Millard Fillmore / DeGraff Medical Park - 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 MFSH/DMP Clinical Staffing Committee

ICU

	Union's Proposal	Management's Proposal
Charge	1 with no assignment 24/7	1 with no assignment 24/7
RN	1:1-2	1:1-2
Ancillary Staff	1:5 with a mix of MOAs and PCAs	1:5 with a mix of MOAs and PCAs
Clerical	1 clerical 8 hours 5 days per week	The ancillary staff covers clerical
**RN 1:1 while patient getting acute chemotherapy infusion		

NICU

	Union's Proposal	Management's Proposal
Charge	1 with no assignment 24/7	1 with no assignment 24/7
RN	1:1-2	1:1-2
	1:3 all 3 must be documented as continuing care or intermediate care (level one)	1:3 all 3 must be documented as continuing care or intermediate care (level one)
MOA	1 MOA 24/7	MOA 8 a.m to 4 p.m. 7 days per week, and if there are less than three babies, the MOA will be floated within women services.

Labor and Delivery

	Union's Proposal	Management's Proposal
Charge	Without assignment	Without assignment

RN	**1:1:**
	•Unstable antepartum
	•Initial triage
	•First hour of IV magnesium sulfate infusion
	•Labor complications- i.e. fetal demise, abnormal FHR
	•Initiation of regional anesthesia
	•Labor requiring
	    •Oxytocin
	    •Unable to relieve pain
	    •Auscultation of fetus
	•Active pushing phase of labor
	•Birth
	    •1:1 for birthing person
	    •1:1 for infant
	•Active recovery of birthing person for 2 hours or until baby is stable
		1:1:
		•Unstable antepartum
		•Initial triage
		•First hour of IV magnesium sulfate infusion
		•Labor complications- i.e. fetal demise, abnormal FHR
		•Initiation of regional anesthesia
		•Labor requiring
		    •Oxytocin
		    •Unable to relieve pain
		    •Auscultation of fetus
		•Active pushing phase of labor
		•Birth
		    •1:1 for birthing person
		    •1:1 for infant
		•Active recovery of birthing person for 2 hours or until baby is stable

	1:2: •Labor without complications •Stable triage presentation •Cervical ripening	**1:2:** •Labor without complications •Stable triage presentation •Cervical ripening
	1:3: •Stable antepartum •Mother baby couplets after initial 2-hour recovery period with no more than 2 post-partum c-sections •Stable extended triage	**1:3:** •Stable antepartum •Mother baby couplets after initial 2-hour recovery period with no more than 2 post-partum c-sections •Stable extended triage
Ancillary Staff	•2 OB/Surg Tech on days, M-F •1 OB/Surg Tech M-F, nights and weekends •1 unit secretary 24/7	•2 OB/Surg Tech on days, M-F •1 OB/Surg Tech M-F, nights and weekends •1 unit secretary 24/7

Mother Baby Unit and 4 North Overflow

	Union's Proposal	Management's Proposal
Charge	1 with no assignment 24/7	1 with no assignment 24/7
RN	1:3 couplets with no more than 2 post-partum c-sections	1:3 couplets with no more than 2 post-partum c-sections
Ancillary Staff	•PCA 1:10 couplets •1 secretary 7 a.m. to 7 p.m. / 7 days a week	•PCA 1:10 couplets •1 secretary 7 a.m. to 7 p.m. / 7 days a week

Operating Room

	Union's Proposal	Management's Proposal
Charge	1 with no assignment 6 a.m. to 2 p.m. and 1:30 p.m. to 9:30 p.m.	1 with no assignment 6 a.m. to 2 p.m. and 1:30 p.m. to 9:30 p.m.

RN	1:1 RN per patient in OR	1:1 RN per patient in OR
	2:1 RN if local anesthesia	2:1 RN if local anesthesia
Surg Tech	1:1	1:1

Emergency Department

	Union's Proposal	**Management's Proposal**
RN	•Employer and union agree that hallway "x bed" patients are to be given an assignment •1 charge no assignment 24/7 •1 triage 24/7 •Union proposes a second triage 24/7 •Union 1:1-3 based on acuity •Employer add one circulating nurse to assist with break and lunch and/or codes, etc. Mid-shift addition – about 11 a.m. to 11 p.m. or 12 p.m. to 12 a.m. 7 days per week	•Employer and union agree that hallway "x bed" patients are to be given an assignment •1 charge no assignment 24/7 •1 triage 24/7 •Employer proposes a second triage 12 hours 7 days •Employer 1:1-4 based on acuity •Employer add one circulating nurse to assist with break and lunch and/or codes, etc. Mid-shift addition – about 11 a.m. to 11 p.m. or 12 p.m. to 12 a.m. 7 days per week
Ancillary Staff	1 PCA Greeter 24/7	1 PCA Greeter 24/7
	1 PCA Triage 24/7	1 PCA Triage 24/7
	1:4-6 PCA	1:6-8 PCA
Secretary	1 24/7	1 24/7

DeGraff Emergency Department

	Union's Proposal	**Management's Proposal**
Charge	1 without assignment	1 with limited assignment
RN	1:1-3 based on acuity	1:1-4 based on acuity
PCA	2 PCAs 24/7	1:6-8

Med Surgical Floors 2E, 2SE, 3E, 3W

	Union's Proposal	**Management's Proposal**
RN	1:4**	1:5**
PCA	1:5-6	1:6-8
Charge	1 without assignment 24/7	1 without assignment 24/7
Secretary	1 13 hours 7 days	1 13 hours M-F
**RN 1:1 while patient getting acute chemotherapy infusion		

Telemetry Units 2N and 2SW

	Union's Proposal	**Management's Proposal**
Charge	1 charge without assignment	1 charge without assignment
RN	1:3	1-4*
	**1:1 while patient getting acute chemotherapy infusion	**1:1 while patient getting acute chemotherapy infusion *RN 1:4 for tracheotomy/ventilator patients *RN 1:4 CAPD patients
PCA	1:5-6	1:6-8

Secretary	1 13 hours 7 days	1 13 hours M-F

Surgical Care Unit (PACU/Phase II/PreOp)

PACU – Phase 2:

- 1 charge without an assignment 6 a.m. to 10 p.m.
- **RN Ratios:**
  - Phase 1:
    - 1:1
      - New admission to PACU from the OR
      - Patient has secure/stable airway – oral airway
      - Symptoms of respiratory distress – dyspnea, tachypnea, cyanosis, panic
      - Patient is hemodynamically stable
      - Initial assessment is complete
      - Report has been received from the anesthesia provider
    - 1:2
      - Two conscious patients, stable and free of complications, not yet meeting discharge criteria
      - Two conscious patients, stable, 8 years or under with family or support team members, not yet meeting discharge criteria
      - One unconscious patient, hemodynamically stable, stable airway over 8 years and one conscious patient, stable and free of complications
    - 2:1
      - Unstable airway – interventions to maintain airway such as jaw thrust, chin lift
      - Intubated
      - Unstable patient
  - Phase 2:
    - 1:2
      - Initial admission to Phase 2
      - 8 years of age and under without family or healthcare support
    - 1:3
    - Completed patient awaiting discharge

PRE OP (surgical care):

- 1 charge without an assignment 6 a.m. to 4 p.m. M-F
- RN 1:1
- Surgical Care PCAs M-F:
  - 2 PCAs at 6 a.m. to 2 p.m.
  - 3 PCAs arrive at 8 a.m. to 4 p.m. for a total of 5 PCAs
  - 2 PCAs 10 a.m. to 6 p.m. total of 7 PCAs
  - 1 PCA arrives at 11 a.m. to 7 p.m. total of 8
  - 2 PCAs 2 p.m. to 10 p.m.
- Surgical Care Saturday PCA
  - 1 PCA 5:30 a.m. to 1:30 p.m.
  - 1 PCA 9 a.m. to 5 p.m.
- Secretary
  - 6 a.m. to 2 p.m. M-F