

At JSUMC, nurses should complete an electronic Short Staffing Form **ANYTIME** staffing is unsafe for any reason, including patient acuity, not enough techs, not enough nurses, and so on. Nurses should also complete a Short Staffing Form for **ANY SHIFT** where the below staffing guidelines are not met in your department. You should do the form ASAP, but it can be after the shift if necessary. Union officers and reps need clear documentation if we are going to enforce the contract.

The new enforceable **MINIMUM** ratios in the 2025 contract are:

Patients in active labor	1:1
Critical Care units, Labor & Delivery units	1:2
Stepdown units (effective 06/01/26)	1:3
Postpartum units	1:3 couplets
Nurses with 4 telemetry patients (effective 09/01/26), Pediatric units	1:4
Med/surg/tele units, Inpatient behavioral health	1:5

The enforceable **MINIMUM** guidelines for the Emergency Department are:

	<u>Total nurses</u>	<u>Triage nurses</u>	<u>Pedi triage nurses</u>
7a-11a	15	2	1
11a-3p	24	3	
3p-7p	26		
7p-11p			
11p-3a	16	2	-
3a-7a	15		
A VOC nurse called in when Pod B reaches 31 patients, 36 patients, and 41 patients.			

The contract also requires that “in all other areas, the hospital shall maintain the current staffing patterns and staffing guidelines and skill mix.” The **MINIMUM** nurse-to-patient guidelines that we want to enforce under this language are:

Orthopedics (BR5)	1:4.5
Trauma stepdown (MEH6)	1:4
Observation (ACK1)	1:4
Oncology (MEH7, BR6)	1:3.9
BMT (BR6)	1:3.5
Trauma	1:2
Maternity	Newborn Nursery 1:6; Antepartum 1:1-3 depending on acuity
OR	1:1
EP and Cath	1:1 or 2 depending on procedure
Prep/PACU/Endo	ASPAN Patient Classification/Staffing Recommendations

From the HMH network, find the Short Staffing Form on MyHMH – go to the JSUMC page and look under “Clinical Tools and Apps”.

You can also access the Short Staffing Form from any device:
go to bit.ly/jsumcstaffing
or scan the QR code →

