

## HOSPITAL INFORMATION

<b>Region</b>	Western Regional Office
<b>County</b>	Erie
<b>Council</b>	Western New York
<b>Network</b>	KALEIDA HEALTH
<b>Reporting Organization</b>	John R. Oishei Children's Hospital
<b>Reporting Organization Id</b>	0208
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	John R. Oishei Children's Hospital

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?
Imaging	3	5.45	4.4	1.47
Infusion	2	2.67	6	3
PACU; Pre & post op	18	3.1	46.4	2.58
Operating Room	10	1.9	42	4.2
Dialysis	1	4	2	2
Emergency	9	1.6	45	5
J11 (Medical/Surgical)	5.37	2	21.46	4
J10 (Medical/Surgical)	5.17	2	20.67	4
Hematology/Oncology (J12S)	2.62	2.67	7.85	3
Epilepsy Monitoring Unit (EMU)	1.56	2	6.24	4
Mother Baby Unit (J8)	5.69	1.33	34.11	6
Labor and Delivery	11	8	11	1
Neonatal Intensive Care Unit	26.7	4	53.39	2
Pediatric Intensive Care	6.65	4	13.29	2

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Imaging	0	0
Infusion	0	0
PACU; Pre & post op	0	0
Operating Room	0	0
Dialysis	0	0
Emergency	0	0
J11 (Medical/Surgical)	0	0
J10 (Medical/Surgical)	0	0
Hematology/Oncology (J12S)	0	0
Epilepsy Monitoring Unit (EMU)	0	0
Mother Baby Unit (J8)	0	0
Labor and Delivery	0	0
Neonatal Intensive Care Unit	0	0
Pediatric Intensive Care	0	0

DAY SHIFT ANCILLARY STAFF

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Imaging	1	8
Infusion	0	0
PACU; Pre & post op	0	0
Operating Room	3	8
Dialysis	3	8
Emergency	5	8
J11 (Medical/Surgical)	5	8
J10 (Medical/Surgical)	5	8
Hematology/Oncology (J12S)	5	8
Epilepsy Monitoring Unit (EMU)	5	8
Mother Baby Unit (J8)	5	8
Labor and Delivery	6	8
Neonatal Intensive Care Unit	5	8
Pediatric Intensive Care	4	8

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Imaging	1	0.55
Infusion	1	0.75
PACU; Pre & post op	3	1.93
Operating Room	0	0
Dialysis	1	4
Emergency	3.5	1.61
J11 (Medical/Surgical)	2	1.34
J10 (Medical/Surgical)	2	1.29
Hematology/Oncology (J12S)	0	0
Epilepsy Monitoring Unit (EMU)	0	0
Mother Baby Unit (J8)	2	2.13
Labor and Delivery	2	0.69
Neonatal Intensive Care Unit	3	2.22
Pediatric Intensive Care	1.5	1.11

DAY SHIFT ADDITIONAL RESOURCES

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
<p>Imaging</p>	<p>Hospitality aids, material handlers, child life specialists, environmental services aids, physicians</p>
<p>Infusion</p>	<p>Hospitality aids, material handlers, child life specialists, environmental services aids</p>
<p>PACU; Pre &amp; post op</p>	<p>APP's, clinical educators, child life specialists, environmental services aids</p>
<p>Operating Room</p>	<p>material handlers, clinical educators, environmental services aids</p>
<p>Dialysis</p>	<p>Hospitality aids, material handlers, child life specialists, environmental services aids</p>

Emergency	Float pool RNs, hospitality aids, material handlers, physicians, APP's, clinical educators, child life specialists, environmental services aids
J11 (Medical/Surgical)	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.
J10 (Medical/Surgical)	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.
Hematology/Oncology (J12S)	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.

Epilepsy Monitoring Unit (EMU)	EEG techs, Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.
Mother Baby Unit (J8)	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.
Labor and Delivery	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, Midwives, doulas, and educators.



Neonatal Intensive Care Unit	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.
Pediatric Intensive Care	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.

DAY SHIFT CONSENSUS INFORMATION

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
---	--	--	---	---

		<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote.</p>	<p>Employee members proposed adding Child Life as an ancillary title</p>
<p>Imaging Infusion</p>	<p>No Yes</p>			

<p>PACU; Pre &amp; post op</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse ratios and MA staffing. Employee members proposed adding Child Life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote.</p>	<p>Employee members proposed adding Child Life as part of ancillary staff</p>
--------------------------------	-----------	--	--	---

		<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse ratios. Employee members proposed adding PSA and Anesthesia techs/assistants as part of ancillary staff. These titles were not agreed upon as they do not help with direct patient care.</p>	<p>Employee members proposed including PSA, and Anesthesia techs/assistants as part of ancillary staff.</p>
<p>Operating Room</p>	<p>No</p>			
<p>Dialysis</p>	<p>Yes</p>			

Emergency	No	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing, including charge with no assignment, but noting that the agreed upon nurse staffing numbers included charge within. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>	<p>Employee members proposed adding Child Life as an ancillary title and they would like ratios for PCC.</p>
-----------	----	--	---	--

<p>J11 (Medical/Surgical)</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>	<p>Employee members proposed adding Child Life as an ancillary title and they would like ratios for PCC.</p>
-------------------------------	-----------	--	---	--

<p>J10 (Medical/Surgical)</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>	<p>Employee members proposed adding Child Life as an ancillary title and they would like ratios for PCC.</p>
-------------------------------	-----------	--	---	--

<p>Hematology/Oncology (J12S)</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC. Employee members proposed adding MA staffing to this unit. This was not agreed upon as there was no supporting evidence to add position to this unit.</p>	<p>Employee members proposed adding Child Life as an ancillary title, they would like ratios for PCC, and they would like an MA on this unit.</p>
---------------------------------------	-----------	--	---	---



<p>Epilepsy Monitoring Unit (EMU)</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on most nurse staffing except for SSEG patients. Employee members would like 1:1 ratio. This was not agreed upon as there is not supporting evidence. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC. Employee members proposed adding EEG techs to the unit, this was not agreed upon as the EEG techs are separate from nursing responsibilities.</p>	<p>Employee members proposed adding Child Life and EEG techs as ancillary titles, they would like ratios for PCC, and they would like 1:1 ratio for SSEG patients.</p>
---	-----------	--	--	--

<p>Mother Baby Unit (J8)</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding lactation consultants as part of ancillary staff. This title was not agreed upon as this title is consulted when needed. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>	<p>Employee members proposed adding Lactation Consultants as an ancillary title and they would like ratios for PCC.</p>
------------------------------	-----------	--	--	---

<p>Labor and Delivery</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>	<p>Employee members proposed adding ratios for PCC.</p>
---------------------------	-----------	--	--	---

Neonatal Intensive Care Unit	No	Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote.	Consensus reached on nurse staffing and MA staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members proposed adding lactation consultants as part of ancillary staff. This title was not agreed upon as this title is consulted when needed. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.	Employee members proposed adding Child Life and Lactation Consultants as an ancillary titles and they would like ratios for PCC.
------------------------------	----	--	--	--

Pediatric Intensive Care	No	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>	<p>Employee members proposed adding Child Life as an ancillary title and they would like ratios for PCC.</p>
--------------------------	----	--	---	--

RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?
Imaging	1	7.27	1.1	1.1
Infusion	2	10.67	1.5	0.75
PACU; Pre & post op	4	2.88	11.1	2.78
Operating Room	2	2	8	4
Dialysis	1	4	2	2
Emergency	12	1.71	56	4.67
J11	5.37	2	21.46	4
J10 (Medical/Surgical)	5.17	2	20.67	4
Hematology/Oncology (J12S)	2.62	2.67	7.85	3
Epilepsy Monitoring Unit (EMU)	1.56	2	6.24	4
Mother Baby Unit (J8)	5.69	1.33	34.11	6
Labor and Delivery	11	8	11	1
Neonatal Intensive Care Unit	26.7	4	53.39	2
Pediatric Intensive Care Unit	6.65	4	13.29	2

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Imaging	0	0
Infusion	0	0
PACU; Pre & post op	0	0
Operating Room	0	0
Dialysis	0	0
Emergency	0	0
J11	0	0
J10 (Medical/Surgical)	0	0
Hematology/Oncology (J12S)	0	0
Epilepsy Monitoring Unit (EMU)	0	0
Mother Baby Unit (J8)	0	0
Labor and Delivery	0	0
Neonatal Intensive Care Unit	0	0
Pediatric Intensive Care Unit	0	0

EVENING SHIFT ANCILLARY STAFF

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Imaging	1	2.5
Infusion	0	0
PACU; Pre & post op	3	8
Operating Room	3	8
Dialysis	3	4.5
Emergency	5	8
J11	5	8
J10 (Medical/Surgical)	5	8
Hematology/Oncology (J12S)	5	8
Epilepsy Monitoring Unit (EMU)	5	8
Mother Baby Unit (J8)	5	8
Labor and Delivery	6	8
Neonatal Intensive Care Unit	5	8
Pediatric Intensive Care Unit	4	8

**EVENING SHIFT UNLICENSED STAFFING**

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
--	---	---



Imaging	0	0
Infusion	1	0.6
PACU; Pre & post op	1.5	2.96
Operating Room	0	0
Dialysis	1	4
Emergency	3.5	2
J11	2	1.34
J10 (Medical/Surgical)	2	1.29
Hematology/Oncology (J12S)	0	0
Epilepsy Monitoring Unit (EMU)	0	0
Mother Baby Unit (J8)	2	2.13
Labor and Delivery	2	0.69
Neonatal Intensive Care Unit	3	2.22
Pediatric Intensive Care Unit	1.5	1.11

**EVENING SHIFT ADDITIONAL RESOURCES**

<p><b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b></p>	<p><b>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</b></p>
---	---

Imaging	Hospitality aids, material handlers, child life specialists, environmental services aids, physicians
Infusion	Hospitality aids, material handlers, child life specialists, environmental services aids
PACU; Pre & post op	APP's, clinical educators, child life specialists, environmental services aids
Operating Room	material handlers, clinical educators, environmental services aids
Dialysis	Hospitality aids, material handlers, environmental services aids
Emergency	Float pool RNs, hospitality aids, material handlers, physicians, APP's, clinical educators, child life specialists, environmental services aids
J11	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.

J10 (Medical/Surgical)	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.
Hematology/Oncology (J12S)	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.
Epilepsy Monitoring Unit (EMU)	EEG Techs, Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.

Mother Baby Unit (J8)	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists
Labor and Delivery	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, Midwives, doulas, and educators.
Neonatal Intensive Care Unit	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.

Pediatric Intensive Care Unit	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.
-------------------------------	--

**EVENING SHIFT CONSENSUS INFORMATION**

<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b>	<b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b>	<b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b>	<b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b>
--	---	---	--	--

		<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote.</p>	<p>Employee members proposed adding Child Life as an ancillary title</p>
<p>Imaging Infusion</p>	<p>No Yes</p>			

<p>PACU; Pre &amp; post op</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse ratios and MA staffing. Employee members proposed adding Child Life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote.</p>	<p>Employee members proposed adding Child Life as part of ancillary staff</p>
--------------------------------	-----------	--	--	---

		<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse ratios. Employee members proposed adding PSA and Anesthesia techs/assistants as part of ancillary staff. These titles were not agreed upon as they do not help with direct patient care.</p>	<p>Employee members proposed including PSA, and Anesthesia techs/assistants as part of ancillary staff.</p>
<p>Operating Room</p>	<p>No</p>			
<p>Dialysis</p>	<p>Yes</p>			



Emergency	No	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing, including charge with no assignment, but noting that the agreed upon nurse staffing numbers included charge within. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>	<p>Employee members proposed adding Child Life as an ancillary title and they would like ratios for PCC.</p>
-----------	----	--	---	--

J11	No	<p>management and staff at John R. Oishei Children's Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>	<p>Employee members proposed adding Child Life as an ancillary title and they would like ratios for PCC.</p>
-----	----	--	---	--

<p>J10 (Medical/Surgical)</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>	<p>Employee members proposed adding Child Life as an ancillary title and they would like ratios for PCC.</p>
-------------------------------	-----------	--	---	--

<p>Hematology/Oncology (J12S)</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC. Employee members proposed adding MA staffing to this unit. This was not agreed upon as there was no supporting evidence to add position to this unit.</p>	<p>Employee members proposed adding Child Life as an ancillary title, they would like ratios for PCC, and they would like an MA on this unit.</p>
---------------------------------------	-----------	--	---	---

<p>Epilepsy Monitoring Unit (EMU)</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on most nurse staffing except for SSEG patients. Employee members would like 1:1 ratio. This was not agreed upon as there is not supporting evidence. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC. Employee members proposed adding EEG techs to the unit, this was not agreed upon as the EEG techs are separate from nursing responsibilities.</p>	<p>Employee members proposed adding Child Life and EEG techs as ancillary titles, they would like ratios for PCC, and they would like 1:1 ratio for SSEG patients.</p>
---	-----------	--	--	--

<p>Mother Baby Unit (J8)</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding lactation consultants as part of ancillary staff. This title was not agreed upon as this title is consulted when needed. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>	<p>Employee members proposed adding Lactation Consultants as an ancillary title and they would like ratios for PCC.</p>
------------------------------	-----------	--	--	---

<p>Labor and Delivery</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>	<p>Employee members proposed adding ratios for PCC.</p>
---------------------------	-----------	--	--	---

<p>Neonatal Intensive Care Unit</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members proposed adding lactation consultants as part of ancillary staff. This title was not agreed upon as this title is consulted when needed. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>	<p>Employee members proposed adding Child Life and Lactation Consultants as an ancillary titles and they would like ratios for PCC.</p>
-------------------------------------	-----------	--	---	---



<p>Pediatric Intensive Care Unit</p>	<p>No</p>	<p>management and staff at John R. Oishei Children’s Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>	<p>Employee members proposed adding Child Life as an ancillary title and they would like ratios for PCC.</p>
--------------------------------------	-----------	--	---	--

**RN NIGHT SHIFT STAFFING**

<b>Name of Clinical Unit:</b>	<b>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</b>	<b>Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Other	Operating Room	1	4	2
Emergency Department	Emergency	7.5	3.16	19
Pediatric	J11 (Medical/Surgical)	5.37	2	21.46
Pediatric	J10 (Medical/Surgical)	5.17	2	20.67
Pediatric	Hematology/Oncology (J12S)	2.62	2.67	7.85
Other	Epilepsy Monitoring Unit (EMU)	1.56	2	6.24
Obstetrics/Gynecology	Mother Baby Unit (J8)	5.69	1.33	34.11
Obstetrics/Gynecology	Labor and Delivery	11	8	11
Neonatal	Neonatal Intensive Care Unit	26.7	4	53.39
Intensive Care	Pediatric Intensive Care Unit	6.65	4	13.29

**LPN NIGHT SHIFT STAFFING**

<b>Name of Clinical Unit:</b>	<b>What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?</b>	<b>Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Other	2	0
Emergency Department	2.53	0

Pediatric	4	0
Pediatric	4	0
Pediatric	3	0
Other	4	0
Obstetrics/Gynecology	6	0
Obstetrics/Gynecology	1	0
Neonatal	2	0
Intensive Care	2	0

NIGHT SHIFT ANCILLARY STAFF

<b>Name of Clinical Unit:</b>	<b>Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Other	0	3
Emergency Department	0	4
Pediatric	0	4
Pediatric	0	4
Pediatric	0	4
Other	0	4
Obstetrics/Gynecology	0	4
Obstetrics/Gynecology	0	5
Neonatal	0	4
Intensive Care	0	3

NIGHT SHIFT UNLICENSED STAFFING

<b>Name of Clinical Unit:</b>	<b>Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>	<b>Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Other	8	0
Emergency Department	8	3
Pediatric	8	2
Pediatric	8	2
Pediatric	8	0
Other	8	0
Obstetrics/Gynecology	8	2
Obstetrics/Gynecology	8	2
Neonatal	8	3
Intensive Care	8	1.5

NIGHT SHIFT ADDITIONAL RESOURCES

<b>Name of Clinical Unit:</b>	<b>Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)</b>
Other	0
Emergency Department	0.79
Pediatric	1.34
Pediatric	1.29
Pediatric	0
Other	0
Obstetrics/Gynecology	2.13
Obstetrics/Gynecology	0.69

Neonatal	2.22
Intensive Care	1.11

**NIGHT SHIFT CONSENSUS INFORMATION**

Name of Clinical Unit:	Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):

Other	material handlers, clinical educators, environmental services aids	No	<p>management and staff at John R. Oishei Children's Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse ratios. Employee members proposed adding PSA and Anesthesia techs/assistants as part of ancillary staff. These titles were not agreed upon as they do not help with direct patient care.</p>
-------	--	----	--	--

Emergency Department	Float pool RNs, hospitality aids, material handlers, physicians, APP's, clinical educators, child life specialists, environmental services aids	No	<p>management and staff at John R. Oishei Children's Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing, including charge with no assignment, but noting that the agreed upon nurse staffing numbers included charge within. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>
----------------------	---	----	--	---

<p>Pediatric</p>	<p>Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.</p>	<p>No</p>	<p>management and staff at John R. Oishei Children's Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>
------------------	---	-----------	--	---



<p>Pediatric</p>	<p>Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.</p>	<p>No</p>	<p>management and staff at John R. Oishei Children's Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>
------------------	---	-----------	--	---

<p>Pediatric</p>	<p>Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.</p>	<p>No</p>	<p>management and staff at John R. Oishei Children's Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC. Employee members proposed adding MA staffing to this unit. This was not agreed upon as there was no supporting evidence to add position to this unit.</p>
------------------	---	-----------	--	---

Other	EEG Techs, Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.	No	management and staff at John R. Oishei Children's Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members	Consensus reached on most nurse staffing except for SSEG patients. Employee members would like 1:1 ratio. This was not agreed upon as there is not supporting evidence. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC. Employee members proposed adding EEG techs to the unit, this was not agreed upon as the EEG techs are separate from nursing responsibilities.
-------	---	----	---	---

<p>Obstetrics/Gynecology</p>	<p>Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.</p>	<p>No</p>	<p>management and staff at John R. Oishei Children's Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding lactation consultants as part of ancillary staff. This title was not agreed upon as this title is consulted when needed. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>
------------------------------	---	-----------	--	--

<p>Obstetrics/Gynecology</p>	<p>Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, Midwives, doulas, and educators.</p>	<p>No</p>	<p>management and staff at John R. Oishei Children's Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>
------------------------------	---	-----------	--	--

Neonatal	Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.	No	management and staff at John R. Oishei Children's Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members	Consensus reached on nurse staffing and MA staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members proposed adding lactation consultants as part of ancillary staff. This title was not agreed upon as this title is consulted when needed. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.
----------	--	----	---	--

<p>Intensive Care</p>	<p>Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.</p>	<p>No</p>	<p>management and staff at John R. Oishei Children's Hospital (OCH) met monthly from December 2022 – August 14, 2023 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. This submission lists the positions that were agreed upon by the OCH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members</p>	<p>Consensus reached on nurse staffing and MA staffing. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.</p>
-----------------------	---	-----------	--	---

CBA INFORMATION

<p><b>We have one or more collective bargaining agreements:</b></p>	<p>Yes</p>
<p><b>If yes, then:</b></p> <p><b>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</b></p> <p><b>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.) represented.</b></p>	<p>SEIU 1199</p>



**Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:**

05/31/20  
25 12:00  
AM

**The number of hospital employees represented by SEIU 1199 is:**

719