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ARTICLE 18 - NURSING PRACTICE ISSUES

Section 18.1 - Supervision

All Interim Permittees will be directly supervised and will not assume team leader duties. A Clinical Nurse I will not work in charge position except as provided for in Section 8.10 of this Agreement.

Section 18.2 - Conscientious Objector Clause

The rights of patients to receive the necessary nursing care are to be respected. As individuals, licensed nurses hold certain moral, ethical, and religious beliefs and in good conscience may be compelled to refuse involvement with abortions. The licensed nurse must be free to exercise this right without being subjected to ridicule, harassment, coercion, censure, termination, or other forms of discipline. Emergency situations will arise where the immediate nature of the patient's needs will not allow for personnel substitutions. In such circumstances the patient's right to receive the necessary nursing care would take precedence over exercise of the nurse's individual beliefs and rights until other personnel can be provided.

Section 18.3 - Malpractice Protection

The County's obligation to defend and indemnify its officers and employees is prescribed by California Government Code 825 et seq. and 995 et seq. The County shall indemnify and defend nurses in this Unit in accordance with the applicable law when and if they are sued for errors or omissions (malpractice) within the course and scope of their duties, save and except where the applicable law excuses County's obligation to defend (e.g., fraud, malice, etc.). This paragraph and the terms and conditions thereof shall be enforceable, at law in accordance with the applicable law, but shall not be subject to the grievance provision of this Agreement.

Section 18.4 - Inservice Education Program For Nurses

- a) While all nurses are responsible for their own professional growth, Santa Clara Valley Medical Center will maintain a Staff Development Program for nurses, including the following:
1. Provide an organized plan of orienting all newly hired nurses to the objectives, policies, goals, and procedures of the hospital and of nursing service at regularly scheduled intervals.
 2. Provide an organized plan of orienting all nurses to the job descriptions, responsibilities, and work assignments for nursing classifications at regularly scheduled intervals.

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3. Keep the nursing staff abreast on a continuing basis of new and expanding nursing care programs and of new techniques, equipment, facilities and concepts of care.
 4. Each nurse must complete both (1) and (2) above before being permanently assigned to a unit and shift. Until completion of the formal orientation, the nurse will be considered as still in a structured learning experience and not part of the unit's regular nursing staff.
- b) In each area, a clinical nurse(s) is responsible for coordinating inservice programs with the Nursing Staff Development. These programs shall be relevant to updating and upgrading skills particular to the unit in order to promote optimal nursing care to each patient.

It is understood that the department has the authority to approve all voluntary attendance at inservice education programs.

Section 18.5 - Staff Meetings

The date, time and location of regularly scheduled staff meetings will be posted seven calendar days in advance, except in cases of emergency or unforeseen circumstances. Nurses assigned attendance at meetings, lectures, or inservice courses while off shift will be subject to all overtime provisions. Nurses on shift will be compensated at the regular rate.

Section 18.6 - Professional Performance Committee

- a) The Santa Clara County Hospitals Professional Performance Committee ("PPC") shall be composed of nurses currently employed by the hospital. The Committee shall have a representative from each nursing unit, one (1) from each satellite clinic, and one (1) Institution Nurse elected by the nurses from that unit and clinic. All appointed and new positions will be filled by election by October 31 of each year.
- b) Nurses employed by the County recognize their obligation to perform the highest level of nursing care for the patients. The PPC shall act as an advisory body to Nursing Service and Administration. The hospital will make a good faith effort to implement recommendations agreed to by the PPC and the Director of Nursing.
- c) The PPC shall not involve itself in grievances as defined and set forth in this Agreement. The purpose and function shall be as set forth in its bylaws and shall include the following:
 1. Recommend nursing policies and procedures to the Nursing Administrator.

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2. Review nursing policies and procedures prior to implementation, when possible, except in emergencies.
3. Maintain representative on Santa Clara County Hospitals Nursing Committees as designated by management.
4. Additional agenda items may be added upon request.

Additional topics for agenda may include, but are not limited to:

- Preparing for and responding to changes in patient condition and placement.
- Quality standards, performance improvement and quality assurance.
- Achieving operational efficiencies.

The PPC shall receive relevant information under the auspices of quality review, upon making a reasonable request to the CNO in writing.

- d) The Nursing Administrator or representative will meet with the PPC at their regularly scheduled meeting when requested. The Nursing Administrator will respond in writing to all written recommendations within thirty (30) days unless extended by mutual agreement.
- e) Attendance at PPC will be voluntary by the elected representative or an alternate. PPC members will be granted release time to attend the meetings. Those members who attend during other than duty time will be granted up to four (4) hours of compensatory time.

Meetings will be held monthly for three (3) hours or more as agreed to by the Nursing Administrator.

Section 18.7 - Advanced Practice Professional Performance Committee

- a) The Advanced Practice Professional Performance Committee (APPPC) shall be composed of Nurse Practitioners, Certified Registered Nurse Anesthetists and Clinical Nurse Specialists covered by the contract and employed by the County.
- b) Each APRN within the employ of the County may attend APPPC meetings with prior management approval.
- c) A minimum of three (3) Advanced Practice Professionals, (one)(1) RNPA representative and (one)(1) Nursing Administration representative shall make up the board of the APPPC. The position of Chairperson, Vice Chairperson and Secretary will be held by an APRN. All positions are to be elected by the APRN staff only. Necessity for additional seats on the board will be determined by the

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Chair and Vice-Chair. Duration of appointment to a particular board position shall be determined by the committee. All policies regarding the function of the APPPC shall be placed in writing and submitted to the Chief Nursing Officer and Deputy Director, ACHS/FQHC. A copy of these policies will be kept at the offices of RNPA. The agenda shall be determined and distributed one (1) week in advance. A copy of all minutes shall be forwarded to the Chief Nursing Officer, Deputy Director of ACHS/FQHC and RNPA.

- d) The function of the APPPC shall be as follows:
1. To serve as a forum for discussion of administrative and medical practice issues which arise for APRNs within the **SCVHHSCSCHS**.
 2. The Chairperson, or designee, of this committee shall serve as a liaison between the committee and the Chief Nursing Officer, the Deputy Director, ACHS/FQHC and the Assistant Medical Director.
 3. The development and review of APRN practice protocols prior to the submission of these protocols to the Interdisciplinary Care Committee/Medical Executive Committee.
 4. To provide updates on state and federal legal changes to practice.

Section 18.8 - Custody Health Services Professional Performance Committee

- a) The Custody Health Services ("CHS") Professional Performance Committee ("PPC") shall be composed of nurses currently employed by CHS. The PPC shall have two (2) representatives from Main Jail, two (2) representatives from Elmwood, one (1) representative from Juvenile Hall, and one (1) representative from the Ranch. All appointed and new positions will be filled by election by October 31 of each year.
- b) Nurses employed by the County recognize their obligation to perform the highest level of nursing care for the patients. The CHS PPC shall act as an advisory body to CHS' Administration. CHS will make a good faith effort to implement recommendations agreed to by the PPC and the Director of CHS.
- c) The PPC shall not involve itself in grievances as defined and set forth in this Agreement. The purpose and function shall be as set forth in its bylaws and shall include the following:
1. Recommend nursing policies and procedures to the Director of **CHS Nursing, Custody Health Services, or designee**.

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2. Review nursing policies and procedures prior to implementation, when possible, except in emergencies.
 3. Additional agenda items may be added upon request. Additional topics for the agenda may include, but are not limited to:
 - Preparing for and responding to changes in patient condition and placement;
 - Quality standards, performance improvement and quality assurance;
 - Achieving operation efficiencies.
- d) The Director of CHS or designated representative will meet with the PPC at their regularly scheduled meeting when requested. The Director of CHS will respond in writing to all written recommendations within sixty (60) calendar days unless extended by mutual agreement.
- e) Attendance at the PPC will be voluntary by the elected representative. PPC members will be granted release time to attend the meetings when attending during a scheduled shift. Those members who attend during other than duty time will be granted up to four (4) hours of compensatory time.
- Meetings will be held monthly or more often as mutually agreed to by the Committee and Director of CHS.
- f) A subcommittee shall be formed as part of the CHS PPC to review nursing vacancies and current recruitment efforts within CHS. Through its work, the subcommittee shall develop a variety of recommendations to address both planned and unplanned nursing vacancies. The subcommittee shall not seek to mandate a specific staffing model, but rather to provide recommendations and broad guidelines for how to fill vacancies to prevent staffing issues. Such recommendations must comply with the County's Merit System Rules, policies, and labor agreements. The subcommittee shall meet quarterly following a scheduled PPC committee meeting for a period of one hour. The Director of Custody Health Services or designated representative shall provide oversight to the subcommittee and shall respond in writing to all written recommendations within sixty (60) calendar days unless extended by mutual agreement.

Section 18.9 - Safety

The County necessarily abides by safety standards established by the State Division of Industrial Safety and pursuant to the Occupational Safety and Health Act.

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Section 18.10 - Nursing Practice

If a nurse objects to an assignment on the basis that it exceeds the nurse's professional qualifications and the nurse is unable to resolve the objection with the immediate supervisor, the objection will be noted, in writing utilizing the "Objection to Assignment" form, by the nurse and delivered to the Director of Nursing's office or the appropriate administrator prior to the nurse leaving at the end of the shift. A written response from the Director of Nursing or designee will be forwarded to the nurse.

Section 18.11 - Performance Evaluation

- a) Each nurse shall be subject to a written appraisal of work performance. Performance evaluations are done:
1. Annually;
 2. Prior to a promotion;
 3. During the probationary period.

Performance evaluations will not be used in the disciplinary process.

- b) The evaluation shall consist of comparison of the nurse's performance against written standards established by Management for:
1. Work Unit competencies;
 2. Job classification;
 3. Unit role expectations;
 4. Any appropriate legal or regulatory requirements.

18.12 – Staffing

The County shall maintain a staffing system for nurses based on the assessment of patient needs, to include the number and the acuity of the patient(s) assigned to a nurse in compliance with applicable state laws and regulations including AB 394 chaptered October 10, 1999. This assessment shall include meal and rest periods when determining staffing needs. Every effort shall be made to preserve the role of the break relief nurse, charge nurse, and assistant nurse manager.

- a) Assessment of Patient Acuity
During each shift, bedside nurses shall assess and determine patient acuity on an ongoing basis. The nurse shall consult with the charge nurse or manager as needed.
- b) Staffing Decisions

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In the absence of the Nurse Manager or Assistant Nurse Manager, the Charge Nurse shall have the authority to make necessary staffing decisions based upon patient acuity and census. Nurses involved in direct patient care are included in the calculation of nurse-to-patient ratios.

c) Staffing Report

Staffing reports shall be submitted by the Nurse Manager by shift and unit to nursing administration reflecting staffing levels for each shift, including beginning, middle and end of shift.

d) Notice of Staffing Levels Concerns

Nurses may report nurse to patient staffing levels that they believe are out of compliance by notifying the next level of management. Should a nurse believe staffing levels cannot be easily remedied, they may submit a Notice of Staffing Levels form. Such form shall be submitted to the nurse's charge nurse or immediate supervisor. The Charge nurse or supervisor who receives the form shall note the action(s) taken, if any, to resolve the staffing concern and shall forward the form to the Nurse Manager and the appropriate Nursing Director with a copy to the Chief Nursing Officer and RNPA. Notice of Staffing Levels forms shall be reviewed at the monthly Patient Acuity Task Force meeting. After review at the Patient Acuity Task Force meeting, the nurse reporting the concern shall be informed of the action taken to resolve the staffing concern, if any.

e) Patient Acuity Task Force County is interested in continuing a conversation on the Acuity Task Force to jointly figure out a way to revamp/improve or delete the task force.

The Patient Acuity Task Force shall be comprised of an equal number of management, including the Nurse Manager of Nursing Systems, and RNPA representatives. The Patient Acuity Task Force shall meet on a monthly basis to assess and develop strategies for alleviating staffing concerns within nursing units. The Task Force shall also develop forms to be used as described in (c) and (d) above.

The Patient Classification Team shall include the Nurse Manager of Nursing Systems and one clinical nurse per shift/per unit to meet twice yearly to review inter-rater reliability of the patient classification system to determine whether the system accurately determines patient needs. Members of the Patient Classification Team shall then review and validate with each nurse in the unit that they are proficient. The Nurse Manager of Nursing System shall report the results of the twice yearly review to the Patient Acuity Task Force.

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f) Dispute Resolution **Place holder: County looking into whether the Management Audit Division is the appropriate for dispute resolution in this section**

In the event of a dispute regarding a staffing concern that is not able to be resolved in accordance with sub-section (d), such concern shall be subject to an internal review by the Management Audit Division for the Board of Supervisors when:

- 1) The staffing concern was not de minimis, (i.e. staffing concern was not cured within four (4) hours) and;
- 2) The staffing concern was not able to be resolved in accordance with sub-section (d) at the monthly meeting following the alleged violation and;
- 3) The staffing concern has not been resolved to the satisfaction of a majority of the Patient Acuity Task Force.

The Management Audit Division for the Board of Supervisors shall review the staffing concern and information provided by the Patient Acuity Task Force, Nursing Administration and RNPA and shall report their conclusions to the Patient Acuity Task Force and to Nursing Administration. Nursing Administration shall submit such report for the next scheduled Health and Hospital Committee meeting.

g) Section 18.12 is not subject to the grievance and arbitration procedures of this Agreement.

Section 18.13 – Safe Patient Handling

The County shall maintain a safe patient handling policy for all patient care units in acute care facilities in accordance with applicable state and or federal law, including AB1136, as applicable.

Such policy shall address providing nurses with appropriate equipment and staff assistance for moving patients, thereby eliminating, to the extent possible, manual lifting that may cause injuries.

Each nurse is responsible for the observation and direction of the lifting and mobilization of patients, and participates as needed in patient handling. The County will provide uniform training in the handling of patients on the appropriate use of lifting devices, equipment, and body mechanics on an annual basis.

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