

23 Nursing Codes Proposed for Deletion



Soon after the state budget was passed, the County was confronted with the impact of decreased State and Federal funding as well as the County's shortfall (due to decrease in property taxes).

The County is now faced with resolving a \$56.1 million budget shortfall for the current budget year ending June 30, 2011. The Health and Hospital System's target is \$15.6 million of the \$56.1 million.

What does this mean to Santa Clara Valley Health and Hospital System? Lots of cuts...It appears the majority of cuts are to nursing (NICU, MICC, and Rehab). The proposed cuts in NICU include 5 (1.0), 1 (.6), 1 (.8), and 2 (.5) codes. MICC recommended reductions include 3 (.8), 3 (.6), and 2 (.5) codes. Rehab (1C) eliminations include 1 (.8), 4 (.6), and 2 (.5). A total of 23 code deletions impacting approximately 46 nurses through the lay-off process.

Why are these codes being targeted? According to Nursing Administration, these codes are being eliminated due to decrease in census. For example, NICU was budgeted at 21 patients, and Nursing Administration is recommending budgeting for 18 patients. According to nursing staff, they consistently do not have enough staff, are unable to relieve for breaks and are consistently working over code and overtime.

Rehab is budgeted for 14 patients, and Nursing Administration is recommending budgeting for 12 patients. Rehab (1) is historically an area wherein the census fluctuates. Losing these experienced staff members will be difficult when the census increases

and we do not have the staff to care for our patients.

In July 2010, 10 codes were eliminated in MICC due to decrease in census. When examining the data requested by RNPA and provided by Nursing Administration, the same number of hours resulting from reduced codes were filled by float, Per Diem, Extra Help and overtime. Births may have gone down, but c-sections and other surgical procedures remain the same. Administration's proposal for this area is moving from budgeted 68 patients to 62. It is clear that while the census may be going down, acuity is going up in these areas. Nurses continue to work to provide our patients quality care with limited resources that appear to be diminishing. How can Nursing Administration continue to ignore acuity?

These proposed cuts were reviewed by the Board of Supervisors during their scheduled meeting on Tuesday, January 25, 2011 in the Board Chambers. Members of the RNPA Board of Directors as well as nurses from the affected area testified to the impact of these cuts. Supervisors Shirakawa and Yeager proposed adding 2.6 FTE back to MICC. This number reflects the float, over code, overtime and Per Diem, Extra Help hours that have been utilized to meet core staffing since the July 2010 cuts.

Supervisor Kniss listened to our speakers from NICU. As a result she requested that Administration review acuity and staffing for the next 4 weeks. Supervisors will then review the proposed NICU cuts and determine if they are valid or not.

RNPA Continuing Education Class...



RNPA's January 12, 2011, continuing educational class, Generational Savvy: Working Effectively with Colleagues of All Generations, was well attended by 151 nurses. Speaker Jennifer Abrams discussed generational factors in the workplace. She helped participants develop a better understanding of each generation's motivations and needs in the workplace and addressed the importance of creating a climate of inclusion for all generations. Participants enjoyed the topic and said it was a great awakening for a good working relationship as well as a fun day at the Doubletree Hotel.

A raffle was held at the class for those nurses who sent RNPA their updated personal information. 10 free CE classes were awarded to the following people, Farah Mahboobi, Elvira Bitanga, Christina Borja, Marianna Lee, Ruth Smith, Dolores Horback, Divina Guerra, Mary Jane Gomez, Phuong-Lien Felias, and Kevin Thomas McKeever.

It is that Time of Year....PTO Cash-Out

Annual Cash Out of Paid Time Off (PTO) forms are being distributed throughout the Santa Clara Valley Health and Hospital System.

A nurse's eligibility for PTO cash out is determined by the number of occurrences of unscheduled absences, including sick leave, in the payroll year (twenty-seven pay periods). The period for cash out eligibility for 2010 began December 28, 2009 and ended December 26, 2010.

In accordance with Section 9.7-Annual Cash Out of PTO of the RNPA MOU, PTO may be cashed out annually subject to the following:

- A. If a nurse has no more than two (2) occurrences of unscheduled absences, the nurse may cash out up to eighty (80) hours of PTO
- B. If the nurse has no more than four (4) occurrences of unscheduled absences, the nurse may cash out up to forty (40) hours of PTO.

*Prorated for nurses other than full time on the basis of code status. If you have any questions, please contact Judy Marsh at (408) 885-5455 at SCVHHS-Human Resources.



Sick Leave Conversion ...



The window for Sick Leave Conversion to Paid Time Off (PTO) is December 28, 2009—December 26, 2010.

In accordance with the RNPA MOU, Section 9.8 Sick Leave Conversion to Paid Time Off (PTO), conversion of sick leave to PTO will be for those nurses meeting the eligibility requirement below.

Nurse's eligibility for sick leave conversion is determined by the number of occurrences of sick leave usage. Sick leave use attributed to Worker's Compensation shall not be counted as an occurrence. You must identify any sick leave use attributed to Worker's Compensation with this request in order

for such leave to be disregarded as an occurrence.

Sick Leave may be converted on the following basis (prorated for nurses other than full time on the basis of code status).

- A. If a nurse has no sick leave usage, seven (7) days (56 hours) of sick leave will converted into PTO
- B. If a nurse has one (1) occurrence of sick leave usage, six (6) days (48 hours) of sick leave will be converted into PTO
- C. If a nurse has two (2) occurrences of sick leave usage, five (5) days (40 hours) of sick leave will be converted into PTO
- D. If a nurse has three (3) occurrences of sick leave usage, two (2) days (16 hours) of sick leave will be converted into PTO

- E. If a nurse has four (4) occurrences of sick leave usage, one (1) day (8) of sick leave will be converted into PTO
- F. If a nurse has five (5) or more occurrences of sick leave usage, no sick leave shall be converted to PTO

Note: Submit authorization request forms to SCVH&HS Human Resources by 5:00PM on Monday, February 28, 2011.

Request forms may be hand carried to the SCVH&HS Human Resources Office located at 2325 Enborg Lane, Room 105, or faxed to (408)885-6459. If the request is faxed, you are responsible for maintain a copy of the printed fax verification sheet. If you have any questions, please contact Tuyet Mai Pham at (408)885-3887 at SCVHHS-Human Resources.

RNPA Board of Directors Election Results...



Ballots for the RNPA Board of Directors' election were tallied on December 16, 2010. And the results are in and as follows:

Jane Valdez: Vice President

Zeniah Andres: Area Rep Chair

Linda Taylor: Secretary

Rosemary Knox: Negotiating Team

Susette Rowsell: Treasurer

Diwata Sito: Continuing Education Chair
RNPA would like to thank our members that volunteered to count ballots.

Thank you **Sara Belknap**, **Lisa Guderian**, and **Joanne Stephenson** for your time and hard work.

Also thank you to all the candidates that participated in the election.

A special thank you to **Angela Ikeme** for your time and dedication as Area Rep Chair.

Angela was instrumental in RNPA's outreach to the membership and scheduling monthly unit meetings for the past 2 years.

Thank you Angela!