

Date _____

ER STAFFING RATIOS REPORT CARD

Name	Negotiated Ratio 1:4-5 non-critical, 1:2 for critical care
Unit/Shift	RN callouts (this shift)

Time	#RNs/ Ratio Compliant for Non Critical Y/N	#RNs/ Ratio Compliant for Critical Care Y/N	Charge RN has assignment? Y/N	Comments <small>(e.g. # of RNs in area, # of admitted PTs in area)</small>
7am				
9am				
11am				
1pm				
3pm				
5pm				
7pm				
9pm				
11pm				
1am				
3am				
5am				
7am				



Fax this report to 305 620-1429, or scan and email to union@seiu1991.org.
If you have a question call your Rep. or _____.

ARTICLE XXXII - NURSE STAFFING RATIOS

(pg 68 of the contract) Unforeseen emergencies and swings in volume, and multiple unplanned absences in any one unit, may at times preclude compliance with this Article. When a unit is not in compliance with this Article under these circumstances, the Department Manager or his/her designee will immediately make all reasonable attempts to return the unit to compliance by assigning additional personnel to the unit. The Nurse Manager, Associate Nurse Manager, Nurse Educator or Charge Nurse may temporarily assume a patient assignment until the unit is back in compliance, but no longer than is necessary to resolve the issue. It is not a violation of this Article for a registered nurse to step away temporarily for breaks, meals, and to meet their personal needs as consistent with professional judgment.

JHS shall implement this Article unit by unit with higher acuity units first. QNCD will meet to discuss and monitor this process. The Committee will discuss prioritization and set agenda of implementation. JHS shall be fully compliant with this Article in 50% or more of its units by no later than April 1, 2015. JHS shall be fully compliant with this Article in all units by no later than October 1, 2015.

JHS agrees that a pre-grievance meeting will occur between the Associate VP of Human Resources (or designee), the CNO of the affected area and the President of SEIU 1991 (and/or designee) within 72 hours of an alleged violation of the ratios listed above.

This Article shall be enforceable by expedited arbitration. An arbitration hearing will be held within five (5) business days of notice by the Union that the Hospital is not in compliance with this Article. The parties agree the hearing could be telephonic. The arbitrator will announce a "bench ruling" at the conclusion of the hearing which will be followed up by a written ruling within thirty (30) days of the hearing.

Staffing ratios

- Adult medical, surgical, rehabilitation and palliative care patients **1: up to 6**
- Telemetry patients **1: up to 5**
- Pediatric Medical/Surgical patients **1:5**
- Medical Oncology and Gyn/Gyo patients **1:5**
- Transplant and Intermediate Care patients **1:3 or 1:4** (based on acuity)
- Acute and emergency mental health patients, **1:9** (with direct support from care providers who are specially-trained in the management of the psychiatric milieu).
- Geriatric Psychiatric patients **1:8**
- In Emergency Services **1:4 or 1:5** (based on acuity)
- Critical Care patients **1: up to 2**
- Charge Nurse and/or Associate Nurse Managers will not routinely be assigned patients.
- In blended units, staffing will be based on the acuity of the patient(s). Patient acuity, not the unit in which they are housed, will determine the appropriate ratio. For areas not listed above, the staffing ratios will continue to be set by national professional nursing organizations such as AWHONN (Association of Women's Health, Obstetric and Neonatal), RPICC (Regional Perinatal Intensive Care Center), AORN (Association of Peri-Operative Registered Nurses), ASPAN (American Society of Peri-Anesthesia Nurses), and external regulatory agencies.