

SRMH Package Proposal: Article VII (Compensation), Article IX (Employee Benefits, PTO, Vacation Scheduling), Article XII (Reduction of Hours, Layoffs and Recall), Article XVI (Patient Advocacy), and Appendix A (Wage Increases)

ARTICLE XVI - PATIENT ADVOCACY

A. Conflicts of Opinion With Attending Physicians

If a conflict of opinion arises between a Nurse or group of Nurses and an attending physician on any matter pertaining to patient care and clarification is needed, the Nurse(s) may initiate resolution in accordance with Nursing Policy.

B. Conflicts of Opinion Among Nurses

If a conflict of opinion arises among Nurses on any matter pertaining to patient care and clarification is needed, the Nurses may initiate resolution by contacting the appropriate on- site personnel (Manager/Director/Supervisor) and if not resolved, by referring it to progressively higher levels of Nursing Administration.

C. Reasonable Belief Regarding Imminent Risks

If the Nurse reasonably believes that a real and imminent risk of injury, health hazard, or death exists to herself/himself, to other employees, or to patients will result if the Nurse carries out an order, direction, or assignment, the Nurse shall immediately contact her/his Manager/Director to explain her/his reasons, and to seek confirmation or modification of the direction, order or assignment.

1. If a Nurse refuses to carry out the order, direction, or assignment, subsequent disciplinary action, if any, will be subject to the provisions of Article XX, Grievance and Arbitration.
2. If the Nurse performs the order, direction, or assignment under protest, no disciplinary action will be taken against such Nurse for her/his protest or because of any adverse effects resulting because the Nurse carried out the order, direction, or assignment as given.

3. If a Nurse's protest is based upon the Nurse's reasonable belief that unsafe nursing care will occur because of an insufficiency of staff, and if the Hospital, after making reasonable efforts to resolve the Nurse's concern, or to provide sufficient staff, or to effectuate alternative measures to alleviate the problem, is unable to do so, then the Manager/Director/Supervisor shall be contacted. The Manager/Director/Supervisor shall arrange for an off-duty Nurse qualified to perform in the unit, to come to work. Thereafter, and within ten (10) days after a request from the Association, the incident, the surrounding facts, and possible corrective measures to prevent reoccurrence, will be discussed at a meeting between the Association and the Hospital in an effort to reach a resolution or to clarify the actual circumstances surrounding the incident. Such meeting will include the Manager, Director, or Supervisor involved. A copy of the meeting minutes shall be forwarded to the Chief Nursing Officer. At her/his option, the Nurse(s) who filed the protest either may a) attend the next scheduled Professional Issues Council Meeting to present and discuss the findings of the AUP meeting, or b) schedule the AUP meeting at a later date to include Chief Nursing Officer in addition to the Manager, Director, and Shift Administrator.

4. After the Nurse has explained her/his reasons and concerns, and if the Manager, Director, or Supervisor requires that the Nurse carry out the order, direction, or assignment, the Nurse shall document the pertinent facts leading to the circumstances which were the basis for her/his refusal to perform or performance under protest. The documentation shall be submitted by the Nurse before leaving duty, and shall include, but not be limited to, the date, time, persons involved, brief summary of the facts, including actions taken, and, persons who were notified of the incident. The Nurse shall then ask the Manager, Director, or Supervisor to sign a copy of such documentation to verify receipt. The Nurse may use a form prepared by the Association, if she/he desires, but the requirements of this paragraph shall otherwise be met. By agreeing to receive such documentation, neither the Hospital nor any of its supervisory persons or agents are to be construed as agreeing with

the validity of the Nurse's beliefs, concerns, refusal to perform or performance under protest, or the accuracy of the facts stated.

D. Issues Pertaining to Nurse Staffing

UP 21
(T/A)

1. Staffing of Nurse positions in each department, on each shift, will be maintained at a level which will enable Nurses to meet California state law and Title 22 patient care requirement regulations with regard to assessing patients and evaluating their plan of care. Any questions or disputes of any kind relating to this paragraph shall be resolved by (1) The Nurse(s) discussing their concern and the pertinent facts with their immediate supervisor, (2) if not resolved, the Nurse(s) will submit their concern in writing, along with any pertinent facts, to their Director and the Association simultaneously, who will then meet and discuss the difficulties with meeting Title 22 requirements and formulate a plan that will enable the Nurse(s) to meet the requirements, and (3) if the question remains unresolved, it shall be referred to the Chief Nursing Officer who will place it on the agenda for joint discussion at the Coordinating Council. No questions or disputes of any kind relating to this paragraph shall be subject to the Grievance and Arbitration provisions ~~of Article XX~~.
2. The Parties agree that SRMH will act in full accordance with California state law and Title 22 regulations regarding the Nurse to Patient ratios and Registered Nurse's role in patient care. When determining the Nurse-to-Patient ratios as specified by the DHS, only licensed Nurses providing direct care who have patient care assignments in each department will be counted in the Nurse-to-Patient ratio. There will be a designated Lead Nurse for each shift in each department. However, the designated Lead Nurse for each shift in each department shall not be counted in the Nurse-to-Patient ratios/matrix. The designated Lead Nurse shall be considered in addition to the core staffing required to comply with mandated Nurse-to-Patient ratios. Matrices are available to Nurses upon request, and will be provided to SNA. If matrices are modified, the Association shall be provided with a copy of the modified matrices within a reasonable period of time

thereafter. The Association may direct any concerns to the Chief Nursing Officer. The data, analyses and calculations utilized by the Hospital in creating and implementing its matrices shall not be subject to the grievance and arbitration provisions of this contract.

3. The Lead Nurse shall count in the Nurse-to-Patient ratios/matrix in the following departments: Electrophysiology, ~~ASC Ambulatory Surgery Center Surgical, Ambulatory Surgery Center Surgical Pre-Op and PACU,~~ and Endoscopy.
4. There will be a Lead Nurse in the following departments, for designated shifts only, as follows: ~~Angiocardiology Cardiovascular Services (including Cardiovascular PACU) (Days only), Operating Room Peri-Op (Days & PMs only) and Pre-Op and Post-Anesthesia Care Unit Surgical Services (Days and PMs only).~~
5. Lead Nurse will assume responsibility for the following combined areas for each shift: ~~Nurseries/Labor & Delivery/3 North Mother/Baby (including Labor and Delivery).~~
6. When department census falls below 8 (eight) the Lead Nurse may have a patient assignment.
7. If new departments are created, existing departments are closed, or departments are reconfigured, the parties will meet to discuss the Lead Nurse issue.
8. The Parties agree to discuss optimal staffing ratios in the Nursing Coordinating Council. This includes discussion regarding the best utilization of all members of the patient care team (RN's, LVN's and Care Partners).
9. When a nursing department is staffed for any particular shift at a level less than specified by the department's ratios/matrix (in terms of staff and/or skill mix), the Lead Nurse, Shift Administrator, and Manager/Director shall, at the request of any one of them, confer at the beginning of the shift concerning:

- a. Setting priorities for patient care;
- b. The mobilization of resources from elsewhere in the Hospital to assist the staff in the department for the shift; and
- c. The ongoing plan for obtaining additional Nurses to meet the staffing matrix criteria for the shift.

10. **Meal and Break Relief**

UP 29

The Parties share a goal of ensuring that Nurses are provided with meal periods and permitted or authorized to take rest periods in accordance with California law.

~~Nurses working eight (8) hour and ten (10) hour shifts shall be given one (1) fifteen (15) minute rest period per four (4)-hour period of work or major fraction thereof and one (1) thirty (30) minute duty-free meal period per five (5) hour work period or major fraction thereof. Nurses working twelve (12) hour shifts shall be given three (3) fifteen (15) minute rest periods (one per four (4)-hour period of work or major fraction thereof) and two (2) thirty (30) minute duty free meal periods. To the extent practicable, the rest breaks will be given in the middle of each four (4) hour work period and meal periods will be given before the end of each five (5) hour work period. In accordance with state law, one of the meal periods may be voluntarily waived. In specific units where the Association has identified a pattern of missed meals and rest breaks, the Hospital and the Association will meet within 30 days of request the Hospital shall give reasonable consideration to proposals from the Association to address the problem. At their meeting, the Parties shall review all potential solutions, proposals may include staffing of resource nurses, posting of short hour and/or staggered mid-shift positions, and pre-scheduled meals and breaks for Nurses. Any accepted proposals/agreements (including any current Letters of Understanding regarding break relief staffing) shall be documented and signed by the Parties and will remain in effect for the duration of the current Agreement only, unless expressly renewed by both Parties.~~

11. **Patient Classification System**

- a. The Hospital shall establish and maintain a reliable and

valid Patient Classification System.

- b. The Patient Classification Committee shall be composed of at least fifty percent (50%) Staff Nurses who provide direct patient care. A Staff Nurse member and a Nursing Management member shall serve as co-chairs of the committee. The Association shall appoint the Staff Nurse co-chair. The co- chairs shall agree on the appropriate clinical specialties to be represented by members of the committee.
- c. The Patient Classification Committee shall meet at least monthly if a new Patient Classification System is being established and then until all Nurses are trained in its use. Otherwise, the committee shall meet at least quarterly.
- d. The Responsibilities of the Patient Classification Committee shall include:
 - (1) Participate in the development and implementation of the Patient Classification System.
 - (2) Participate in the assessment, continued planning and evaluation of the Patient Classification System.
 - (a) Per Title 22 regulations, the Patient Classification System must be reviewed at least yearly.
 - (b) Members of the Patient Classification Committee must have access to all data and trend information generated by the Patient Classification System, including Variance reports showing the difference between the actual and required staff on a day to day and shift by shift basis.

- (3) Conduct validity and reliability studies of the Patient Classification System at least annually.
- (4) Establish means by which Staff Nurses may have regular input into the Patient Classification System. Such means must be publicized quarterly. The Patient Classification Committee shall respond in a timely manner to Staff Nurses providing such input and such response shall include the disposition of the Nurse's concerns.
- (5) Make changes/adaptations in the Patient Classification System as needed to assure that the system accurately captures patient acuity and care needs.
- (6) Recommend the type and extent of Patient Classification System training for Staff Nurses.
- (7) Participate in ongoing Patient Classification System training for Staff.
- (8) Determine the guidelines for implementation and operation of the Patient Classification System as a staffing tool.
- (9) If the Patient Classification Committee is unable to reach a consensus on an issue or issues within its scope as defined above, such issue(s) shall be referred to the Chief Nursing Officer who will meet with the committee to discuss the issue(s) before the CNO makes her/his final resolution.

12. **Effect of Patient Acuity on Nurse-to-Patient Ratios**

- a. Per Title 22 Regulations, the Nurse to Patient Ratios specified by California state law represents minimum staffing levels. The ratios are to be modified according to patients' needs as

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discussion at the Coordinating Council. No questions or disputes of any kind relating to this paragraph shall be subject to the Grievance and Arbitration provision ~~of Article XX~~, except a Nurse who perceives that disciplinary or severe, unresolved punitive action is being taken against her/him because of having made a report, has access to the provisions of the Grievance and Arbitration Procedure (~~Article XX~~) to grieve the action.

F. Use of Technology

New Technology pertaining to patient care shall be developed and applied with input to the design, implementation, education of Staff Nurses, and evaluation of effectiveness from Staff Nurses who are directly involved with patient care in departments affected by the technology. Further, technology shall not be used to supplant the nursing process, the clinical judgment and accountability of Registered Nurses in providing patient care. Technology should be consistent with the provision of safe, therapeutic and effective patient care.

LETTER OF AGREEMENT
by and between
Providence Santa Rosa Memorial Hospital
and
Staff Nurses Association

RE: Meal/Rest Period

This agreement is between Providence Santa Rosa Memorial Hospital (SRMH) and the Staff Nurses Association (SNA). SRMH and the SNA are parties to a Collective Bargaining Agreement (CBA).

Meal and rest periods are of the utmost concern to both SRMH and SNA. SRMH and SNA agree that nurses need to take their meal and rest periods. SRMH and SNA will collaborate on the process for nurses receiving meal and rest periods when work hours necessitate such meal and rest periods, and in encouraging nurses to take their meal and rest periods. Rest breaks may be interrupted for patient care.

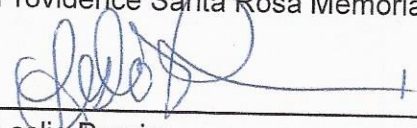
The parties will, through a steering committee, seek to provide meal and rest periods to nurses by developing an individualized department approach to help nurses take uninterrupted meal and rest periods for all identified departments. The steering committee will consist of three Hospital representatives, including at least one Nursing Director, a Human Resource representative, three bedside Nurses selected by the Association, and an Association Representative.

Any program developed by this process will include a mutually agreed upon timeframe and will be subject to agreement by the steering committee. The program may include the designation of a break nurse role without permanent patient assignments during their shifts or other identified alternatives that meet the needs of the departments/units.

Beginning January 2024, the steering committee will begin with 1-2 mutually agreed upon units. Once processes for the initial unit(s) has been developed and implemented, work will move to the next identified unit(s) recognizing that not all units may have an issue with providing meal and rest periods. Nothing prevents units from identifying solutions without involvement of the steering committee, however, all plans should be presented/reviewed by the steering committee. Bargaining unit representatives will be included in this process. Meetings may be facilitated by a FMCS mediator.

Progress of this steering committee will be a standing agenda item at the Nursing Coordinating Council.

Providence Santa Rosa Memorial Hospital

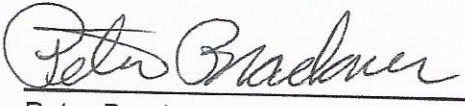


Leslie Pereira
Human Resource Business Partner

10/24/2023

Date

Staff Nurses Association



Peter Brackner
Staff Nurses Association

10/26/2023

Date