

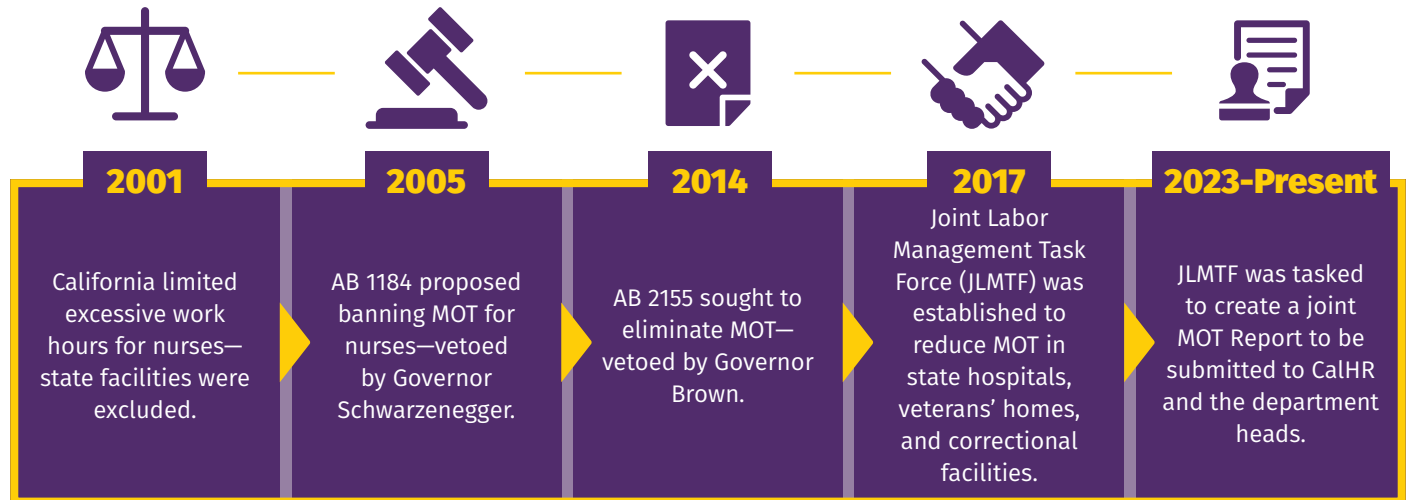


LOCAL 1000 NURSES CALL ON LEGISLATURE TO **STOP MANDATORY OVERTIME**

The Issue: Mandatory Overtime (MOT) in State-Run Healthcare Facilities

Mandatory Overtime (MOT) is defined as a mandated holdover of two (2) hours or more beyond a scheduled shift. Despite efforts to regulate excessive work hours, state-run facilities remain exempt, forcing healthcare workers into exhausting schedules.

THE HISTORY OF MOT:



SEIU LOCAL 1000 NURSES DEMAND CHANGE!

Dangerous practice threatens safety of patients, workers, and the public.

Mandatory overtime remains a longstanding issue in the State-Run Healthcare Facilities. Facilities must provide 24/7 patient care, with staffing levels based on patient needs and acuity. When there aren't enough nurses due to absences, scheduling errors, or emergencies, the state may require overtime. Employees often receive little notice before being assigned extra shifts. Administrators address shortages by using registry nurses, reassigning staff, and adjusting licensing levels for one-to-one care. Competitive wages and flexible schedules are necessary to attract and retain skilled nurses who are currently being taken away by better-paying private sector jobs.

Administration and Union Acknowledge Mandatory Overtime Is Ineffective, but Administration Continues to use this Practice.

ACTION NEEDED NOW:

- **STOP Mandatory Overtime** for nurses in all state-run facilities.
- **End the overuse of costly registry nursing staff** and invest in permanent civil service staff.
- **Increase recruitment and retention efforts** by offering competitive wages and flexible schedules.
- **Implement electronic health records system to streamline paperwork** and improve efficiency.
- **Allow alternative work schedules** (8hr, 10hr, 12hr shifts) to promote work-life balance.

Why These Changes Must Happen: SEIU Local 1000 is demanding action to address the severe impacts of Mandatory Overtime, unsafe staffing levels and working conditions, and the costly overuse of registry nursing staff. These changes will not only improve working conditions but also ensure better healthcare outcomes for all patients in state-run facilities.

THE REAL COSTS OF MOT IN STATE-RUN HEALTHCARE FACILITIES



Registry Nurses cost taxpayers
roughly **\$43,680** more annually



+\$43,680

Permanent
Nursing
Staff

Registry
Nurses

High vacancy rates across the board



Money that
**could have
been invested in
permanent staff**
has been allocated
**to registry contracts
instead.**

Registry RNs cost the state nearly

2X

when compared to state-employed RNs

Department of State Hospitals (DSH)

- **MOT dropped by 50% in 2023** (from 30,000-50,000 hours annually to 16,500 hours), due to the use of 12hr. shifts and costly **registry nursing staff**.
- **Alarming Licensed Vocational Nurses (LVN) vacancy rates**, worsening patient care and working conditions.
- **Registry nursing staff costs far exceed permanent staff salaries**, costing taxpayers roughly \$43,680 more per Registered Nurse (RN) annually.
- **From July 2023 to the present, DSH has spent over \$56 million on registry nursing staff.**

California Correctional Health Care Services (CCHCS)

- **MOT has decreased year over year** but is still used as a staffing tool.
- **Registry contracts cost the state \$138 million in fiscal year 2023-2024**, with a projected total of **\$1.18 billion since 2014.**
- **CCHCS pays an average of \$199,323 per registry nurse annually**, significantly more than permanent civil service nurses.

Department of Veterans Affairs (CalVet)

- **MOT is used inconsistently across facilities**, some relying heavily on it while others use registry nursing staff.
- **Registry nursing staff costs are excessive**—CalVet has allocated **\$49.87 million from 2024-2027** to registry contracts instead of investing in permanent civil service staff.
- **High vacancy rates:** Certified Nursing Assistant (CNA) vacancies remain at **36-43%**, LVNs at **25-30%**, and RNs at **18-24%**.

The Real Cost of Registry Nursing Staff

Stopping MOT is essential to protect nurses from exhaustion, burnout, and compromised patient care. Ending the reliance on expensive registry nursing staff will allow the state to reinvest in permanent hiring, ensuring stable and cost-effective nursing staffing.

- **Registry RNs cost the state between \$218,400 - \$260,000 annually** (compared to \$127,741 for state-employed RNs).
- **Registry LVNs cost between \$122,720 - \$135,200 annually** (compared to \$71,700 for state-employed LVNs).
- **The state is spending millions unnecessarily, while overworked and understaffed nurses suffer MOT mandates!**



Support SEIU Local 1000's fight for fair staffing and better patient care.

Together, we can put an end to Mandatory Overtime, unsafe working conditions, and excessive healthcare costs!

For more information and to view the MOT reports, visit <https://www.seiu1000.org/stopmot/>