HOSPITAL INFORMATION

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

| 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 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) | 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) |
|---|---|--|
| 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 | 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 | 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) |
|---|---|--|
| the hospital. | 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

| | 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 |
| Provide a description of | staff, |
| Clinical Unit, including a | admission/discharge |
| description of typical | nurse, and other |
| patient services provided | coverage provided to |
| on the unit and the | registered nurses, |
| unit's location in | licensed practical nurses, |
| the hospital. | and ancillary staff. |
| | Hospitality aids, material |
| | handlers, child life |
| | specialists, environmental |
| Imaging | services aids, physicians |
| | Hospitality aids, material |
| | handlers, child life |
| | specialists, environmental |
| Infusion | services aids |
| | |
| | APP's, clinical educators, |
| | child life specialists, |
| PACU; Pre & post op | environmental services aids |
| | material handlers, clinical |
| | educators, environmental |
| Operating Room | services aids |
| | Hospitality aids, material |
| | handlers, child life |
| Dialysis | specialists, environmental |
| Dialysis | services aids |

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

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

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

DAY SHIFT CONSENSUS INFORMATION

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

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|----------|-----|-------------------------------|---------------------------------|----------------------------|
| | | 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 | Consensus reached on | |
| | | area lacking consensus, | nurse staffing and MA | |
| | | those areas of discrepancy | staffing. Employee | |
| | | are outlined in the | members proposed adding | |
| | | Statement by members of | child life as part of ancillary | |
| | | the clinical staffing | staff. This title was not | |
| | | committee selected by the | agreed upon as this was not | |
| | | general hospital | a title that was previously | |
| | | administration | discussed at prior CSC | Employee members |
| | | (management members) | meetings leading up to the | proposed adding Child Life |
| Imaging | No | and statement by members | 8/14/23 vote. | as an ancillary title |
| Infusion | Yes | | | |

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| | | 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 | Consensus reached on | |
| | | area lacking consensus, | nurse ratios and MA | |
| | | those areas of discrepancy | staffing. Employee | |
| | | are outlined in the | members proposed adding | |
| | | Statement by members of | Child Life as part of ancillary | |
| | | the clinical staffing | staff. This title was not | |
| | | committee selected by the | agreed upon as this was not | |
| | | general hospital | a title that was previously | |
| | | administration | discussed at prior CSC | Employee members |
| | | (management members) | meetings leading up to the | proposed adding Child Life |
| PACU; Pre & post op | No | and statement by members | 8/14/23 vote. | as part of ancillary staff |

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|----------------|-----|-------------------------------|-------------------------------|-----------------------------|
| | | 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 | Consensus reached on | |
| | | are outlined in the | nurse ratios. Employee | |
| | | Statement by members of | members proposed adding | |
| | | the clinical staffing | PSA and Anesthesia | |
| | | committee selected by the | techs/assistants as part of | |
| | | general hospital | ancillary staff. These titles | Employee members |
| | | administration | were not agreed upon as | proposed including PSA, and |
| | | (management members) | they do not help with direct | Anesthesia techs/assistants |
| Operating Room | No | and statement by members | patient care. | as part of ancillary staff. |
| Dialysis | Yes | | | |

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

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| | | 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 | Consensus reached on | |
| | | positions. This submission | nurse staffing and MA | |
| | | lists the positions that were | staffing. Employee | |
| | | agreed upon by the OCH | members proposed adding | |
| | | clinical staffing committee | child life as part of ancillary | |
| | | and are adopted as | staff. This title was not | |
| | | recommended. For each | agreed upon as this was not | |
| | | area lacking consensus, | a title that was previously | |
| | | those areas of discrepancy | discussed at prior CSC | |
| | | are outlined in the | meetings leading up to the | |
| | | Statement by members of | 8/14/23 vote. Employee | |
| | | the clinical staffing | members would also like | |
| | | committee selected by the | ratios for PCC titles. This | |
| | | general hospital | was not agreed upon as PCC | Employee members |
| | | administration | do not provide direct | proposed adding Child Life |
| | | (management members) | patient care and as such do | as an ancillary title and they |
| J11 (Medical/Surgical) | No | and statement by members | not have an ADC. | would like ratios for PCC. |

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|------------------------|----|-------------------------------|---------------------------------|--------------------------------|
| | | 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 | Consensus reached on | |
| | | positions. This submission | nurse staffing and MA | |
| | | lists the positions that were | staffing. Employee | |
| | | agreed upon by the OCH | members proposed adding | |
| | | clinical staffing committee | child life as part of ancillary | |
| | | and are adopted as | staff. This title was not | |
| | | recommended. For each | agreed upon as this was not | |
| | | area lacking consensus, | a title that was previously | |
| | | those areas of discrepancy | discussed at prior CSC | |
| | | are outlined in the | meetings leading up to the | |
| | | Statement by members of | 8/14/23 vote. Employee | |
| | | the clinical staffing | members would also like | |
| | | committee selected by the | ratios for PCC titles. This | |
| | | general hospital | was not agreed upon as PCC | Employee members |
| | | administration | do not provide direct | proposed adding Child Life |
| | | (management members) | patient care and as such do | as an ancillary title and they |
| J10 (Medical/Surgical) | No | and statement by members | not have an ADC. | would like ratios for PCC. |

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

management and staff at Consensus reached on most John R. Oishei Children's nurse staffing except for Hospital (OCH) met monthly SSEG patients. Employee from December 2022 members would like 1:1 August 14, 2023 in ratio. This was not agreed furtherance of developing a upon as there is not recommended clinical supporting evidence. staffing plan for that site. **Employee members** While that process resulted proposed adding child life in many areas of as part of ancillary staff. This title was not agreed agreement, consensus was not achieved for certain upon as this was not a title that was previously positions. This submission lists the positions that were discussed at prior CSC agreed upon by the OCH meetings leading up to the clinical staffing committee 8/14/23 vote. Employee members would also like and are adopted as recommended. For each ratios for PCC titles. This was not agreed upon as PCC area lacking consensus, those areas of discrepancy do not provide direct are outlined in the patient care and as such do Statement by members of not have an ADC. Employee **Employee members** the clinical staffing members proposed adding committee selected by the EEG techs to the unit, this proposed adding Child Life general hospital was not agreed upon as the and EEG techs as ancillary administration EEG techs are separate titles, they would like ratios **Epilepsy Monitoring Unit** (management members) for PCC, and they would like from nursing and statement by members 1:1 ratio for SSEG patients. responsibilities. (EMU) 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 | Consensus reached on | |
| | | agreed upon by the OCH | nurse staffing and MA | |
| | | clinical staffing committee | staffing. Employee | |
| | | and are adopted as | members proposed adding | |
| | | recommended. For each | lactation consultants as part | |
| | | area lacking consensus, | of ancillary staff. This title | |
| | | those areas of discrepancy | was not agreed upon as this | |
| | | are outlined in the | title is consulted when | |
| | | Statement by members of | needed. Employee | |
| | | the clinical staffing | members would also like | |
| | | committee selected by the | ratios for PCC titles. This | Employee members |
| | | general hospital | was not agreed upon as PCC | • • |
| | | administration | do not provide direct | Consultants as an ancillary |
| | | (management members) | patient care and as such do | title and they would like |
| Mother Baby Unit (J8) | No | and statement by members | not have an ADC. | ratios for PCC. |
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| | | 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 | Consensus reached on | |
| | | are outlined in the | nurse staffing and MA | |
| | | Statement by members of | staffing. Employee | |
| | | the clinical staffing | members would also like | |
| | | committee selected by the | ratios for PCC titles. This | |
| | | general hospital | was not agreed upon as PCC | |
| | | administration | do not provide direct | Employee members |
| | | (management members) | patient care and as such do | proposed adding ratios for |
| Labor and Delivery | No | and statement by members | ' | PCC. |

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

| | | 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 | Consensus reached on | |
| | | positions. This submission | nurse staffing and MA | |
| | | lists the positions that were | staffing. Employee | |
| | | agreed upon by the OCH | members proposed adding | |
| | | clinical staffing committee | child life as part of ancillary | |
| | | and are adopted as | staff. This title was not | |
| | | recommended. For each | agreed upon as this was not | |
| | | area lacking consensus, | a title that was previously | |
| | | those areas of discrepancy | discussed at prior CSC | |
| | | are outlined in the | meetings leading up to the | |
| | | Statement by members of | 8/14/23 vote. Employee | |
| | | the clinical staffing | members would also like | |
| | | committee selected by the | ratios for PCC titles. This | |
| | | general hospital | was not agreed upon as PCC | Employee members |
| | | administration | do not provide direct | proposed adding Child Life |
| | | (management members) | patient care and as such do | as an ancillary title and they |
| Pediatric Intensive Care | No | and statement by members | not have an ADC. | would like ratios for PCC. |
| | | - | | |

| 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) | provide a number with up to 5 digits. Ex: 101.50) | per day on the Evening Shift? (Please provide a number with up to 5 | 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

| 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 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) | 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) |
|---|---|--|
| 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

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

| 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

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

| | Hospitality aids, material |
|---------------------|-----------------------------|
| | handlers, child life |
| | specialists, environmental |
| Imaging | services aids, physicians |
| | Hospitality aids, material |
| | handlers, child life |
| | specialists, environmental |
| Infusion | services aids |
| | |
| | APP's, clinical educators, |
| | child life specialists, |
| PACU; Pre & post op | environmental services aids |
| | material handlers, clinical |
| | educators, environmental |
| Operating Room | services aids |
| | Hospitality aids, material |
| | handlers, environmental |
| Dialysis | services aids |
| | Float pool RNs, hospitality |
| | aids, material handlers, |
| | physicians, APP's, clinical |
| | educators, child life |
| | specialists, environmental |
| Emergency | services aids |
| | 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 |
| J11 | art therapists. |
| | |

| 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. |
| 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. |
| 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. |
| |

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

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

EVENING SHIFT CONSENSUS INFORMATION

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

| - | | | 1 | |
|----------|-----|-------------------------------|---------------------------------|----------------------------|
| | | 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 | Consensus reached on | |
| | | area lacking consensus, | nurse staffing and MA | |
| | | those areas of discrepancy | staffing. Employee | |
| | | are outlined in the | members proposed adding | |
| | | Statement by members of | child life as part of ancillary | |
| | | the clinical staffing | staff. This title was not | |
| | | committee selected by the | agreed upon as this was not | |
| | | general hospital | a title that was previously | |
| | | administration | discussed at prior CSC | Employee members |
| | | (management members) | meetings leading up to the | proposed adding Child Life |
| Imaging | No | and statement by members | 8/14/23 vote. | as an ancillary title |
| Infusion | Yes | | | |

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|---------------------|----|---------------------------------------|---------------------------------|----------------------------|
| | | 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 | Consensus reached on | |
| | | area lacking consensus, | nurse ratios and MA | |
| | | those areas of discrepancy | staffing. Employee | |
| | | are outlined in the | members proposed adding | |
| | | Statement by members of | Child Life as part of ancillary | |
| | | the clinical staffing | staff. This title was not | |
| | | committee selected by the | agreed upon as this was not | |
| | | general hospital | a title that was previously | |
| | | administration | discussed at prior CSC | Employee members |
| | | (management members) | meetings leading up to the | proposed adding Child Life |
| PACU; Pre & post op | No | and statement by members | 8/14/23 vote. | as part of ancillary staff |

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|----------------|-----|-------------------------------|-------------------------------|-----------------------------|
| | | 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 | Consensus reached on | |
| | | are outlined in the | nurse ratios. Employee | |
| | | Statement by members of | members proposed adding | |
| | | the clinical staffing | PSA and Anesthesia | |
| | | committee selected by the | techs/assistants as part of | |
| | | general hospital | ancillary staff. These titles | Employee members |
| | | administration | were not agreed upon as | proposed including PSA, and |
| | | (management members) | they do not help with direct | Anesthesia techs/assistants |
| Operating Room | No | and statement by members | patient care. | as part of ancillary staff. |
| Dialysis | Yes | | | |

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

| | | 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 | Consensus reached on | |
| | | positions. This submission | nurse staffing and MA | |
| | | lists the positions that were | staffing. Employee | |
| | | agreed upon by the OCH | members proposed adding | |
| | | clinical staffing committee | child life as part of ancillary | |
| | | and are adopted as | staff. This title was not | |
| | | recommended. For each | agreed upon as this was not | |
| | | area lacking consensus, | a title that was previously | |
| | | those areas of discrepancy | discussed at prior CSC | |
| | | are outlined in the | meetings leading up to the | |
| | | Statement by members of | 8/14/23 vote. Employee | |
| | | the clinical staffing | members would also like | |
| | | committee selected by the | ratios for PCC titles. This | |
| | | general hospital | was not agreed upon as PCC | Employee members |
| | | administration | do not provide direct | proposed adding Child Life |
| | | (management members) | ' | as an ancillary title and they |
| 111 | No | | not have an ADC. | would like ratios for PCC. |
| J11 | No | and statement by members | HOL Have all ADC. | would like ratios for PCC. |

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|------------------------|----|-------------------------------|---------------------------------|--------------------------------|
| | | 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 | Consensus reached on | |
| | | positions. This submission | nurse staffing and MA | |
| | | lists the positions that were | staffing. Employee | |
| | | agreed upon by the OCH | members proposed adding | |
| | | clinical staffing committee | child life as part of ancillary | |
| | | and are adopted as | staff. This title was not | |
| | | recommended. For each | agreed upon as this was not | |
| | | area lacking consensus, | a title that was previously | |
| | | those areas of discrepancy | discussed at prior CSC | |
| | | are outlined in the | meetings leading up to the | |
| | | Statement by members of | 8/14/23 vote. Employee | |
| | | the clinical staffing | members would also like | |
| | | committee selected by the | ratios for PCC titles. This | |
| | | general hospital | was not agreed upon as PCC | Employee members |
| | | administration | do not provide direct | proposed adding Child Life |
| | | (management members) | patient care and as such do | as an ancillary title and they |
| J10 (Medical/Surgical) | No | and statement by members | not have an ADC. | would like ratios for PCC. |

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

management and staff at Consensus reached on most John R. Oishei Children's nurse staffing except for Hospital (OCH) met monthly SSEG patients. Employee from December 2022 members would like 1:1 August 14, 2023 in ratio. This was not agreed furtherance of developing a upon as there is not recommended clinical supporting evidence. staffing plan for that site. **Employee members** While that process resulted proposed adding child life in many areas of as part of ancillary staff. This title was not agreed agreement, consensus was not achieved for certain upon as this was not a title that was previously positions. This submission lists the positions that were discussed at prior CSC agreed upon by the OCH meetings leading up to the clinical staffing committee 8/14/23 vote. Employee members would also like and are adopted as recommended. For each ratios for PCC titles. This was not agreed upon as PCC area lacking consensus, those areas of discrepancy do not provide direct are outlined in the patient care and as such do Statement by members of not have an ADC. Employee **Employee members** the clinical staffing members proposed adding committee selected by the EEG techs to the unit, this proposed adding Child Life general hospital was not agreed upon as the and EEG techs as ancillary administration EEG techs are separate titles, they would like ratios **Epilepsy Monitoring Unit** (management members) for PCC, and they would like from nursing and statement by members 1:1 ratio for SSEG patients. responsibilities. (EMU) 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 | Consensus reached on | |
| | | agreed upon by the OCH | nurse staffing and MA | |
| | | clinical staffing committee | staffing. Employee | |
| | | and are adopted as | members proposed adding | |
| | | recommended. For each | lactation consultants as part | |
| | | area lacking consensus, | of ancillary staff. This title | |
| | | those areas of discrepancy | was not agreed upon as this | |
| | | are outlined in the | title is consulted when | |
| | | Statement by members of | needed. Employee | |
| | | the clinical staffing | members would also like | |
| | | committee selected by the | ratios for PCC titles. This | Employee members |
| | | general hospital | was not agreed upon as PCC | • • |
| | | administration | do not provide direct | Consultants as an ancillary |
| | | (management members) | patient care and as such do | title and they would like |
| Mother Baby Unit (J8) | No | and statement by members | not have an ADC. | ratios for PCC. |
| | | 1 | | |

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|--------------------|----|---|-----------------------------|----------------------------|
| | | 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 | Consensus reached on | |
| | | are outlined in the | nurse staffing and MA | |
| | | Statement by members of | staffing. Employee | |
| | | the clinical staffing | members would also like | |
| | | committee selected by the | ratios for PCC titles. This | |
| | | general hospital | was not agreed upon as PCC | |
| | | administration | do not provide direct | Employee members |
| | | (management members) | patient care and as such do | proposed adding ratios for |
| Labor and Delivery | No | and statement by members | ' | PCC. |

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

| | | 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 | Consensus reached on | |
| | | positions. This submission | nurse staffing and MA | |
| | | lists the positions that were | staffing. Employee | |
| | | agreed upon by the OCH | members proposed adding | |
| | | clinical staffing committee | child life as part of ancillary | |
| | | and are adopted as | staff. This title was not | |
| | | recommended. For each | agreed upon as this was not | |
| | | area lacking consensus, | a title that was previously | |
| | | those areas of discrepancy | discussed at prior CSC | |
| | | are outlined in the | meetings leading up to the | |
| | | Statement by members of | 8/14/23 vote. Employee | |
| | | the clinical staffing | members would also like | |
| | | committee selected by the | ratios for PCC titles. This | |
| | | general hospital | was not agreed upon as PCC | Employee members |
| | | administration | do not provide direct | proposed adding Child Life |
| Pediatric Intensive Care | | (management members) | patient care and as such do | ` · · |
| Unit | No | and statement by members | not have an ADC. | would like ratios for PCC. |

RN NIGHT SHIFT STAFFING

| Name of Clinical Unit: | 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 Night 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 Night 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 Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50) |
|------------------------|---|--|---|--|
| 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

| | What is the planned average number of | Planned average number |
|------------------------|---------------------------------------|---------------------------|
| | patients for which one | of Licensed Practical |
| | RN on the unit will | Nurses (LPN) on the unit |
| | provide direct patient | providing direct patient |
| | care per day on the Night | care per day on the Night |
| | Shift (Please provide a | Shift? (Please provide a |
| | number with up to 5 | number with up to 5 |
| Name of Clinical Unit: | digits. Ex: 101.50)? | digits. Ex: 101.50) |
| 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

| | case mix and acuity on the Night Shift (Please provide a number with | 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 |
|------------------------|--|---|
| Name of Clinical Unit: | up to 5 digits. Ex: 101.50) | |
| 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

| Name of Clinical Unit: | 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) | 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) |
|------------------------|--|---|
| 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 |
| Neonatai | | |

NIGHT SHIFT ADDITIONAL RESOURCES

| Name of Clinical Unit: | 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) |
|------------------------|--|
| Other | 0 |
| Emergency Department | 0.79 |
| Pediatric | 1.34 |
| Pediatric | 1.29 |
| Pediatric | 0 |
| Other | 0 |
| | 2.42 |
| Obstetrics/Gynecology | 2.13 |

| Neonatal | 2.22 |
|----------------|------|
| Intensive Care | 1.11 |

NIGHT SHIFT CONSENSUS INFORMATION

| NIGHT SHIFT CONSENSUS IN | 01(101)/(11011 | | | |
|--------------------------|--|------------------------------|----------------------------|-----------------------|
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | 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 | | | Statement by members |
| | nurse, and other | | If no, | of clinical staffing |
| | coverage provided to | Our Clinical Staffing | Chief Executive Officer | committee selected by |
| | registered nurses, | Committee reached | Statement in support of | the general hospital |
| | licensed practical nurses, | consensus on the clinical | clinical staffing plan for | administration |
| Name of Clinical Unit: | and ancillary staff. | staffing plan for this unit: | this unit: | (management members): |

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|-------|-----------------------------|----|-------------------------------|-------------------------------|
| | | | 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 | Consensus reached on |
| | | | are outlined in the | nurse ratios. Employee |
| | | | Statement by members of | members proposed adding |
| | | | the clinical staffing | PSA and Anesthesia |
| | | | committee selected by the | techs/assistants as part of |
| | | | general hospital | ancillary staff. These titles |
| | material handlers, clinical | | administration | were not agreed upon as |
| | educators, environmental | | (management members) | they do not help with direct |
| Other | services aids | No | and statement by members | patient care. |

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|-----------------------------|-----------------------------|----|-------------------------------|------------------------------|
| | | | 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 | Consensus reached on |
| | | | staffing plan for that site. | nurse staffing and MA |
| | | | While that process resulted | staffing, including charge |
| | | | in many areas of | with no assignment, but |
| | | | agreement, consensus was | noting that the agreed upor |
| | | | not achieved for certain | nurse staffing numbers |
| | | | positions. This submission | included charge within. |
| | | | lists the positions that were | Employee members |
| | | | agreed upon by the OCH | proposed adding child life |
| | | | clinical staffing committee | as part of ancillary staff. |
| | | | and are adopted as | This title was not agreed |
| | | | recommended. For each | upon as this was not a title |
| | | | area lacking consensus, | that was previously |
| | | | those areas of discrepancy | discussed at prior CSC |
| | | | are outlined in the | meetings leading up to the |
| | | | Statement by members of | 8/14/23 vote. Employee |
| | Float pool RNs, hospitality | | the clinical staffing | members would also like |
| | aids, material handlers, | | committee selected by the | ratios for PCC titles. This |
| | physicians, APP's, clinical | | general hospital | was not agreed upon as PC0 |
| | educators, child life | | administration | do not provide direct |
| | specialists, environmental | | (management members) | patient care and as such do |
| Emergency Department | services aids | No | and statement by members | not have an ADC. |

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

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

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

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

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|-----------------------|-----------------------------|----|--|--------------------------------|
| | | | 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 | Consensus reached on |
| | | | agreed upon by the OCH | nurse staffing and MA |
| | | | clinical staffing committee | staffing. Employee |
| | | | and are adopted as | members proposed adding |
| | | | recommended. For each | lactation consultants as part |
| | Float Pool RN's, Float Pool | | area lacking consensus, | of ancillary staff. This title |
| | MA's, Environmental | | those areas of discrepancy | was not agreed upon as this |
| | Services, Infection | | are outlined in the | title is consulted when |
| | Preventionists, Material | | Statement by members of | needed. Employee |
| | Handlers, Physician | | the clinical staffing | members would also like |
| | Assistants or Nurse | | committee selected by the | ratios for PCC titles. This |
| | Practitioners (APPs), | | general hospital | was not agreed upon as PCC |
| | Physicians, lactation | | administration | do not provide direct |
| | consultants, educators, and | | (management members) | patient care and as such do |
| Obstetrics/Gynecology | art therapists. | No | and statement by members | not have an ADC. |

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|-----------------------|-----------------------------|----|-------------------------------|-----------------------------|
| | | | 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 | |
| | Float Pool RN's, Float Pool | | area lacking consensus, | |
| | MA's, Environmental | | those areas of discrepancy | Consensus reached on |
| | Services, Infection | | are outlined in the | nurse staffing and MA |
| | Preventionists, Material | | Statement by members of | staffing. Employee |
| | Handlers, Physician | | the clinical staffing | members would also like |
| | Assistants or Nurse | | committee selected by the | ratios for PCC titles. This |
| | Practitioners (APPs), | | general hospital | was not agreed upon as PCC |
| | Physicians, lactation | | administration | do not provide direct |
| | consultants, Midwives, | | (management members) | patient care and as such do |
| Obstetrics/Gynecology | doulas, and educators. | No | and statement by members | not have an ADC. |

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

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

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

| Our general hospital's collective | 05/31/20 |
|-------------------------------------|----------|
| bargaining agreement with SEIU 1199 | 25 12:00 |
| expires on the following date: | AM |
| | |
| The number of hospital employees | |
| represented by SEIU 1199 is: | 719 |