SIDE LETTER ON STAFFING

Section 1 - Staffing: The Hospitals and ONA agree that quality patient care is the parties' most important priority and staffing levels should permit the delivery of safe, transformative patient care. The Hospitals' staffing plans shall provide that at all times during each shift within each unit of the hospital, and with an appropriate complement of ancillary and support staff, a direct care registered nurse may be assigned to not more than the following number of patients in that unit:

Minimum Staffing Levels (RN:Patient)	
Acute Care Medical-Surgical	1:4
Progressive Care	1:3
Blended Acuity (PCU/Medical-Surgical)	1:3
Critical Care/ICU	1:1-2
Blended Acuity (ICU/PCU)	1:2
ED	
• Active Trauma/Arrest/Resuscitation/Violent	2:1
• Trauma (non active status)/Critical Care	1:1-2
• Emergent	1:3
• Non-Emergent	1:4
• Psychiatry	1:4-5
OR	1:1
PACU	1:1-2
Labor & Delivery*	1:1-2
• OB ED*	1:1-3
Antepartum*	1:3
Postpartum*	1:3 couplets
Neonatal*	
• Intensive Care	1:1-2
• Intermediate Care	1:2-3
• Continuing Care	1:3-4
Rehabilitation	1:4-5
Acute Psychiatric	1:4-6
Outpatient Infusion	1:3

*OSUWMC will follow AWHONN staffing guidelines.

Staffing levels as stated above may increase or decrease within a unit, within a shift, or overall depending on changes in patient volume and/or acuity, emergencies, unforeseen events, and/or unanticipated changes in staff resources. For any deviation from the above, the Hospitals must demonstrate that prompt and diligent efforts were made to maintain required staffing levels.

The parties also agree that the health care delivery model is evolving and significant changes in health care policy, legislation, value-based care, and/or technological advances could necessitate staffing changes. In the event of such changes, the parties recognize that staffing levels may change

and the parties will work together to effectuate such necessary changes through established Staffing Committees in Section 5 below.

A registered nurse shall not be included in the calculation of the direct care registered nurse-to-patient ratio unless that nurse has a current and active direct patient care assignment and provides direct patient care in compliance with the requirements of this section, including competency requirements. The exemption in this subsection shall apply only during the hours in which the individual registered nurse has the principal responsibility of providing direct patient care and has no additional job duties as would a direct care registered nurse.

The parties agree that patient care needs and safety are the primary drivers when creating assignments. It is not the intent of the Hospitals to require a Charge Nurse to take a patient assignment. The Charge Nurse will follow the Charge Nurse Assignment Guide prior to taking a patient assignment. The parties agree that the Charge Nurse Assignment Guide will be reviewed by the scheduling taskforce in accordance with the Side Letter on Scheduling within ninety (90) days of the effective date of this agreement. The parties acknowledge that the clinical judgment of both the Charge Nurse and the management team are vital to deciding whether a Charge Nurse can safely take a patient assignment.

Section 2 - Acuity: Patients shall be cared for only on units or patient care areas where the direct care registered nurse-to-patient ratios meet the level of intensity, type of care, and the individual requirements and needs of each patient. Units that provide adjustable acuity or have mixed patient populations (i.e. PCU and Med/Surg patients or ICU and PCU patients on the same unit) shall apply the direct care registered nurse-to-patient ratios based on the category of the patient.

The Hospital's staffing plan, including methods used to create and evaluate acuity-level staffing shall be presented and adopted by the Hospital's Staffing Committee.

Section 3 - Competencies: The Hospitals shall ensure that only a direct care registered nurse who has demonstrated current competence in providing care on a particular unit patient assignment and has also received orientation to that unit sufficient to provide competent care to patients in that unit. The Hospitals shall ensure that only a direct care registered nurse with said competencies may relieve another direct care registered nurse during breaks, meals, and other routine, expected absences from a hospital unit.

Section 4 - Emergency Exemption: In the event of a campus-wide emergency, such as a Code Yellow, the requirements established under this subsection shall not apply if the Hospitals are requested or expected to provide an exceptional level of emergency or other medical services. If the Hospitals seek to apply the exemption under this paragraph in response to a complaint filed against the Hospitals for a violation of the provisions of this title, the Hospitals must demonstrate that prompt and diligent efforts were made to maintain required staffing levels.

Section 5 – Staffing Committees: The Hospital's staffing plan, including methods used to create and evaluate acuity-level staffing shall be presented and adopted by the Hospital's Staffing Committees.

In addition to other responsibilities, the Staffing Committees will be responsible for:

1. Developing, reviewing, evaluating, and implementing hospital wide nurse staffing plans, including acuity-based and ratio guidelines; and

2. Reviewing and proposing updates to the Allocation of Management of Human Resources (Nursing) policy and provide recommendations to the senior nursing leadership councils; this policy update will include a staffing variance report process; and

3. Providing education on topics such as benchmarks and policy, including the National Database of Nursing Quality Indicators (NDNQI).

ONA shall have the right to appoint one (1) Registered Nurse employed in the James to the James Staffing Committee and one (1) Registered Nurse employed in University Hospitals to the University Hospitals Staffing Committee. During the life of the Agreement, the Hospitals shall not substantially alter the composition of the Hospital Staffing Committees unless by mutual agreement between ONA and the Hospitals. The Staffing Committees will keep and distribute meeting minutes and will provide regular updates to LMC.

The Hospitals will create one Outpatient Staffing Committee for each of the UH and James. These committees shall serve an equivalent function as the existing UH and James Staffing Committees and shall be staffed with UH and James outpatient nurses respectively. ONA shall have the right to appoint one (1) Registered Nurse employed in the James to the James Outpatient Staffing Committee and one (1) Registered Nurse employed in University Hospitals to the University Hospitals Outpatient Staffing Committee.

Any staffing plan or method used to create and evaluate acuity-level and adopted by the Hospitals under this section shall be transparent in all respects, including disclosure of detailed documentation of the methodology used to determine nursing staffing, identifying each factor, assumption, and value used in applying such methodology.

Section 6 - Posting Requirements: Staffing guidelines shall be electronically accessible to all nurses.

Side Letter on Operational Excellence Workgroup – Extra Hours Review

In an effort to promote collaborative discussions regarding the cancellation of extra hours, the Hospitals agree to establish an Operational Excellence Workgroup. The purpose of this workgroup shall be to:

- Review the process for posting extra hours;
- Analyze patterns of extra hour cancellations; and
- Develop joint recommendations for operational improvements that mutually benefit both the Hospitals and the nursing staff.

The workgroup shall be composed of representatives from both the Hospital and the Union and will meet regularly, no less than quarterly, unless otherwise agreed by the parties. The workgroup shall meet within ninety (90) days of ratification of the Agreement. Recommendations from the workgroup shall be advisory in nature but will be given good-faith consideration by both parties. The workgroup will provide regular updates to LMC.