

ARTICLE 8
STAFFING

- A. The University shall have a staffing system based on assessment of patient needs in conformance with applicable state regulations. The University includes meals and breaks when assessing and determining staffing needs. Concerns regarding staffing ratio and acuity issues shall be addressed by the Professional Practice Committee (PPC) and, for chronic staffing problems, the review process provided in §E., below. Such matters are not subject to the grievance and arbitration procedures of this Agreement.
- B. The University will not assign Nurses (including Travelers and Registry Nurses) without appropriate competencies to staff nursing areas, except in emergency situations.
1. In the event a Nurse feels that they lack competency, including age-specific clinical competency for an assignment, the Nurse shall so inform the immediate supervisor. The supervisor and the Nurse shall make an assessment of the assignment, and shall alter such assignment if the assessment warrants.
 2. A floated Nurse shall have their competencies validated on the receiving unit prior to an unrestricted patient care assignment. A Nurse who is floated to a unit will be given an orientation prior to beginning their assignment. The Nurse may be assigned limited nursing care duties, which utilize their currently existing clinical competencies.
- C. When it is necessary to float (not including float pool and those assigned to cover multiple units/locations), the floating order shall be established by each unit. Volunteers, Registry, Travelers and Per Diem shall float prior to any career bargaining unit Nurse provided competency requirements and skill mix can be met.
1. It is not the intent of the University to use floating assignments as a substitute for adequate available staffing.
 2. A bargaining unit Nurse shall not be required to float to more than one (1) unit during a shift.
 3. There may be instances when it is necessary to float a Nurse from one location to a different location to ensure proper skill/competency mixes on the receiving unit. At the request of the Association, the University shall provide, within a reasonable time period of receiving the request, a list of such occurrences.

D. STAFFING RATIO AND ACUITY DISPUTE RESOLUTION

The University and CNA agree that the process contained herein shall be the exclusive means of resolving all disputes pertaining to chronic staffing ratio and acuity patterns appealed by the Professional Practice Committee.

1. Nursing Staffing Review Panel (NSRP) A Nursing Staffing Review Panel (NSRP) shall be convened within thirty calendar days following written notification from the PPC that a chronic staffing ratio and acuity pattern has not been resolved through the processes established in Article 7, Professional Practice Committee.
 - a. The NSRP shall be comprised of a chair appointed or assumed by the CNO, two (2) RNs selected by the University, and two (2) RNs selected by the PPC with at least one taken from the affected work area.

- b. Bargaining unit members on the NSRP shall receive paid time for all time spent on the panel.
- c. The Panel shall make staffing adjustment recommendations to the CNO, based on compliance with state ratios. The CNO shall, within thirty days of receiving the Panel's recommendations, provide their response to the PPC.
- d. In the event the CNO's action does not resolve the matter the PPC may appeal the decision in writing to the CNO. Within thirty (30) calendar days of receiving the appeal, the CNO shall convene a Special Review Panel in accordance with the provisions of §D.2., below.

2. **Special Review Panel (SRP)**

- a. The SRP shall consist of three members, one RN selected by CNA, one RN selected by the CNO or their designee, and a third person selected by the other two panel members to serve as a neutral chairperson. The parties will make a good faith effort to select a chairperson who is experienced in the healthcare industry and with expertise in staffing in acute care hospitals. If they are unable to find such a person, they shall select an arbitrator from the panel in Article 28, Arbitration, to serve as chairperson. Nothing shall preclude the CNA and UC panel members from bringing another individual to assist.
- b. If the SRP is unable to achieve a resolution, the neutral third party may resolve the difference and such decision shall be final.
- c. Any resolution of the SRP, including any decision by the neutral third party, must take into consideration work area staffing ratio and acuity standards, and any other relevant information presented by the parties, and must be consistent with state and federal legislation prescribing levels and ratios. The SRP – including the neutral third party – shall have no jurisdiction to fashion any remedy that imposes an obligation on any hospital that exceeds, or is inconsistent with, the requirements of Title 22 or any other state or federal law. Either CNA or the University may seek to vacate any decision of the SRP or of the neutral third party under any basis permitted under state (or federal) law regulating arbitration. To the extent that either party seeks to vacate a decision under this paragraph, the parties agree to waive their rights to initiate litigation or seek administrative remedies, including unfair practices under the Higher Education Employer-Employee Relations Act (HEERA), arising out of such disputes, except for information requests and matters arising under HEERA, Sections 3571 (a) and 3571.1 (b).

E. PATIENT CLASSIFICATION SYSTEM COMMITTEE

- 1. The Chief Nursing Officer (CNO), or their designee, will notify the PPC of the meeting schedule for the Patient Classification System Committee (PCSC) and will notify the PPC at least ninety (90) days prior to the appointment of the PCSC. Within forty-five (45) days following receipt of the notice, the PPC may make recommendations in writing to the CNO of those direct care Nurses who the committee proposes to serve on the PCSC. If the Director of Nursing, or their designee, does not alter the list within thirty

(30) days following its receipt, the recommended Nurses will be appointed to the PCSC by the CNO.

2. At least 50% of the members of the PCSC shall be direct-care RNs recommended by the PPC. The patient classification system shall be reviewed at least annually by the PCSC to determine whether or not the system accurately measures patient care needs.