

AB 840 (Ridley-Thomas) – Nurse and Patient Safety Act

Q & A

What are the current impacts of MOT to the state?

- ✚ Using mandatory overtime as a general staffing tool has proven to be ineffective and inefficient in promoting safety in hospitals across the state.
- ✚ Public Safety/Workplace Safety/Patient Safety Issues are dramatically increased because of mandatory overtime, thus becoming a liability issue for the state.
- ✚ MOT creates retention and recruitment problems to the state and causes us to rely on other costly means of staffing options.

What are the current impacts of MOT to staff?

- ✚ Many receive workplace injuries that cannot heal because they are mandated to work 3-4 times per week and use the injured limb excessively.
- ✚ Nursing staff cannot give quality care to their patients due to exhaustion.
- ✚ Nursing staff are unable to meet their personal obligations to their families (ie. Taking kids to school, securing a babysitter to watch children or elderly parents)
- ✚ Several nursing staff have died and/or killed people in car accidents due to fatigue and exhaustion. Many staff report having to sleep on the side of the road, in the parking lot of the institution at which they are employed or get hotel rooms because they are too tired to drive and do not want to cause an accident.
- ✚ Others have died at the hands of patients because they were unable to react quickly or respond properly due to exhaustion and/or fatigue.

How does AB 840 rectify this problem?

- ✚ Addresses patient and workplace safety by eliminating mandatory overtime for exhausted nurses and CNAs.
- ✚ Establishes a scheduling process by prioritizing the regular workforce, and then using alternate staffing solutions
- ✚ Aids the state in workforce recruitment and retention efforts by eliminating this antiquated policy.
- ✚ Represents a cost savings to the state by requiring the hiring of the proper number of staff to prevent the use of MOT.
- ✚ Establishes a definition for “emergency situations” that does not include institutional/operational need.

How would the state function if it did away with mandatory overtime and could not mandate due to “institutional need”?

- ✦ The inability to properly hire and staff an institution does not qualify as a **need** this is simply a management failure.
- ✦ Proper scheduling is key to solving this problem. By scheduling the civil service workforce first and utilizing alternative staffing resources properly, this allows the State to use alternate staff to fill in “gaps” in scheduling without exhausting the regular workforce.
- ✦ The scheduling order is not included in our contract and the use of mandatory overtime as a scheduling tool prevents management from utilizing its resources properly.
- ✦ PIs and registry nurses are not required to work overtime.
- ✦ Currently, the state calculates its staffing needs by factoring in MOT, exhausting PI hours and using alternative staffing as first priority, allows the State to schedule the workforce last and to pre-mandate overtime shifts in 16 hour blocks.
- ✦ Fill vacancies
- ✦ Staff facilities appropriately

Has the Union attempted to resolve this issue in the past?

- ✦ Yes, we have tried to address mandatory overtime at bargaining before, but because the state uses MOT as scheduling tool, they have been unwilling to discuss this issue.
- ✦ The contract states that mandates may be done based on and “institutional need.”
- ✦ There have been other bargainable issues that have required legislation, for example, PEPRA, furloughs, and paid holidays.
- ✦ A ban on MOT is standard practice in private hospitals and other public hospitals (County) in California, and throughout the United States; however only state medical facilities use this unsafe and ineffective practice.

Have other states banned the practice of mandatory overtime?

- ✦ 11 other states have banned mandatory overtime including: West Virginia, Illinois, Connecticut, Washington, Oregon, New Jersey, Minnesota, Maine, Maryland, Alaska and Massachusetts.

Does following the contract solve the problem?

- ✦ No, but that is a huge part of the solution:
 - Following contract will make is safe for us and the patients
 - Hiring more staff in vacant positions
 - Doing away with MOT altogether

Is hiring at state facilities problematic?

- ✚ Hiring is problematic because of the MOT policy.
- ✚ Recruitment and retention issues are directly impacted by the MOT policy.
- ✚ There is no incentive to properly hire, schedule or retain staff because of the abuse of the MOT policy.

What are double shifts?

- ✚ 16-hour shifts 2-3 days in a row

Would the state save money or would it cost money if MOT was banned?

- ✚ Represents a cost savings to the state by requiring the hiring of the proper number of staff to prevent the use of MOT.