

## Sick Leave or /and PTO Cash Out

The window to convert **Sick Leave to PTO** and **Annual Cash Out of PTO** for RNPA employees is here, the dates are February 1st through February 29th.

The conversion from sick leave to PTO is for those nurses meeting specific eligibility requirements outlined in *Section 9.8 Sick Leave Conversion to PTO* of the MOU. A nurse's eligibility for sick leave conversion is determined by the number of occurrence of sick leave usage. Sick leave use attributed to

Worker's Compensation shall not be counted as an occurrence. Forms for conversion must be submitted to SCVHHS Human Resources Department by 5:00 PM on Friday, February 29, 2008. Forms may be hand carrier to HR, or faxed. If hand carried, you must request a date stamped receipt. If the request is faxed, you are responsible for maintaining a copy of the printed fax verification sheet.

A nurses eligibility for Paid Time Off (PTO) cash out is outlined in *Section 9.7—*

*Annual Cash Out of PTO*. In accordance with the MOU, cash out is determined by the number of unscheduled absences, including sick leave in the prior payroll year. The period for conversion and cash-out begins December 18, 2006 and ends December 16, 2007.

If you wish to cash out your eligible PTO hours, please submit the completed form to SCVHHS—Human Resources by 5:00 PM on Friday, February 29, 2008. Again, you must have proof of receipt whether by FAX verification or

## Parking Problems

Administration is aware of the current parking problems. As a result, administration has developed a parking committee lead by VMC Director, Michael Skeham, to brain storm possible solutions during the interim while the parking garage is being built. The new garage is scheduled to be completed and opened sometime within the next year. If you have any question, direct them to Michael Skeham.

## Save the Date

RNPA Class on Legal Matters  
Thursday, April 24, 2008



## Internal Transfers: How Does it

Transfer is defined as a change in unit, shift, code status, or any combination thereof, while maintaining the same classification.

The process for internal transfers is as follows: Vacancies will be posted for five (5) working days. Any coded employee occupying a position in the classification

and work area in which the an Announcement of Internal Vacancy is posted, who wishes to be considered for the posted vacancy or a vacancy which may result after the posted position has been filled, must submit an Internal Transfer Request Form indicating desired position(s). The new contract language states, the vacant position will be awarded to the most senior nurse in the unit provided:

1. Most current performance review is at standard or above,
2. No discipline or counseling within last year,
3. No previous notification nurse is under investigation, and
4. Nurse is available to fill the position within six weeks of the request.

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# CA Safe Staffing Ratios

**AB 394** — the Safe Staffing Law — has multiple provisions designed to remedy unsafe staffing in acute-care facilities. California's safe staffing standards are based on individual patient acuity of which the RN ratio is the minimum.

## **Mandates Minimum, Specific Numerical Ratios**

Establishes minimum, specific numerical nurse-to-patient ratios for acute-care, acute psychiatric, and specialty hospitals.

## **Requires a Patient Classification System — Additional RNs Added Based on Patient Need**

Additional RNs must be added to the minimum ratio based upon a documented patient classification system that measures patient needs and nursing care, including severity of illness, complexity of clinical judgment, and the need for specialized technology.

## **Regulates Use of Unlicensed Staff**

Hospitals may not assign unlicensed assistive personnel to perform nursing functions or perform RN functions under the supervision of an RN including: administration of medication, venipuncture, and invasive procedures.

## **Restricts Unsafe "Floating" of Nursing Staff**

Requires orientation and demonstrated current competence before assigning a nurse to a clinical area. Temporary personnel must receive the same orientation and competency determination as permanent staff.

## **Break Coverage**

The ratios apply "at all times," including meals and breaks.

## **No Averaging**

There can be no averaging of the number of patients and the total number of RNs.

## **No Cuts in Ancillary Staff as a Result of Ratios**

In the first year of implementation, CNA/NNOC successfully fought off challenges from several California hospitals who responded to the ratios by attempting to cut back on LPNs/LVNs and unlicensed personnel, going against the intent of the law. The California Department of Health Services' safe staffing standards maintain the existing staffing model which utilize RNs, LPNs/LVNs, and unlicensed assistive personnel.

## **LPNs/LVNs**

LPNs/LVNs are not in the ratio count and are assistive to the RN.

## **The Ratios**

Intensive/Critical Care	1:2
Neo-natal Intensive Care	1:2
Operating Room	1:1
Post-anesthesia Recovery	1:2
Labor and Delivery	1:2
Antepartum	1:4
Postpartum	1:6
Postpartum couplets	1:4
Pediatrics	1:4
Emergency Room	1:4
ICU patients in ER	1:2
Trauma /ER	1:1
Step Down	1:3
Telemetry	1:4
Medical/Surgical	1:5
Other Specialty Care	1:4
Psychiatric	1:6

All ratios are minimums. Hospitals must increase staffing based upon individual patient needs.

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## For Your Information...

**Staff Meetings:** In the last negotiations, it was agreed upon that the date, time and location of regularly scheduled staff meetings will be posted seven calendar days in advance.

**Certification pay:** Guidelines and qualifications are currently being developed for national certification pay. It is the goal that request forms will be distributed in April, eligibility will then be determined in May, and nurses should receive their certification pay in June 2008.

**Per Diem/Extra Help nurses eligible to sign up for Deferred Comp:** Per Diem/Extra Help nurses are eligible to go to HR and sign up for deferred comp at the end of February.

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