

CRONA Membership Meetings April 2017

4% Pay increase effective April 1, 2017.

New hourly rate should be included on the pay period of March 26, 2017-April 8, 2017, pay day of April 14, 2017 (see attached pay scale)

7.1.5 A Nurse hired on or before May 11, 2016, shall have her or his 2017 Salary Review Date accelerated, one time only, to occur six (6) months earlier. Thereafter, the Nurse's Salary Review Date shall occur according to the schedule applicable to the Nurse's step as set forth in this Section. This change to a Nurse's Salary Review Date shall affect only the Nurse's eligibility for step increases 2 through 8 and shall not affect the Nurse's eligibility for longevity steps 9, 10, 11, 12 and 13, the Nurse's Adjusted Hire Date, or the use of seniority for any other purpose. During 2016, Nurses eligible for step increases shall continue to advance to the next step based on their Salary Review Date, as it existed on May 10, 2016. In addition, during 2016, Nurses may be eligible for step increases if their 2017 Salary Review Date was accelerated and moved to a date in 2016 under this Section.

Rest/Meal Breaks

SHC is enforcing their policy of taking breaks in a 15/30/15/15 format. They are now telling Nurses breaks cannot be combined. The law, however, does not prohibit a Nurse from voluntarily choosing to combine a meal break and a rest break. Under California law, employers have "a duty to make a good faith effort to authorize and permit rest breaks in the middle of each work period." *Brinker Restaurant Corp. v. Superior Court*, 53 Cal. 4th 1004, 1031 (2012). This means the hospital cannot *force* Nurses to combine a rest break and a meal break. But nothing prohibits the hospital from allowing a Nurse to *voluntarily* choose to combine his or her breaks in this way. Also, under California law (and our CBA), for each day that the hospital does not provide all required meal breaks, it must pay a missed or untimely meal break premium equal to one hour's wages (including any applicable overtime). And for each day that the hospital does not provide all required rest breaks, it must also pay a missed or untimely rest break premium equal to one hour's wages (including any applicable overtime).

*Please document all missed meals/breaks. CRONA will continue to work with SHC to come to a better resolution.

Reduced Commitment Side Letter

Reminder that in any unit where the full-time to part-time ratio is not 80/20, the side letter is now in effect. A Nurse must send an email to the manager to request a reduced commitment position. The manager has, forty-five (45) days to post part time position(s) in a sufficient number to bring the number of full time positions in the unit to eighty percent (80%) or lower. Granting of positions is done according to the internal transfer language.

Types of Legally Mandated Leaves in California (see attachment)

CaSL-sick leave for Relief Nurses (3 days a year)

CESLA/KinCare-time off to care for Self or family (*must have PTO in bank to cover the absence. Can use up to ½ the amount of PTO you accrue in a year)

School Activities Leave-up to 8 hrs a month and no more than 40 hours per year for "child related activities"

Bereavement leave-3 paid days (Not PTO)

ESL -Extended sick leave

ESL is utilized beginning the fourth (4th) consecutive day of absence due to illness or injury, or from the first (1st) day if the employee is hospitalized on that day.

Nurses will accumulate ESL at the rate of **.0116 hours per hour worked** (the equivalent of 24 hours per year for a full-time employee). ESL will be accumulated on the basis of productive hours worked, including overtime, on PTO and ESL hours taken, and for paid jury duty and paid bereavement leave hours, to a combined maximum of eighty (80) such hours in a biweekly pay period. There is no limit on the accumulation of ESL.

Pre-approved Education time

This is NOT the same as approval to use tuition reimbursement. Pre-approved education time is requesting time off (in lieu of work) to attend a conference, class, or do home study CEU. Must be requested in writing. Manager must approve or deny within the first two weeks of the month following your request.

Stanford AAU Units

The following units will eventually all be AAU (B1, B2, B3, C2, C3, Dgr, D1, CSU, D2, D3, E3, Fgr, F3, G1, G2s, H1)
Each of these units have a staffing matrix that defines staffing based on the number of patients they have ordered as IICU and Acute care. These levels drive the staffing.

IICU status orders reflects the acuity of the patient (not just telemetry). Qhr flap checks, post-transplant, tele, qhr v.s., neuro checks, medications, etc... (always 3:1)

Acute care can be staffed at 4:1 and even 5:1

Please ensure your patient has the appropriate admitting order. If acuity changes, RSN and Nurse need to be proactive in getting the order changed (ie: either higher or lower status).

New staffing matrix/grids have been developed based on new benchmarks and target criteria. These went live with the AAU staffing Matrix.