

MEDIATOR'S PROPOSAL
COUNTY 3.21.24

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
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

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.

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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.

f) Dispute Resolution

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 escalated to the CSCHS CEO or designee during a regularly scheduled labor-management meeting 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 CSCHS CEO or designee shall review the staffing concern and information provided by the Patient Acuity Task Force, Nursing Administration and RNPA and shall report CSCHS CEO's or designee's conclusions to the Patient Acuity Task Force and to Nursing Administration. .

In the event the Association does not agree with the conclusion(s) of the CSCHS CEO or designee, the Association may request additional internal review by the County Executive or designee.

In addition, any nurse or the Association may exercise any right or opportunity under state law or state administrative processes to address concerns about nurse-patient ratios, including filing a complaint with the California Department of Public Health.

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