

Retirement Savings Plan – Your 403(b)

It's time to do an annual review of your retirement savings. How much did you save last year? Are you on track to maximize your savings this year? Will you be 50 years old by the end of 2020?

IRS Limits On Contributions Increased For 2020 [\(LINK\)](#)

The limit on elective deferrals - the most an employee can contribute to a 403(b) account out of salary - is \$19,500 in 2020 (\$19,000 in 2019). Employees who are age 50 or over at the end of the calendar year can also make [catch-up contributions](#) of \$6,500 in 2020 (\$6,000 in 2015 - 2019) beyond the basic limit on elective deferrals.

Update On LPCH-Fidelity Issues

**** If you have an issue with your retirement account, you must submit a ticket through Ask Payroll ****

CRONA and the hospitals have come to an agreement regarding how the hospitals will be addressing various issues with errors made to some nurses' Fidelity accounts. LPCH Nurses can expect to receive a letter from the hospital with more details later this month. These issues were brought to CRONA's attention by nurses who regularly review their paychecks and retirement accounts for accuracy. Every nurse should review every paycheck for accuracy, and check your retirement accounts.

ADO: Assignment Despite Objection

Asking For Help In Real Time, Help Identify System Issues

Submitting an ADO when there is an issue should be part of the nursing culture at Stanford and Packard hospitals. They are intended to document a nurse's request for help or identifying issues in real time, and to bring high-level attention to system issues.

When there is a situation that calls for an ADO, first try to get help *in real time* by following the chain of command: Resource Nurse, Manager on Duty, Nursing Supervisor. To escalate further, contact the Director on Duty. Provide the information about the situation and specify what is needed to resolve the situation. Document your request and the response received on the ADO form.

Resource Nurses, you should all know how to request staffing assistance – including notifying the Nursing Supervisor and your manager on duty. You should all know that all breaks must be provided according to the law. You should remind nurses who do not receive their breaks in accordance with the law to add a missed break to API (SHC) or add the missed break to the staffing sheet (LPCH). The nurses assigned to direct patient care rely on your leadership and example.

Here are some of the issues for which submitting an ADO is appropriate:

- Violation of staffing ratios, *including during rest and meal breaks*
- Not trained or experienced in the area assigned (including equipment such as ECMO or CRRT)
- Inadequate staff for patient acuity (acuity may require more staff than minimum ratios)
- Equipment and/or supplies were inadequate for patient care
- Patients admitted or transferred without adequate or qualified staff
- Involuntarily required to work beyond scheduled shift

- Unit staffed with excessive travelers or unqualified personnel
- Other (please describe)

Need the ADO form? It is on the CRONA website, click [HERE for ADO form](http://crona.org/resources/forms/). <http://crona.org/resources/forms/>

Excerpts from Law, Regulation, and CRONA Contract

SB 227 (2019) [\(LINK\)](#)

Preamble: “Existing law specifically requires the department to adopt regulations that require a general acute care hospital, an acute psychiatric hospital, and a special hospital to meet minimum nurse-to-patient ratios and assign additional staff according to a documented patient classification system for determining nursing care requirements.”

Health & Safety Code

1276.4(b) [excerpt] [\(LINK\)](#)

These ratios shall constitute the minimum number of registered and licensed nurses that shall be allocated. Additional staff shall be assigned in accordance with a documented patient classification system for determining nursing care requirements, including the severity of the illness, the need for specialized equipment and technology, the complexity of clinical judgment needed to design, implement, and evaluate the patient care plan and the ability for self-care, and the licensure of the personnel required for care.

Title 22 Regulations

§70053.2. [Definition of Patient Classification System] [\(LINK\)](#)

Patient Classification System (a) Patient classification system means a method for establishing staffing requirements by unit, patient, and shift that includes: (1) A method to predict nursing care requirements of individual patients. (2) An established method by which the amount of nursing care needed for each category of patient is validated for each unit and for each shift. (3) An established method to discern trends and patterns of nursing care delivery by each unit, each shift, and each level of licensed and unlicensed staff. (4) A mechanism by which the accuracy of the nursing care validation method described in (a)(2) above can be tested. This method will address the amount of nursing care needed, by patient category and pattern of care delivery, on an annual basis, or more frequently, if warranted by the changes in patient populations, skill mix of the staff, or patient care delivery model. (5) A method to determine staff resource allocations based on nursing care requirements for each shift and each unit. (6) A method by which the hospital validates the reliability of the patient classification system for each unit and for each shift.

§70217 [\(LINK\)](#)

Excerpts from (a):

“No hospital shall assign a licensed nurse to a nursing unit or clinical area unless that hospital determines that the licensed nurse has demonstrated current competence in providing care in that area, and has also received orientation to that hospital's clinical area sufficient to provide competent care to patients in that area. The policies and procedures of the hospital shall contain the hospital's criteria for making this determination.”

“Licensed nurse-to-patient ratios represent the maximum number of patients that shall be assigned to one licensed nurse at any one time. “Assigned” means the licensed nurse has responsibility for the provision of care to a particular patient within his/her scope of practice. There shall be no averaging of the number of patients and the total number of licensed nurses on the unit during any one shift nor over any period of time. Only licensed nurses providing direct patient care shall be included in the ratios.”

“Nurse Administrators, Nurse Supervisors, Nurse Managers, and Charge Nurses who have demonstrated current competence to the hospital in providing care on a particular unit may relieve licensed nurses during breaks, meals, and other routine, expected absences from the unit. Licensed nurses shall be included in the

calculation of the nurse-to-patient ratio only when the licensed nurse has a patient care assignment, is present on the unit, and is not on a meal break or other statutorily mandated work break.”

(1) The licensed nurse-to-patient ratio in a critical care unit shall be 1:2 or fewer at all times. “Critical care unit” means a nursing unit of a general acute care hospital which provides one of the following services: an intensive care service, a burn center, a coronary care service, an acute respiratory service, or an intensive care newborn nursery service. In the intensive care newborn nursery service, the ratio shall be 1 registered nurse: 2 or fewer patients at all times.

Excerpts from (b):

In addition to the requirements of subsection (a), the hospital shall implement a patient classification system as defined in Section 70053.2 above for determining nursing care needs of individual patients that reflects the assessment, made by a registered nurse as specified at subsection 70215(a)(1), of patient requirements and provides for shift-by-shift staffing based on those requirements. The ratios specified in subsection (a) shall constitute the minimum number of registered nurses, licensed vocational nurses, and in the case of psychiatric units, licensed psychiatric technicians, who shall be assigned to direct patient care. Additional staff in excess of these prescribed ratios, including non-licensed staff, shall be assigned in accordance with the hospital's documented patient classification system for determining nursing care requirements, considering factors that include the severity of the illness, the need for specialized equipment and technology, the complexity of clinical judgment needed to design, implement, and evaluate the patient care plan, the ability for self-care, and the licensure of the personnel required for care.”

Excerpts from (c):

“(c) In no case shall the staffing level for licensed nurses fall below the requirements of subsection (a). The plan shall include the following:”

AFL 08-07 ([LINK](#))

Re: Licensed Nurse-to-Patient Ratios for Inpatient Rehabilitation Units

Excerpt – “Furthermore, Title 22 of the California Code of Regulations, Section 70217(b) requires that hospitals staff according to patient acuity in order to meet the needs of the patients.”

CRONA Contract, Section 33.3.3.a. ([LINK](#))

Excerpt – “In meeting the staffing needs of the unit, the Resource Nurse is permitted to use judgment in adjusting staffing levels that may not be fully addressed by the acuity and staffing matrix.”

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