

## Pension Reform

A copy of a proposed statewide ballot initiative entitled, "Public Employee Pension Reform Act," has been circulated throughout the Santa Clara Valley Health and Hospital System. Members have asked RNPA to explain the measure.

Through our research, we found a great explanation from SEIU 1000 Legislative Director, Nancy Farias.

### Question:

Can you explain the proposed initiative that was recently introduced by former Assembly Member Roger Niello?

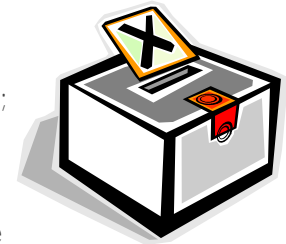
### Answer:

Local 1000's Research Department put together the following summary of Roger Niello's proposed initiative: Summary of Public Employee Pension Reform Act (authored by former Assemblyman Roger Niello)

On March 24, 2011, former Assemblyman Roger Niello submitted a proposed ballot initiative to the California Secretary of State's office in order to begin the process of collecting signatures in order to place the proposal on the ballot. The elements of the proposal are:

- Pension benefits for new public employees are capped at 60% of final salary;
- New and current employees may not receive full pension benefits before age 62;
- Employee contributions to pension system must not be less than employer contribution;
- Final salary is defined to exclude overtime, bonuses, and accrued but unused vacation and sick leave;
- No retroactive increases in pension benefits;
- Vesting period for pension benefits is five years;
- Any legislative act to alter terms of this law must pass by 2/3 majority.

Placing a cap at 60% of final salary would be punishing those state employees who work for the state the longest and accrue the highest benefits. The cap would most notably affect employees such as Highway Patrol who currently can earn up to 90% of their final salary and do not pay into Social Security.



The pension cap would make it more difficult for the State to recruit new employees. Reducing retiree income would also reduce their spending power, causing a drag on the economy. Imposing a minimum retirement age on current workers is a violation of present law, but as this is a state constitutional amendment the change might or might not stand up to court scrutiny. Mandating that the employee contribution would have to equal the employer contribution would dramatically raise the contribution rates for Miscellaneous Tier I, Industrial, and Safety employees.

The proposal now has to clear review by the Attorney General, who will report back to the Secretary of State with an official summary of the initiative by mid-May. At that time the initiative has 150 days to collect enough signatures to qualify for the next statewide election, which for a constitutional amendment is just over 807,000. The signature gathering process is very expensive and requires raising a great deal of money to be successful.

## Inquiries from Members



Daily, the RNPA office receives inquiries regarding possible changes in retirement benefits. It is RNPA's position that existing retirement benefit formulas cannot be changed for current employees, and that changes to the amount of pension contributions made by employees towards pension benefits require negotiations with RNPA.

RNPA class...

### *Brain Matters*

Thursday, June 16, 2011, 8:00 AM—3:30 PM,  
Wyndham Hotel, 7.0 CEUs



# Meal Periods and Breaks...



According to *Memorandum of Understanding (MOU) between Santa Clara County and the Registered Nurses Professional Association*, nurses shall be granted a meal period not less than thirty (30) minutes nor more than one (1) hour, scheduled at approximately the mid-point of the work day.

All nurses shall be granted and take a rest period of fifteen minutes during each half shift of four (4) hours of work. Rest periods shall be considered as time worked for pay purposes. Nurses with full assignments cannot cover for other nurses. It is not "okay" to watch another nurses patients, this results in the hospital being out of compliance with the nurse-to-patient ratios and jeopardizes your licensure. If you are scheduled for a break and have not re-

ceived one, let the Charge Nurse know immediately. If relief is provided and you are busy, you still need to go on a break. If you are not receiving your meal periods/breaks inform your manager immediately and complete the exception form. In addition, meal and rest periods are contractual issues. Therefore, if you are not receiving appropriate meal and rest periods contact RNPA immediately, 292-6061.



## VMC's Rehab and Burn Centers Honored . . . (Info from SJ Mercury, 5-4-11, Lisa Krieger)

The Rehabilitation and Burn Trauma Centers at Santa Clara Valley Medical Center have been named "5-Star Award" winners in the 2011 National Excellence in

Healthcare awards by Professional Research consults, a medical marketing research company. The Rehabilitation Center is the only site in the South Bay to treat patients with brain

and spinal cord injuries. The Burn Trauma Center, one of only two in Northern California, treats complex and life threatening injuries caused by fire. The Rehabilitation Center treats more than 550 patients a year; the Burn Trauma Center treats more than 250.

# Proposed RN Reductions in SCC Budget

On May 2, 2011, the County Executive, Jeff Smith released his recommended budget for the upcoming fiscal year. Mr. Smith's budget proposal includes a plan to offset the County's \$219.6 million shortfall. Recommended cuts include reducing the workforce by 534 positions throughout the Santa Clara County totaling \$75 million in savings. 370 of these positions are filled and 164 are vacant.

What does this mean to RNPA? A total of 24.5 FTEs are being proposed for deletion. 8.1 FTEs are vacant. 16.4 FTEs are occupied.

In Custody Health Services, 2.5 FTEs vacant positions are proposed for elimination. This is a result of changing medication administration to two times vs. 3 to 4 times per day. The breakdown of FTEs is as follows: -1.0 CN from Main Jail, -1 CN from Elmwood, and -.5 CN from Juvenile Hall.

Delivery System Reform Incentive Pool (DSRIP) is a state funded program. It is intended to be a catalyst for delivery system improvements through investments in infrastructure, implementation and testing of

innovative care models, the achievement of population-focused improvements and realizing urgent improvements in medical care. According to the proposal, participation in this program will garner additional revenue between \$55-60 million annually for the SCVHHS. In order to implement the program the proposed budget is adding 1.0 CN, 1.5 NP and eliminating -3.6 CN III and -1.0 NC from the budget.

A goal under DSRIP is to promote delivery system redesign such that primary care is provided in the most appropriate and lowest cost setting. SCVMC is attempting to redirect hospital based "Express Care" (ECC) visits away from high cost setting and to the regional primary care clinics. The budget request adds 3.5 FTE CN III and eliminates -6.30 CN III along with -1.0 Assistant Nurse Manager (ANM).

According to the hospital, the average daily census in the Mother-Infant Care Center (MICC) is continuing to trend downward. As a result the budget proposal is to eliminate 2.0 CN FTEs. MICC staff has already undergone three rounds of layoffs and are utilizing Extra Helps and Float RNs to help

staff the unit.

Nursing advice services are also proposed for elimination. Health plan members (VHP and SCFHP) will be directed to call Carenet Advice Services. SCVHHS advice services will no longer be available to the general public which will have a negative impact on the clinics. Positions proposed for elimination are -1.0 Assistant Nurse Manger, -9.1 CN IIIs.

Board of Supervisors (BOS) Budget Workshop for the Health and Hospital System FY 2012 begins Tuesday, May 17, 2011 at 1:30PM and reconvenes at 6:30 PM to finish reviewing the recommended budget for Social Services and the Health and Hospital System. If you would like to provide testimony to the BOS this is your opportunity. Let them know how the proposed cuts will impact patient care!!!

