

El Camino Hospital

2023 Master Patient Care Staffing Standards (PCSS)

Philosophy Statement

The PRN/ECH Patient Care Staffing Standards (PCSS) procedures in conjunction with the Memorandum of Understanding (MOU) provide direction to all PRN represented RNs for requesting/granting vacations, rotating off-duty holidays, rotating floating, HC lists, and rotating mandatory temporary shift reassignments.

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 their designated work status as possible each pay period. Whenever possible, schedulers will avoid any situation where one (1) RN works 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 Scheduling Policy and Procedure.
3. Refer to PRN/ECH Memorandum of Understanding (MOU), Work Status, See Article 38.
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:**
 1. When the schedule is posted for the pay period and/or the schedule is changed during the pay period, and an RN is scheduled to work over their designated work status [including PTO/ESL/EL] (e.g.: FT, 4/5ths, etc.) over the entire pay period, the RN is designated as Over Status for the purpose of HCs for any day during the pay period, until the RN has been canceled or has taken HCs which total the number of hours the RN is scheduled over their designated work status. See Article 11 Section 5 (Code 75).
 2. Prior to the start of the shift, an HC will be issued in an increment of four (4) or more hours unless the RN requests and management agrees to provide, an HC of shorter duration. However, the practice permitting shorter-duration cancellations based on the next day’s outpatient appointments will continue in the Infusion Center, Cancer Center, and Radiation Oncology, Peri-Operative and Interventional Services, Wound Care Center, and Cardiovascular Pulmonary Wellness.
 - b. **Determination of Over Status**
 1. To determine if an RN is over status on any given day, look at the entire

pay period. If the RN has worked and/or is scheduled to work more than their designated work status during the pay period, the RN 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, 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 hours the RN was scheduled above their designated work status during the pay period.
3. Once the RN has been canceled or taken HC for the same number of hours they were scheduled over status, the RN is considered within status. Once the RN has been canceled or taken HC for more hours than they were scheduled over status, the RN is considered under status. The number of days worked and/or scheduled for the entire pay period must always be taken into consideration.
4. Personal Day/PTO/ESL/EL/EDU 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.

c. Determination of Under Status

1. To determine if an RN is under status on any given day, look at the entire pay period. If the RN has been HC'd four (4) or more hours within the pay period, the RN is considered under status for the day in question.
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.

6. Individual Scheduling Requests

1. These requests are not guaranteed; however, the scheduler will try to accommodate whenever possible.
2. There are no fixed schedules except temporary education needs and temporary or permanent health accommodations.
3. Full-time/part-time RNs will be scheduled to their full work status first and per diem RNs are scheduled second. (See Article 34 Section 3A)

7. Push Notification System

1. RNs are requested to enroll in the push notification system with a valid phone number in the Electronic Scheduling System to receive open shift notifications.

8. Call off Procedures – Sick Calls

1. All RNs must call the cost center and the Staffing Office if appropriate within the appropriate time frame as outlined in the MOU. (Article 34 Section 1B)
 - a. "Reasonable" notice is defined as:

- i. Three (3) hours prior to the beginning of the RNs shift.
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 Article 39: Absenteeism and Tardiness.

8. **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 Article 39: Absenteeism and Tardiness.
5. The RN is responsible for clocking in correctly. RNs are required to use “quick badge” or “badge scanning” for clocking in and out.

VACATION SCHEDULING

1. Each cost center will develop its own vacation plan that will adhere to the minimum requirements of both the MOU and PCSS.
2. A vacation period is at least seven (7) consecutive days.
3. For units with:
 - a. One (1) through ninety (90) RNs, a minimum of one (1) RN per shift, per day will be granted vacation.
 - b. Ninety-one (91) and greater RNs, a minimum of two (2) RNs per shift, per day will be granted vacation.
4. Prime time will be defined within each cost center, including:
 - a. The maximum length for vacation requests during prime time(s).
 - b. The time(s) of year which is designated as prime time(s).
5. 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.

The ability of the clinical manager to grant requests will be affected by the staffing/scheduling needs of the cost center in addition to the above-listed rules.

SCHEDULING REQUESTS, INCLUDING PTO (EXCEPT VACATIONS), DAY REQUESTS (DR) AND/OR EL

1. All requests for PTO, EL and/or DR must be submitted in the Electronic Scheduling System (ESS).
2. Refer to “ECH eTime Staffing and Scheduling Employee Timeline for Scheduling Periods” on the PRN website, the ECH Toolbox, and/or the Unit Staffing Binder.
3. Personal Day, PTO, EL and/or DR will be granted per MOU and PCSS based on the following rules with Personal Day, PTO, EL and Day Requests taking priority in the following order: (1) Personal Day (2) Individual PTO; (3) EL and (4) Day Requests
 - a. Day Requests (DR) are limited to two (2) per week.
 - i. A "Day Request" (DR) refers to a specific day that the RN requests to not be scheduled and does not utilize PTO. RNs are obligated to fulfill their work status by scheduling shifts, PTO, EDU, or EL up to their work status.
 - ii. Day requests are granted based on the staffing needs of the department.
 - b. All scheduling requests during the first fifteen (15) days of the self-scheduling requests Open-Close submission period will be considered having submitted the requests at the same time. Therefore, the requests will be granted by seniority.
 - c. RNs submitting 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.
 - d. If the RN is on an LOA or PTO for the entire submission period, they will communicate to their clinical manager during the submission period with the request. The request will be considered with the other requests submitted during the submission period and granted by seniority.
 - e. If all else is equal, requests will be granted based on seniority.

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.

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. **Minor Holidays:** The following holidays are designated as “the minor holidays”: Martin Luther King Day, 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.

For prime winter holidays off (Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve/New Year's Day), RNs will denote their preferences on a Holiday Preference List noting their 1st to 5th holiday off request in order of preference. This preference list will be posted for sign-up no later than September 1st of each year for 30 days. Staff will be notified of the results of holiday requests 10 days after the preference list is removed.

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, they may email their 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. If a cost center voted to have a separate holiday HC list, this will be tracked on an annual rolling holiday calendar. Will review language after the vote to determine if it is still required. As per PCSS survey decision, each cost center has determined whether to have one (1) HC list that includes holiday HCs or a separate list for holidays.
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.

REST AND MEAL BREAKS

1. Cost centers will develop a plan to ensure compliance with rest and meal breaks.

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.
2. See Article 34 - Reporting for Work, HC & Scheduling 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, they 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 the remainder of the shift. 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 they are required to return to work to complete a shift.
5. HC credit is based on an RN's work status and converted to percentages. A minimum of a rolling 90-day HC record will be maintained (as each day is added one (1) day is removed). Recorded information will include the date and amount of HC taken, in as little as fifteen (15) minute increments.
6. HC percentages are updated as per unit specific PCSS.
7. RNs may volunteer to take HCs by putting their names on a volunteer list no later than 2 hours prior to the defined start of the shift; however, HCs are not given on a first come/first-serve basis.
8. Per diem RNs do not earn a percentage of HC, they earn hours of HC. If a Per Diem RN becomes status, they are given the lowest HC percentage on their shift in their cost center. If a status RN becomes per diem, they are given the lowest HC hours on their shift in the cost center.
9. When an RN transfers into a new cost center, the RN's HC percentage will remain the same; except if the RN's percentage is lower than the lowest percentage in the cost center, the transferred RN's percentage will be increased to equal the lowest percentage on their shift in the cost center on the shift.
10. A newly hired RN will be assigned an HC percentage equal to the lowest percentage of HC on their shift in 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 may receive HCs, either voluntary and/or mandatory once all competencies have been signed off.
 - a. A transferring RN who has previous training in the new cost center (such as a telemetry RN who moves to the PCR and works in telemetry) does not require additional training, just orientation. This RN may receive HCs, both voluntary and mandatory, during their provisional period.
 - b. An RN in any provisional period may receive HCs, both voluntary and mandatory, on holidays (both major and minor holidays).
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 for HCs".
13. Each RN in PCR will be assigned to a specific cost center (home unit) for administration of HCs. The PCR 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. Home units will be evaluated for the fair work allocation as needed and at a minimum annually.
14. A full-time/part-time RN may bump a Per Diem or Traveler RN on another cost

center to avoid taking an HC, if the other cost center is one of the FT/PT RNs float units. Floating will not be required to bump a PD RN and Traveler.

15. A Per Diem can bump a traveler on another cost center to avoid taking an HC. If the other cost center is one of the Per Diem RNs float units, floating will not be required to bump a Traveler RN.
16. All RNs (including Per Diems) will record their HC (whether paid/unpaid) in eTime.
17. All RNs are responsible to ensure that their HC hours are recorded correctly.

REGIONAL & ENTERPRISE-WIDE FLOATING

MANAGEMENT OF FLOATING

1. RNs are expected to comply with mandatory floating to cost centers as designated in the Regional Floating agreement and MOU Article 23: Floating.
2. Cross-training to a cost center out of the designated region is voluntary (unless designated as enterprise-wide RN) and competency based. "Cross-training is defined as: Building on existing skill sets and is competency based. If the nurse does not float to the areas for 6 months for which the RN was cross-trained, additional training will occur by mutual agreement between the RN and the clinical manager.
3. RNs will receive cross-training as needed, based on an individual RN's competencies. Unit orientation will be provided.
4. 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 the RNs current (new) permanent cost center, not based on prior experience. The RN may voluntarily float to a non-mandatory cost center for which they are qualified.

Assignment to Float

1. Floating decisions precede and have priority over decisions regarding the allocation of HC within a floating region.
2. A rotational plan will be determined by PCSS survey vote per department/unit.
3. 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.
4. When an RN transfers into a new cost center, the RNs float credit or last float date will carry to the new shift/cost center. If the RNs hours are lower than the lowest hours on the assigned shift, the transferred RN's hours will be increased to equal the lowest hours on the assigned shift.
5. Floating will be assigned in the following order:
 1. Volunteers
 2. Travelers

3. PCR RNs
4. Unit specific floating plan
5. Step 10 & 11 RNs
6. The RN in charge is responsible for making assignments that are compatible with the skill level of the incoming float RN.
 1. An RN that floats mid shift should only receive report from an RN that will be leaving the unit, unless receiving report from a Charge Nurse with a patient assignment.
7. Once an RN is assigned to float, reassignment may occur based on changes in patient care needs. The cost center floating the RN may not recall the RN after the notification cutoff time (90 minutes) for the shift.
8. 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.
9. Full time/part time RNs will not be required to float more than fifty percent (50%) of their work status per pay period.
10. No RN will be required to float to cover another RN's requested HC
11. A newly hired RN will be assigned a float credit equal to the lowest float credit on assigned shift in the cost center.
12. 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 their home cost center for the remaining portion of their scheduled shift, unless additional float time is assigned.
13. 12-hour shift RNs will not float in 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.

Regional Floating Per Campus

1. Patient cost centers listed below are assigned to "regions" for purposes of floating except for Per Diems hired after 10/28/16. See Article 23: Floating.
 - 2C and 4A and 4B
 - 3B and 3C and PCU
 - Inpatient Rehab and MSO and Ortho Pavilion
 - LG Labor & Delivery and LG Mother Baby
 - Willow to Endoscopy, Interventional Services, OR, Cath Lab, PACU and/or PreOp/Short Stay.
2. Cost centers not listed above are not required to float.
3. After volunteers, travelers will be expected to float first, and will float as needed to a

cost center in which they are competent.

4. Patient Care Resources (PCR) RNs will be assigned based on competencies.
5. Floating outside of region:
 - c. All RNs are responsible to ensure that their float assignment is recorded correctly.

Enterprise-Wide Floating

1. See Article 23: Floating
2. Per Diem RNs not in PCR, hired or transferred to a Per Diem position after 10/28/16 will be required to accept enterprise work assignments.
3. Orientation for RNs floating between campuses will be provided by the receiving unit and will include campus specific orientation as needed.
4. 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.
5. 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.

Enterprise-Wide Floating List

MV & LG ED
CCU & ICU
MV & LG OR
MV & LG PACU
2B Preop/Short Stay & OPS
2C/4A/4B & MSO & Ortho
MV & LG Labor & Delivery
MBU & LG Mother Baby
MV & LG NICU
MV & LG Endoscopy
MV & LG Interventional Services
MV Willow to MV Cath Lab, MV or LG Endoscopy, MV or LG Interventional Services, MV or LG OR, MV or LG PACU and/or MV or LG PreOp/Short Stay

SICK CALLS AND ON-CALL/CALL-IN 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, the RN will be cancelled for the call shift(s) on the same day.

2. If an RN is scheduled to work on a Friday and is scheduled to 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 themselves, and the RN is reasonably able to determine they 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 their designee.

Regional Floating

“Willingness to Float Outside Region or Campus” Declaration Form

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

- a. Any ECH RN within a region can declare willingness to float outside of their region; to cost centers in which they are competent. Desire to be “cross trained” to float to a cost center that the RN did not float to will be assessed on an individual basis through discussion of the involved managers.
- b. New declarations of willingness to float outside of their region will be submitted to the Staffing Office. Start dates will be decided through mutual agreement; however, the start date will be no longer than four weeks from the request being received by staffing office.
- c. Declarations will be considered open ended; however, an RN must 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 forms and revocation forms are available on the PRN website and in the staffing office.
- f. 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. An RN who has declared “floating outside region” will be given the option to cover a requested HC outside their region, should their “home” region be overstaffed, after requested HCs have been granted in accordance with the PRN MOU.

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.	

Signature: _____ Date: _____

Regional Floating Revocation

Revocation of “Willingness to Float Outside Region or Campus”

Name:	
Current Home Cost Center:	
Date of revocation will be at the end of current 4-week scheduling period	

Signature: _____ Date: _____

Please notify your manager that you have revoked your willingness to float outside of the region. This form is to be submitted to the Staffing Office

Allocation of Overtime and Extra Shifts

A. Unanticipated Staffing Needs:

1. Unanticipated staffing needs will be filled by RNs called in any order that results in acceptance of the assignment.
 - a) Refer to Letter E for awarding shifts

B. Overtime and extra shifts should be awarded to RNs within the cost center first.

C. Status RN's that are understated for the pay period due to HC's will have priority in being awarded extra shifts.

D. Notification of pre-scheduled, anticipated overtime and extra shifts:

1. RNs will have 48 hours to submit availability for open shifts. Posted needs will close after that time frame.
2. Posted needs will be emailed to all staff and/or posted on the Unit.
3. Notification of awarded shifts will occur 48 hours after the posting of needs closes.
4. Priority will be given to the RN that is able to cover the open shift **in its entirety** by order and seniority.

E. Overtime and Extra Shifts are awarded in the following order:

<u>Extra Shifts</u>	<u>Overtime</u>
1. Under status RNs	1. 0.4 status RNs
2. Per diem RNs	2. 0.5 status RNs
3. 0.4 status RNs	3. 0.6 status RNs
4. 0.5 status RNs	4. 0.7 status RNs
5. 0.6 status RNs	5. 0.8 status RNs
6. 0.7 status RNs	6. 0.9 status RNs
7. 0.8 status RNs	7. Full time RNs
8. 0.9 status RNs	8. Per diem RNs
9. Full time RNs	9. Travel RNs
10. Travel RNs	

F. Overtime and extension of a shift are awarded in the following order:

1. Under status RN
2. Status RN without incurring overtime and additional differentials (overstatus pay).
3. Status RN without a less than 12-hour return.
4. Per Diem RN without a less than 12-hour return.
5. Status RN with a less than 12-hour return.
6. Per Diem with a less than 12-hour return.

7. Travelers

G. Per diem RN's:

1. For units with a mix of 8 and 10-hour RNs, per diem RN's will be scheduled first up to 40 hours per week.
2. For units with a mix of 8 and 12-hour RNs, per diem RN's will be scheduled first up to 36 hours per week.
3. Conflicts in scheduling will be resolved first by scheduling the per diem RN with the least work shifts, followed by the per diem RN with the second least work shifts, etc., then by seniority.

H. Status RN's

1. After meeting the above criterion and/or all else is equal, status RNs will have priority for open shifts. These shifts will be awarded by seniority.
2. Conflicts in scheduling will be resolved first by scheduling the status RN with the least work shifts, followed by the status RN with the second least work shifts, etc., then by seniority.