Saturday and/or Sunday and the RN calls in sick for the regularly scheduled Friday shift, the RN will be cancelled for the call shift(s) on the Saturday and/or Sunday. If the weekend is a holiday weekend (three-day weekend), the RN will be cancelled for the call shift(s) on the holiday as well.
3. If an RN is scheduled to work the day before a holiday and take call on the holiday and the RN calls in sick for the regularly scheduled shift on the day before the holiday, the RN will be cancelled for the call shift(s) on the holiday.
4. If an RN is off duty on Friday but scheduled to take call on the same day plus Saturday and or Sunday following and the RN calls in sick for the call shift on Friday, the RN will be cancelled for the call shift(s) on the Saturday and/or Sunday. If the weekend is a holiday weekend, the RN will be cancelled for the call shift(s) on the holiday as well.
5. If an RN is off duty on the day before a holiday but scheduled to take call on the same day plus the holiday following and the RN calls in sick for the call shift on the day before the holiday, the RN will be cancelled for the call shift(s) on the holiday.
6. The above rules may be modified if the RN calls in sick due to a sick child or family member and not for her/his self, and the RN is reasonably able to determine she/he will be able to attend work on the following day; then the RN will not be cancelled for the call shifts. This is determined on an individual-case basis in consultation with the manager or her/his designee.

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 MOU, a cost center may be required to assign rest and meal breaks. Whenever possible, a plan will be developed by the cost center to guarantee rest and meal breaks are provided to the RNs.

COVERAGE

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

Regional Floating Mountain View and Los Gatos

1. Patient cost centers listed below are assigned to “regions” for purposes of floating. The regions are:

Mountain View

- a. 2C – 4A – 4B
- b. PCU – 3B – 3C

Los Gatos

- a. Medical/Surgical – Ortho Pavilion – Inpatient Rehab
- b. L&D to MBU (no bumping)

2. Cost centers not listed above do not float.
3. Travelers will be expected to float first, and will float as needed to a cost center in which they are competent. They will not be subject to the regional floating agreement.
4. Distribution of Patient Care Resources (“Resource Pool”) RNs will remain unchanged. Cost centers that current PCR RNs float to will still be cost centers that they will float to in the future regardless of region assignment. Assigned home cost centers of PCR RNs will remain the same.
5. Floating outside of region:
 - a. Any ECH RN within a region can declare willingness to float outside of their region; to cost centers in which they are competent. Competency will be “grandfathered” based on competency sign off and floating patterns.
 - i. Example: Currently 3B RNs float to 4A and 4B, and have been signed off on RN basic and many overlapping competencies. Should a 3B nurse declare willingness to float outside region, they will be allowed to do so based on competencies.
 - ii. Desire to be “cross trained” to float to a cost center that the RN did not float to will be assessed on a one-by-one basis through discussion of the involved managers.
 - b. New declarations of willingness to float outside of their region will be accepted by the Staffing Office in the 2 weeks prior to the start of a 4-week scheduling period, with a start date effective at the beginning of a 4-week scheduling period.

- c. Declarations will be considered open ended, however an RN may submit a written request to revoke their declaration, effective at the end of a 4-week scheduling period.
 - d. Floating outside of region cannot result in bumping.
 - e. Declaration form and revocation form are attached.
6. HC's:

All staffing shortages must be covered, even outside of region (by nurses willing to float outside region) as much as possible before requested HCs are granted.

- a. If a particular region is overstaffed, after all "floating outside region" RNs have been assigned, requested & mandatory HCs will be given in accordance with the PRN MOU.
- b. An RN who has declared "floating outside region" will be given the option to cover a requested HC outside their region, should her/his "home" region be overstaffed, after requested HCs have been granted in accordance with the PRN MOU. If no RN willing to float outside the region to cover requested HCs in another region; then mandatory HC's will be given in accordance with the PRN MOU and PCSS.

Regional Floating
“Willingness to Float Outside Region”
Declaration Form

Directions: Please print answers below and fill out form completely.

Name:	
Current Home Cost Center:	
Current Status:	
Current shift:	
Cost centers outside of region that you are willing to float to:	
Start date of willingness to float (must be the beginning of a 4-week scheduling period)	

Signature: _____

Date: _____

This form is to be turned into the Staffing Office two weeks prior to the desired start date. Please notify your manager that you have agreed to float outside of region.

Regional Floating

Revocation of “Willingness to Float Outside Region”

Directions: Please print answers below and fill out form completely.

Name:	
Current Home Cost Center:	
Current Status:	
Current shift:	
Date of revocation (must be at the end of a 4-week scheduling period)	

Signature: _____

Date: _____

This form is to be turned into the Staffing Office two weeks prior to the desired start date. Please notify your manager that you have revoked your willingness to float outside of region.

**Inter Campus Floating
between
El Camino Hospital Mountain View and Los Gatos**

7. El Camino Hospital RN's designated in a per diem status will have the opportunity to volunteer to float between the two campuses (Mountain View and Lost Gatos) of El Camino Hospital.
8. Per Diem status RN's who volunteer to float between campuses must meet the obligations of work required on their home unit for weekends and holidays unless released from those obligations by their home unit manager.
9. Per Diem status RN's may be prescheduled on their opposite campus like unit only if the staffing core has been met on their home unit.
10. Per Diem status RN's will complete a "Volunteer for Intercampus Floating" form which will be maintained in the staffing office at MV and in the Hospital Supervisor office in LG.
11. Once the per diem RN has volunteered to float between campuses, the RN must remain committed to floating between campuses for at least 6 months.
12. Competencies will be on record and available for both units in which per diem status RN's work.
13. Training for per diem RN's floating between campuses will be provided by the receiving unit. The cost of training will be carried by the receiving department. Documentation of additional training required for each per diem RN will be documented by the receiving unit. This training should include, but is not limited to, campus specific safety training, building orientation, medication safety requirements, different equipment and any other distinct campus differences.
14. All required access to clinical systems will be obtained by the receiving unit before the per diem RN floats to the unit (i.e. building and med room access, pyxis med and supply codes.)
15. If a per diem RN who routinely works 8 hour shifts and volunteers to float to a unit that routinely works 12 hour shifts, the RN will be required to sign the alternative shift agreement.

The following is the list of units for which intercampus floating will be allowed. Per diem RNs are only allowed to float to their "sister unit" listed in the table below.

Mountain View	Los Gatos
ED	ED
CCU	CCU
OR	OR
PACU	PACU
2B Pre-op Short Stay	OP Surgery
2C, 4A, 4B, 3B, 3C, PCU	Med/Surg/Ortho
L&D	L&D
Mother/Baby	Mother/Baby
NICU	Level II Nursery
Patient Care Resources (Float Pool)	Floats to appropriate unit at LG for which competencies apply.

**“Willingness to Float between El Camino Hospital Campuses”
Declaration Form**

Directions: Please print answers below and fill out form completely.

Name:	
Current Home Unit:	
Current Status:	
Current shift:	
Allowable Sister Unit on other campus:	

Signature: _____

Date: _____

This form is to be turned into the Staffing Office at Mountain View (if Mountain View RN) or the Supervisors Office at Los Gatos (if Los Gatos RN). Please notify your manager that you have agreed to float between campuses.