

Buffalo General - Clinical Staffing Committee Update

HOSPITALS PROPOSE IMPROVEMENTS TO STAFFING BUT UNIONS SAY IT STILL FALLS SHORT

In order to comply with NYS Staffing legislation, staff members from all Kaleida Hospital sites and union representatives worked in conjunction with Kaleida Health Management to establish staffing ratios in patient care areas. The law charged us to attempt to reach consensus among the parties. If consensus could not be reached and differences remained, the tiebreaker vote would be Kaleida Health’s CEO. The committee process was complete and finished on Monday, June 6, 2022. Though great strides were made to improve staffing ratios, unfortunately the proposed ratios by Kaleida Health have fallen short.

Many areas at BGMC, MFSH, and DeGraff Medical Park were left with a lack of consensus on the staffing ratios. In these areas, the committee comprised of members/the union did not agree with the final proposed ratios by Kaleida Health. Though there were many improvements from the staffing we witness today – it was not enough for all areas. We have now begun to move the process of proposing the staffing ratios to the bargaining table.

On Tuesday, June 7, 2022, the unions were alerted that management was sharing the ratios as **FINAL** without the last piece of the process being complete. The final step we are waiting on includes a review by the CEO and a final presentation of the plans. His presentation should include justification to the New York State Department of Health outlining the differences between administration and staff. The unions have requested that Robert Nesselbush also provide a presentation of his official explanation at our next meeting of the committee.

Management moved to our position on the final ratios in many areas based on the committee’s hard work, strong suggestion, and clinical expertise. However, highlighted below are the areas where a disagreement remains.

Below is an outline of the proposed ratios put forward by the staff members / Union and Kaleida Health for you to compare. Please do not hesitate to contact your union for more information. In Solidarity!
-Your BGMC Clinic Staffing Committee

16th Floor – North and South Combined

	<u>Union’s Proposal</u>	<u>Management’s Proposal</u>
RN	1:4	Days - 1:4 Nights – 1:5
PCA	1:6	1:6-8
Unit Sec’t	7AM – 9PM - 7 days / week	Monday – Friday 12 Hours
Charge	1 for each side without an assignment	1 without assignment for both sides

15 North

	<u>Union’s Proposal</u>	<u>Management’s Proposal</u>
RN	1:4	1:5
PCA	1:6	1:6-8

Unit Secretary	7AM – 9PM - 7 days / week	Monday – Friday 12 Hours
Charge	1 without assignment 24/7	1 without assignment 24/7

15 South, 13 North, 13 South, 12 South

	<u>Union's Proposal</u>	<u>Management's Proposal</u>
RN	1:3	1:4
PCA	1:6	1:6-8
Unit Secretary	7AM – 9PM - 7 days / week	Monday – Friday 12 Hours
Charge	1 without assignment 24/7	1 without assignment 24/7

14th Floor – North and South Combined

	<u>Union's Proposal</u>	<u>Management's Proposal</u>
RN	1:3	1:4
PCA	1:5-6	1:6-8
Unit Sec't	2 @ 7AM – 9PM - 7 days / week	2 @ Monday – Friday 12 Hours
Charge	1 for each side without an assignment	1 without assignment for both sides

10th Floor – North and South Combined

	<u>Union's Proposal</u>	<u>Management's Proposal</u>
RN	1:3	1:4
PCA	1:6	1:6-8
Unit Sec't	2 @ 7AM – 9PM - 7 days / week	2 @ Monday – Friday 12 Hours
Charge	1 for each side without an assignment	1 without assignment for both sides
CMA	To be discussed after job transition	

9th Floor – North and South Combined

	<u>Union's Proposal</u>	<u>Management's Proposal</u>
RN	1:3 (COVID + & Medical Patients)	1:4 (If one patient is high flow)
	1:2 (High flow)	1:3 (If all patients are high flow)
PCA	1:5 (COVID +)	1:6-8
	1:5-6 (Medical Patients)	
Unit Sec't	2 @ 7AM – 9PM - 7 days / week	2 @ Monday – Friday 12 Hours
Charge	1 for each side without an assignment	1 without assignment for both sides

VIS – Orange Pod (Telemetry)

	<u>Union's Proposal</u>	<u>Management's Proposal</u>
RN	1:3	1:4
CMA	1:6-8	1:6-8
Charge	1 without assignment 24/7	1 without assignment during the week
		1 with assigned on the weekends

PACU - Phase 1:

RN 1:2 –

- Two conscious patients, stable and free of complications but not yet meeting discharge criteria
- One unconscious patient, hemodynamically stable, with a. stable airway over the age of eight years old and one conscious patient, stable and free of complications

RN 1:1 – Examples include, but are not limited to the following:

- a. At the time of admission, until the critical elements are met which include: Report has been received from the anesthesia care provider, questions answered and the transfer of care has taken place.
 - Patient has a stable secure airway
 - Patient is hemodynamically stable
 - Patient is free from agitation, restlessness, combative behaviors
 - Initial assessment is completed
 - Report has been received from the anesthesia care provider
 - The nurse has accepted the care of the patient.
- b. Airway and/or hemodynamic instability

PACU – Phase 2:

RN 1:3 – Over eight years of age
 RN 1:2 – Initial admission to Phase 1
 RN 1:1 – Unstable patient of any age requiring transfer to a higher level of care

RN 2:1 – One critically ill, unstable patient

NSICU, SICU, CVICU

	<u>Union’s Proposal</u>	<u>Management’s Proposal</u>
RN	1:1 or 1:2 based on acuity	1:1-2
PCA/CMA	1:5-6	1:5-6
Unit Sec’t	1 @ 7AM – 9PM - 7 days / week	1 @ 7 days a week for 12 Hours
CMA	To be discussed after job transition	
Charge	1 without assignment	1 without assignment

MICU

	<u>Union’s Proposal</u>	<u>Management’s Proposal</u>
RN	1:1 or 1:2 based on acuity	1:1-2
PCA/CMA	1:5-6	1:5-6
Unit Sec’t	2 @ 7AM – 9PM - 7 days / week	2 @ 7 days a week for 12 Hours
Charge	1 without assignment	1 without assignment
CMA	To be discussed after job transition	

4 North

	<u>Union’s Proposal</u>	<u>Management’s Proposal</u>
RN	1:3	1:3
PCA	1:5-6	1:5-6
Unit Sec’t	1 @ 7AM – 9PM - 7 days / week	1 @ 7 days a week for 12 Hours
Charge	1 without assignment	1 without assignment

ILCU

	<u>Union's Proposal</u>	<u>Management's Proposal</u>
RN	1:3	1:3
PCA	1:5-6	1:5-6
Unit Sec't	1 @ 7AM – 9PM - 7 days / week	1 @ 7 days a week for 12 Hours
Charge	1 without assignment	1 without assignment
CMA	To be discussed after job transition	

Operating Rooms

<p>RNs</p> <ul style="list-style-type: none"> • 1 Charge nurse without assignment for the BGH OR and the GVI OR • 1:1 RN per patient in the OR • Laser cases <ul style="list-style-type: none"> ○ Union: RN 2:1 ○ Management: RN may be 2:1
<p>Surgical Technologists</p> <ul style="list-style-type: none"> ○ Union: 1:1 or 2:1 for a mastectomy with reconstruction ○ Management: 1:1

Emergency Department

*** Management refuses to set a ratio for any ratios. They are proposing a set staffing model with no limits.*

	<u>Union's Proposal</u>	<u>Management's Proposal</u>
Front Triage	1 RN & 1 CMA	1 RN & 1 CMA
Rovers for pods	2 @ 24/7 (purple and green pod support)	1 @ 24/7
Green Pod RN	1:1-3	5 @ 24/7
Purple Pod RN	1:1-3	5 @ 24/7
Blue Pod RN	1:4	3 @ 24/7
Orange Pod RN	1:4	1 @ 10a-3p & 2 @ 12p-9p
EMS Triage	1:5	1 @ 24/7
Greeter (CMA)	1 @ 24/7	1 @ 24/7
PIT RN	1:5	1 @ 11a-11p
PIT CMA	1:5	1 @ 9:30a-11p
CMA Float	2 @ 24/7 (purple and green pod support)	1 @ 11a-11p
CMA Blue	1:6	1 @ 24/7
CMA Orange	1:6	1 @ 11a-3a
CMA	1:6 for all, regardless of assignment	4 total for green, purple, and AWR

1 Medical Secretary	12a - 10a
2 Medical Secretaries	10a - 12p
3 Medical secretaries	12p - 10p
2 Medical Secretaries	10p -12a

MRU – Management does not believe the MRU is covered by the clinical staffing committee. We will be bargaining these ratios into our new contract.