

**NEW ARTICLE HOUSE WIDE STAFFING COMMITTEE**

**LETTER OF AGREEMENT REGARDING ADDITIONAL STAFF**

**Within 60 days of a ratified tentative agreement unless implemented in advance of ratification by either nursing administration or because of recommendations made by the House-wide Staffing Committee the following additional staff will be added to each of the following units.**

<u>Unit</u>	<u>Shift</u>	<u>Position</u>
<u>Cardiology 2G</u>	<u>Day Shift</u>	<u>1.0 FTE additional RN.</u>
<u>Cardiology 2G</u>	<u>Evening Shift</u>	<u>2.0 FTE additional RN.</u> <u>2.0 FTE additional CNA</u> <u>1.0 FTE additional HUC</u>
<u>Cardiology 2G</u>	<u>Night Shift</u>	<u>1.0 FTE additional RN.</u> <u>2.0 FTE additional CNA</u>

**2G Evening Shift needs a HUC to start on the unit with a census of 15 or greater and at a census of 19 an additional CNA is added. A third CNA is needed when the unit is full.**

**2G Evening Shift needs two additional RNs with one added for a total of two additional RNs with a census of 23 or greater.**

**2G Night Shift needs an additional CNA with a census of 16 or greater. An additional CNA when the census is 31 patients or greater.**

<u>Cardiovascular Lab CVL</u>	<u>2.0 FTE additional RN</u> <u>1.0 FTE additional X-Ray</u> <u>Tech</u> <u>2.0 FTE additional CV</u> <u>Tech</u>
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**Cardiovascular Lab needs one additional crew to help cover all of the routine/non-emergent cases that are scheduled on the weekends. The additional RN not assigned to a crew would work as a "Float" RN.**

<u>Respiratory Cardio 2R</u>	<u>Day Shift</u>	<u>1.5 FTE additional RN</u>
<u>Respiratory Cardio 2R</u>	<u>Evening Shift</u>	<u>1.0 FTE HUC</u>
		<u>1.0 FTE additional CNA</u>
		<u>2.0 FTE additional RN</u>
<u>Respiratory Cardio 2R</u>	<u>Night Shift</u>	<u>1.0 FTE additional CNA</u>

2R Day Shift needs an RN to work Resource with a census of 1 to 16 patients.

2R Day and Evening shift needs a cross shift RN to work with admits and transfers.

2R Evening Shift HUC needs a full time HUC regardless of census who stays till the end of the evening shift.

2R Evening Shift need a CNA on the unit all the time and additional CNA for a total of two at a census of 18 patients or greater.

<u>Unit</u>	<u>Shift</u>	<u>Position</u>
<u>Surgical 3G</u>	<u>Day Shift</u>	<u>1.0 FTE additional CNA</u>
		<u>0.5 FTE additional HUC</u>
		<u>1.0 FTE additional LPN</u>
		<u>1.0 FTE additional RN</u>
<u>Surgical 3G</u>	<u>Evening Shift</u>	<u>1.0 FTE additional CNA</u>
		<u>0.5 FTE additional HUC</u>
		<u>1.0 FTE additional RN</u>
<u>Surgical 3G</u>	<u>Night Shift</u>	<u>1.0 FTE additional CNA</u>
		<u>1.0 FTE additional RN</u>

3G Day Shift LPN should be present on the unit regardless of census.

3G Evening and Day Shift need an additional CNA when census is above 17.

3G Evening shift a HUC is needed from 15:00 to 17:30.

3G day and evening shift RN/Patient ratio of 1:3 with LPN would allow

AHN/charge nurses to operate the unit.

Additional RN and CNA on 3G night shift is needed in part so AHN/Charge nurse can assist the less experienced nurses.

<u>Inpatient Rehab 4K</u>	<u>Day Shift</u>	<u>1.0 FTE additional RN</u>
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Inpatient Rehab 4K                      Evening Shift                      1.0 FTE additional RN

Inpatient Rehab 4K                      Night Shift                      1.0 FTE additional RN

Inpatient Rehab 4K additional RN would work as AHN/Charge nurse with out patients.

Urology 4R                      Day Shift                      1.0 FTE HUC

2.0 FTE additional CNA

Urology 4R                      Evening Shift                      2.0 FTE additional CNA

1.0 FTE additional RN

Urology 4R                      Night Shift                      1.0 FTE additional RN

4R Day Shift requires a HUC when 8 or more patients are present on the unit.

4R Day Shift needs a CNA when the unit has 12 patients and an additional CNA when there are more than 15 patients present on the unit.

4R Evening Shift needs a CNA and an additional CNA (2 in total) when the unit has more than 12 patients, and an additional RN from with a census of 1 to 13.

4R Night Shift needs an additional RN for a census of 7 to 12 on the Sunday Grid and an additional RN for a census of 1 to 10 the rest of the week.

Diabetes Renal 5G                      Night Shift                      2.0 FTE additional CNA

5G nights needs a CNA at all time and should increase its CNA staffing to 2 at a census of 18.

Medical 5R                      Night Shift                      1.0 FTE additional RN

1.0 FTE additional CNA

5R nights needs an additional RN at all times. This additional RN resource would permit the AHN/charge nurses to not have to take any patients to then serve as a resource to the unit on nights.

Oncology 7N                      Day Shift                      0.5 FTE additional RN

1.5 FTE additional CAP

1.0 FTE HUC

Oncology 7N                      Evening Shift                      0.5 FTE additional RN  
1.5 FTE additional CAP  
1.0 FTE HUC

Oncology 7N                      Night Shift                      0.5 FTE additional CAP

7N Oncology makes use of .5FTE RN and CAP at various points in its current grid. A .5FTE ends up torn between two units. A whole FTE on the unit is needed at all times.

Surgical Oncology 7S                      Day Shift                      0.5 FTE additional RN  
1.0 FTE additional CAP  
1.0 FTE additional HUC

Surgical Oncology 7S                      Evening Shift                      0.5 FTE additional RN  
1.5 FTE additional CAP  
1.0 FTE additional HUC

Surgical Oncology 7S                      Night Shift                      0.5 FTE additional RN  
1.0 FTE additional HUC

7S Surgical Oncology makes use of .5FTE RNs at various points in its current grid. A .5FTE ends up torn between two units. A whole FTE on the unit is needed at all times for all shifts. .

7S Surgical Oncology Day Shift an additional CAP is needed at a census of 22 patients or greater.

7S Surgical Oncology Day Shift needs a HUC at a census of 17 patients or greater.

7S Surgical Oncology Evening Shift needs 2 CAPs regardless of census.

7S Surgical Oncology Evening Shift needs a HUC is needed at a census of 17 patients or greater.

7S Surgical Oncology Night Shift needs a HUC at a census of 17 patients or greater.

7 South and 7 North                      All Shifts                      3.0 FTE additional RN

7S and 7N need a resource nurse assigned to those units though this nurse could also be shared with the 8S and 8N.

<u>Mental Health Adult 5L</u>	<u>Day Shift</u>	<u>1.0 FTE additional RN</u>
<u>Mental Health Adult 5L</u>	<u>Evening Shift</u>	<u>1.0 FTE additional RN</u>
<u>Out patient Infusion</u>	<u>Day Shift</u>	<u>0.6 FTE additional RN</u>

0.6 FTE could either be a part-time nurse or two on-call nurses.

By: \_\_\_\_\_

By: \_\_\_\_\_

Dated: \_\_\_\_\_, 2008

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**NEW ARTICLE HOUSE WIDE STAFFING COMMITTEE**

**The Hospital will comply with the Nursing Staffing Statutes and their accompanying administrative rules.**

**A. The employer will establish that the specialty areas as called for in the nurse staffing statutes as follows: Surgical Services (including OR, PACU, Dialysis, Endoscopy, IV Therapy and Short Stay Surgical), Emergency Services, Cardiovascular and Intensive Care including (ICU, CICU, ICVR), Maternity, Mental Health (including Adult and Adolescent), Medical, and Surgical units.**

**B. There will be one representative staff nurse from each of the specialty areas. The Medical and Surgical areas will have two representatives. Alternates for each area will also be selected.**

**C. Non-supervisory staff nurses will select their own representatives from within the specialty areas. As vacancies occur, the Association will facilitate an election process for non-supervisory staff nurses in each of the specialty areas. The process will include a call for interested volunteers and nominations. Should there be more than one candidate in any area, an onsite election with multiple times to vote will be scheduled and advertised. The Association will permit all candidates to run including nurses who pay fairshare provided that the candidate has worked as an RN for two (2) years in his or her current area of practice on his or her unit and has worked at least two (2) years at the Hospital.**

**D. The Committee will meet monthly for at least 4 hours.**

**E. Term or time on committee for staff nurses will be for three years with one third of the group rotating off in a year. All nurses on the committee may serve multiple terms.**

**F. The committee will have co-chairs one staff nurse and one supervisory nurse who will run the meetings and establish the agenda for the meetings.**

**G. Staff nurses will be paid for attending meetings.**

**H. Minutes will be taken and distributed/posted hospital-wide.**

**I. Meetings will be announced/scheduled and conducted so that visitors and guests will be permitted to attend.**

**J. All committee members will have half-day training on the law. The training will be provided by ONA Professional Services Staff.**

**K. Staff nurses will be afforded time to plan or meet separately to brainstorm away from the full committee. Such meetings when requested will be done on paid time for no more than 2 hours every other month.**

**L. Association representative(s) including Association staff are permitted to be present at all of the meetings. Association representatives and Association staff may make comments and suggestions when recognized by the chair(s).**

**M. The committee will be charged with implementing the laws and administrative rules specifically approving a staffing plan for each unit of the hospital that takes into account acuity and intensity, a diversion policy for each unit, and monitoring the plans of each unit once they are adopted to see how they are working. Staffing plans will be adopted by consensus decision-making. Training on the use of consensus decision making will be provided.**

**N. The Hospital will not make any unilateral changes to the staffing plan of a unit unless the changes are necessary because of an emergent need and thus are necessary in order to insure safe patient care. Such changes when made will be flagged by a notice to the members of the committee and to the Association paid staff representative for the Hospital.**