Kaleida Health Master Negotiations 2025
Proposal **Date Presented: July 8, 2025**

Article 107
Staffing

Section 1. The Employer will implement staffing plans at the following facilities as specified below to apply during the term of this Agreement. ~~**The parties agree that increasing current staffing levels to meet the ratios and FTE amounts below will require time and effort for recruitment, hiring and orientation.**~~

Section 2. **Buffalo General Medical Center (BGMC)**

1.) BGMC Staffing Ratios/Grids/Matrices

a.) 16th Floor (N/S) Adult Medical Surgical +

Charge Nurse	1 without assignment 24/7, (when both sides of the floor are open and the census reaches 36 patients there will be a 2nd charge RN)
Registered Nurse	1:4 day shift / 1:5 night shift (incorporating mid shift into ratio)
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours M-F

b.) 15 North Adult Medical Surgical +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:5
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours M-F

c.) 15 South Adult Telemetry +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:4
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours M-F

d.) 14th ~~Floor~~ **North** Adult Telemetry +

Charge Nurse	1 ~~per side~~ without assignment 24/7
Registered Nurse	1:4
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours M-F

e.) 14th ~~Floor~~ **South** Adult Telemetry +

Charge Nurse	1 ~~per side~~ without assignment 24/7

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Registered Nurse	1:4
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours M-F

f.) 13 North Adult Telemetry +

Charge Nurse	1 without assignment 24/7
Registered Nurse	**1:5 (2 patients assigned to LPN)** **1:4 when there is no LPN working**
LPN	1:6
PCA/Monitor Tech	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours M-F

g.) 13 South Adult Telemetry +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:4
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours M-F

h.) 12 **North Observation Unit** Adult Telemetry +

Charge Nurse	1 without assignment 24/7
Registered Nurse	~~1:6~~ **1:5**
CMA/MA~~/Clerical~~	1:6-**8** ~~(one will be designated as a clerical assignment 24/7)~~
Unit Secretary	**1, 7 days per week, 12 or 13 hours**

i.) 12 South Adult Telemetry +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:4 *1:1 if a patient is receiving an active infusion of chemotherapy
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours M-F

j.) **10 North** Adult Telemetry +

Charge Nurse	1 ~~per side~~ without assignment 24/7
Registered Nurse	1:4
CMA/MA	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours M-F

k.) **10 South** Adult Telemetry +

Charge Nurse	1 ~~per side~~ without assignment 24/7

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Registered Nurse	1:4
CMA/MA	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours M-F

l.) 9 **North** Adult Telemetry +

Charge Nurse	1 ~~per side~~ without assignment 24/7
Registered Nurse	**1:5 (2 patients assigned to LPN)**
	1:4 when there is no LPN working
	1:4 if one patient is High Flow
	1:3 if all patients are High Flow
LPN	1:6
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours M-F

m.) 9 **South** Adult Telemetry **(until converted to Adult Med/Surg)** +

Charge Nurse	1 ~~per side~~ without assignment 24/7
Registered Nurse	**1:5 if all med/surg**
	1:4 **if tele or mix**
	1:4 if one patient is High Flow
	1:3 if all patients are High Flow
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours M-F

n.) 9 **South** Adult Medical Surgical **(if unit converts)** +

Charge Nurse	1 without assignment 24/7
Registered Nurse	**1:5**
	1:4 if one patient is High Flow
	1:3 if all patients are High Flow
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours M-F

o.) 8 North Adult Intermediate Care - **ILCU** +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:3
CMA/MA	1:5-6
Unit Secretary	1 Day Shift, 12 or 13 hours, 7 days per week

p.) **5 North & South** Medical Rehab Unit ~~12N~~ +

Charge Nurse	1, 24/7 without assignment ~~when all patients are on the same floor.~~

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	~~2nd Charge when census is greater than 30 and patients are on two separate floors~~
Registered Nurse	1:5
Patient Care Assistant	~~1:9 day shift / 1:12 night shift~~ **1:6-8** Transporter PCA will be assigned five (5) days per week for 7.5 hours
Unit Secretary	1 Day Shift 12 or 13 hours M-F *Patients average 3 hours of therapy six days per week either in rehab gym or in room with therapist

q.) 4 North Adult Intermediate Care +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:3
Patient Care Assistant	1:5-6
Unit Secretary	1 Day Shift, 12 or 13 hours, 7 days per week

r.) Medical Intensive Care Unit - **6th floor** +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:1 or 1:2 depending on acuity
CMA/MA	~~1:5-6~~ **1:5-7**
Unit Secretary	1 per side Day Shift 12 or 13 hours 7 days per week

s.) Cardiovascular Intensive Care Unit - **3rd Floor +**

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:1 or 1:2 depending on acuity
CMA/MA	~~1:5-6~~ **1:5-7**
Unit Secretary	1 Day Shift, 12 or 13 hours, 7 days per week

t.) Neurosurgical Intensive Care Unit - **4th Floor +**

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:1 or 1:2 depending on acuity
Patient Care Assistant	1:5-6
Unit Secretary	1 Day Shift, 12 or 13 hours, 7 days per week

u.) Surgical Intensive Care Unit - **4th Floor +**

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:1 or 1:2 depending on acuity
CMA/MA	**1:7**
Unit Secretary	1 Day Shift, 12 or 13 hours, 7 days per week

v.) Emergency Department +

Charge Nurse	1, 24/7 without assignment
Front Triage	1 RN and 1 CMA 24/7 **(2nd RN mid shift)**
RN EMS Triage	1, 24/7

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RN Circulator	1, 12 hours per day on mid-shift
Green Pod RN	1:1 to 1:3 depending on acuity **with up to one assignment as a 1:4 (to consist of the lowest acuity patients)**
Green POD RN ED Bed Holds	**1:4 for Med/Surg and Tele Holds Only**
Purple Pod RN	**1:4 plus a circulator RN**
Blue Pod RN	1:1 to 1:5 depending on acuity
Orange Pod RN	1:4, during hours of operation *hallway beds will be given an assignment
Greeter/CMA	1, 24/7
VFP RN	1, during hours of operation
VFP CMA	1, during hours of operation
VFP LPN	**2 mid shift M-F and 1 Sat/Sun**
CMA	**5 total for Green, Purple, Orange, Blue and AWR**
CMA Circulator	**2, 12 hours per day on mid-shift**
Medical Secretary	1, Midnight to 10am 2, 10am to 12 noon 3, 12 noon to 10pm 2, 10pm to midnight

~~w.) Observation Unit/Outpatient OBS 12N~~

~~Registered Nurse~~	~~1:6~~
~~CMA/MA/Clerical~~	~~1:6 (one will be designated as a clerical assignment)~~

x.) Operating Rooms +

Charge Nurse	2 RNs (1 for GVI and 1 for BGH)
Registered Nurse	1:1 (2:1 for ~~patients who cannot tolerate general anesthesia~~ **moderate sedation without anesthesia present)** Laser Cases 2:1 (Can be RN or ST)
Surgical Technologist	1:1 Laser Cases 2:1 (Can be RN or ST)

y.) Post Anesthesia Care Unit/ASU +

Charge Nurse BGMC	1 without an assignment 7a-11p M-F 1 7a-3p Saturday
Registered Nurse	Follow **current** ASPAN Guidelines Below

2025-2026 ASPAN Guidelines
Two registered nurses, one of whom is a RN competent in Phase I post anesthesia nursing, are in the same room/unit where the patient is receiving Phase I care. The Phase I RN must have immediate access and direct line of sight when providing patient care. The second RN should be able to directly hear a call for assistance and be immediately

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available to assist. These staffing recommendations should be maintained during "on call" situations.	
Phase I	
RN 2:1	**Example may include, but is not limited to, the following:** • One critically ill, unstable patient
RN 1:1	**Examples may include, but are not limited to, the following:** **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 o Patient has a stable/secure airway** o Patient is hemodynamically stable o Patient is free from agitation, restlessness, combative behaviors o Initial assessment is complete o Report has been received from the anesthesia care provider o The nurse has accepted the care of the patient • Airway and/or hemodynamic instability **Examples of an unstable airway include, but are not limited to, the following: o Requiring active interventions to maintain patency such as manual jaw lift or chin lift or an oral airway o Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc. o Symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, cyanosis, etc. ▪ Any unconscious patient 8 years of age and under ▪ A second nurse must be available to assist as necessary ▪ Patient with isolation precautions until there is sufficient time for donning and removing personal protective equipment (PPE) (e.g., gowns, gloves, masks, eye protection, specialized respiratory protection) and washing hands between patients. Location dependent upon facility guidelines
RN 1:2	**Examples may include, but are not limited to, the following:** • Two conscious patients, stable and free of complications, but not yet meeting discharge criteria • Two conscious patients, stable, 8 years of age and under, with family or competent support team members present, but not yet meeting discharge criteria • One unconscious patient, hemodynamically stable, with a stable airway, over the age of 8 years and one conscious patient, stable and free of complications
Phase II	
RN 1:1	**Example includes, but is not limited to:** • Unstable patient of any age requiring transfer to a higher level of care
RN 1:2	**Examples include, but are not limited to:** • 8 years of age and under without family or support healthcare team members present • Initial admission to Phase II
RN 1:3	**Examples include, but are not limited to:** • Over 8 years of age • 8 years of age and under with family present

2025-2026 ASPAN Guidelines	
The nursing roles, in this phase, focus on providing the ongoing care for those patients requiring extended observation/intervention after transfer/discharge from Phase I and/or Phase II care.	
Extended Phase	
RN 1:3-5	**Examples of patients that may be cared for in this phase include, but are not**

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	limited to: • Patients awaiting transportation home • Patients with no caregiver, home, or support system • Patients who have had procedures requiring extended observation/interventions (e.g., potential risk for bleeding, pain management, PONV management, removing drains/lines) • Patients being held for a non-critical care inpatient bed

Nurse Assistants / **PCA**	4 FTEs
ASU Unit Secretary	**1 day, 1 evening M-F**
ASU Unit Secretary Chart Prep	**1, minimum**

z.) Dialysis (during hours of operation) +

Charge Nurse	1 with limited assignment
RN Chronic	1:2
RN Acute, Plasmapheresis, Red Cell Exchange	1:1
Clerical	0.6 FTE
PCAs	2 FTE

aa.)Endoscopy (GI) +

Charge Nurse	1 without an assignment
RN Pre Procedure	Minimum of 1 following SGNA Standards
RN in Procedure	1:1 (2:1 if moderate sedation **without anesthesia present)**
LPN	0.6 FTE for second nurse in scrub cases
RN Advanced Procedure	2:1 or 3:1 without anesthesia staff
RN in Recovery	1:3 unless anesthesia in which **current** ASPAN guidelines will be followed as indicated above
Nurse Assistant / PCA	**Minimum of 1**
Technical Assistant	2, Monday – Friday, 1 on Saturday
Clerical	Minimum of 1

bb.) **Urology** +

Charge Nurse	**1 without an assignment**
RN in Procedure	**1:1 (2:1 if moderate sedation without anesthesia present)**
Surgical Technologist	**1:1**
Nurse Assistant / PCA	**Minimum of 1**
Clerical	**Combined with Endoscopy**

cc.)Procedure Lab +

Patient Care Assistants 7 FTEs

a. Cardiac

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Registered Nurse	1:1 (responsible if conscious sedation is given) **3:1 for STEMI cases (can be 3 RN or 2RN and 1 Tech for scrub)** 3:1 for TAVR cases
Radiological Technologist	1:1 **(CVRT)**
Scrub (where applicable)	1:1 (RN/RT/**CVRT**)
Charge/Holding Room RN (noninvasive)	1 per day

b. Interventional Radiology

Charge Nurse	1 without assignment during hours of operation
Registered Nurse	1:1 (responsible if conscious sedation is given)
Radiological Technologist	1:1 **(CVRT)**
Scrub (where applicable)	1:1 (RN/RT/CVRT)

c. Electrophysiology

Charge Nurse	1 without assignment during hours of operation
Registered Nurse	2:1
Scrub (where applicable)	1:1 **(CVRT)**

d. Neuro

Charge Nurse	1 with a limited assignment
RN	1:1
Radiological Technologist	1:1 (**CVRT**)
Scrub (where applicable)	1:1 (RN/RT)

dd.) Stress lab

Dobutamine Stress Echo	1 RN, 1 ECHO Tech
All other Stress testing	1 EKG Tech per patient

ee.)VIS Orange Pod Adult Inpatients +

Charge Nurse	1 with limited assignment on Saturday/Sunday, no assignment Monday-Friday
Registered Nurse	1:4
CMA/MA	1:6-8

ff.) VIS Outpatient Pods Purple, Blue, Green +

Registered Nurse	1:5 day shift / 1:6 night shift ***patients in chairs will be included in ratios** *carotid stents staffed at 1:3 for the first four hours

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CMA/MA	1, 24/7 when open for each-pod
CMA/MA Chart Prep	1, Monday – Friday 12 hours
CMA/MA Shave Prep/EKG	1, Monday – Friday 12 hours

gg.) Pre Admission Testing +

~~RN~~/LPN	1:1
CMA	1.6 FTE

hh.) Infusion Clinic +

RN	**1:3 (minimum 2 when open)**
CMA	**1 per day**

ii.) Imaging +

Registered Nurse	**1:1 when RN in procedure**

jj.) Respiratory Therapy

Assignments include 16N/S, 15N, 15S, 14N, 14S, 13N, 13S, 12N, 12S, 10N, 10S, 9N, 9S, 5 North/South, ILCU, MICU, 4 North, NSICU, SICU, CVICU, VIS, ED, Pulmonary Function Lab

2.) BGMC New Positions

- ~~Cardiac Quality Abstractors — 1.0 FTE Day Shift~~
- ~~CT Technologist — 1.0 FTE Day Shift~~
  ~~1.0 FTE Night Shift~~
- ~~ECHO Technologist — 1.0 FTE Second Shift~~
- ~~Neuro Diagnostic Technologist — 1.0 FTE TBD (multi site float pool)~~
- ~~EKG~~ **Echo** Technician — 0.5 FTE Day Shift ~~(change current vacancy from 0.5 FTE to 1.0 FTE)~~
- ~~Environmental Services Aide (ED) — 1.5 FTE Evening Shift~~
- ~~LPN at Hertel Elmwood — 0.60 FTE shift TBD~~
- ~~Social Worker — 1.0 FTE Day Shift~~
- ~~SPD Technician — 1.0 FTE Day Shift~~
  ~~1.0 FTE Evening Shift~~
  ~~1.0 FTE Night Shift~~
- **Critical Care Nurse (MICU) — 2.56 FTE night shift Rapid Response Nurse**
- **Float Pool MA/CMA — 7.35 FTE**
- ~~Respiratory Therapist — 2.56 FTE Day Shift Assign. TBD~~
  ~~2.56 FTE Night Shift Assign. TBD~~

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- **Clinical Educator** **0.5 FTE Add**
  ***If the employee in this position wishes to access the training fund, they must notify their direct supervisor. The employee and supervisor will then work together to identify additional hours that can be picked up in order to reach at least a .53 FTE.**
- ~~Clinical Educator 1.0 FTE for the Procedure Lab~~
- ~~Radiological Technologist .92 FTE day shift~~
  ~~.92 FTE night shift~~
- ~~Physical Therapist 1 Per Diem TBD~~
- ~~Occupational Therapist 1.0 FTE shift TBD~~
- ~~Speech Language Pathologist 1.0 Per Diem shift TBD~~
- ~~Patient Support Associate 1.0 FTE night shift~~

Section 3. **Oishei Children's Hospital (OCH)**

1.) OCH Staffing Ratios/Grids/Matrices

a.) Pediatric Intensive Care Unit +

Charge Nurse	1 RN without an assignment 24/7
Registered Nurse	1:1 to 1:2 depending on acuity 1:3 if all three patients are designated as an intermediate and/or are designated as transfer level of care which requires a provider order ***2:1 ECMO staffing (1 RN & 1 ECMO Tech)***
Medical Assistant	1:9, **max of 2**

b.) Neonatal Intensive Care Unit +

Charge Nurse	2 without an assignment 24/7
Registered Nurse	1:1 or 1:2 depending on acuity 1:3 if all three patients are designated as an intermediate care/feeders and growers **Follow current AWHONN Standards**
Medical Assistant	~~1 census of 0 – 24~~ **2, 24/7** ~~census of 25 – 49~~ **3 for census greater than 54** ~~3 census of 50 – 64~~ ~~4 census greater than 64~~
Unit Secretary	1, 24/7

c.) Labor and Delivery +

Charge Nurse	**2, 24/7 (1 without an assignment for J3 and J7; 2nd Charge may have a short term assignment,**

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	e.g. start an admission run breaks, and discharge a patient)
Registered Nurse	**Follow current AWHONN Standards** (Dels RN included for baby assignment below)

Antepartum and Postpartum	
2:1	Critically ill, hemodynamically unstable
2:2	Birth (cesarean or vaginal) and immediate recovery period 30-60 min until the critical elements are met for both mother and baby, then 1 nurse to 1 mother-baby couplet (2 patients) in continuous bedside attendance for the reminder of the 2-hour recovery process
1:1	Initial OB triage assessment, unstable antepartum patients, epidural initiation (first 30 min.), oxytocin administration for labor induction or augmentation, magnesium sulfate administration (first hour at the bedside) during labor and immediately postpartum) second –stage labor pushing, some indeterminate FHR patterns; all abnormal FHR patterns, labor in the shower of tub (if support person is unavailable to stay with patient), trial of labor for VBAC, intermittent auscultation during labor, morbid obesity such that continuous EFM is challenging and requires repeated bedside monitoring adjustments; women in labor with multiples, preeclampsia, or diabetes (requiring blood glucose assessment); women who require frequent and intense assessment, monitoring , and care.
1:2	Cervical ripening with pharmacologic agents/spontaneous labor with adequate pain control
1:3	Ongoing obstetrical triage, rule out labor, nonstress test, antepartum patients in stable condition

~~**1:1 at birth**~~
~~**1:3 infant in couplet status**~~

Medical Assistant	2, 24/7
OB Technician	**1:1** ~~3, Day Shift M-F~~ ~~2, Day Shift Sa-Su~~ ~~2, Night Shift M-F~~ ~~2, Night Shift Sa-Su~~
Unit Secretary	1, 11a-**11p** ~~:30p~~, 7 days a week

b.) Mother Baby Unit +

Charge Nurse	1, without assignment 24/7
Registered Nurse	**Follow Current AWHONN Standards** ~~1:1 Newborn Undergoing Circumcision~~ ~~1:3 Couplets with no more than 2 pp C- Section~~
Medical Assistant	1:12 Couplets
Unit Secretary	1, 7a-7p, 7 days a week

c.) Operating Rooms +

Charge Nurse OCH	1 without assignment 24/7
Registered Nurse	1:1 (2:1 for patients who cannot tolerate general anesthesia)
Surgical Technologist	1:1

d.) Emergency Department +

Unit Secretary	1, 24/7
Medical Assistant	**2 - 3**, 24/7 **3 - 4**, if Kids Express is Open (11a- 11:00p)

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Charge Nurse	1 without assignment 24/7	
Registered Nurse	7:00 am	6 RNs
(Totals include charge)	11:00 am	12 RNs
	3:00 pm	12 RNs
	7:00 pm	12 RNs
	11:00 pm	9 RNs
	3:00 am	6 RNs

***holdover patients will be considered for an additional nurse as needed depending on department acuity** ~~*hallway beds will be given an assignment and extra nurse when they are three or greater~~

e.) Electronic Monitoring Unit (EMU)/Long Term Monitoring Unit +

Registered Nurse	**1:2 SEEG Patients when Leads are in place for at least the first 72 hours, then if acuity warrants** 1:4 EMU Patients 1:5 Observation/Ambulatory Patients
Unit Secretary	1, 9a-5p Monday through Friday

f.) Pediatric Hematology/Oncology Unit +

Charge Nurse	1, 24/7 • 5 or less patients on the unit, charge has an assignment • 6 or more patients on the unit, the charge has one patient
Registered Nurse	1:1 during BMT infusion 1:2 bone marrow transplant or dinutuximab (immunotherapy), Campath, ATG (biological modifiers) 1:3 (includes charge nurse with assignment) 1:4 Pediatric Medical
Unit Secretary	1 Day Shift 9:00a to 5:00p M-F

g.) J10 (Pediatric Medical – Surgical) +

Charge Nurse	1 RN, **2 patient assignment with census up to 20 and no tracheostomy vent patients on the unit, 1 patient assignment with a census up to 20 and tracheostomy vent patients on the unit; if census above 20 patients, charge nurse has no assignment** ~~may take no more than one patient, no assignment when census is greater than 20~~
Registered Nurse	1:3 Acute Tracheostomy Vent, High Flow greater than ~~1.5~~ **2** liters per kilo 1:4 General Pediatric Patients

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	1:5 If all patients in OBS/**ALC**/AMB status ~~in proximate geography inclusive of the following diagnosis: cellulitis, asthmatic on q4, social admit, broken limb (except femur), T&A Bleed, GT Placement, Suicide with sitter, new onset diabetic (not on a drip)~~
Medical Assistant	2, 24/7 3, 11:00a - 11:00p if the census is 17 and above **See LOI # ___
Unit Secretary	1, 7:00a to **7:00p** ~~**30p**~~ M – F

h.) J 11 (Pediatric Medical – Surgical) +

Charge Nurse	1 RN, 2 patient assignment with census up to 20, if above 20 patients charge nurse has no assignment
Registered Nurse	1:3 Acute Tracheostomy Vent, High Flow greater than ~~1.5~~ **2** liters per kilo 1:4 General Pediatric Patients 1:5 If all patients in OBS/**ALC**/AMB status ~~in proximate geography inclusive of the following diagnosis: cellulitis, asthmatic on q4, social admit, broken limb (except femur), T&A Bleed, GT Placement, Suicide with sitter, new onset diabetic (not on a drip)~~
Medical Assistant	2, 24/7 3, 11:00a - 11:00p if the census is 17 and above **See LOI # ___
Unit Secretary	1, 7:00a to 7:**00p** ~~**:30p**~~ M – F

~~**Pre-Admission Testing**~~
~~**RN/LPN** **1:1**~~

i.) Pre-Operative Care +

Registered Nurse	1:5

j.) Post Anesthesia Care Unit +

Charge Nurse	2 without an assignment on J2, 1 on J3 (based on hours of operations)
Registered Nurse	**Follow current ASPAN Guidelines**

2025-2026 ASPAN Guidelines	
Two registered nurses, one of whom is a RN competent in Phase I postanesthesia nursing, are in the same room/unit where the patient is receiving Phase I care. The Phase I RN must have immediate access and direct line of sight when providing patient care. The second RN should be able to directly hear a call for assistance and be immediately available to assist. These staffing recommendations should be maintained during "on call" situations.	
Phase I	
RN 2:1	**Example may include, but is not limited to, the following:**

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	• One critically ill, unstable patient
RN 1:1	**Examples may include, but are not limited to, the following:** **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 o Patient has a stable/secure airway** o Patient is hemodynamically stable o Patient is free from agitation, restlessness, combative behaviors o Initial assessment is complete o Report has been received from the anesthesia care provider o The nurse has accepted the care of the patient • Airway and/or hemodynamic instability **Examples of an unstable airway include, but are not limited to, the following: o Requiring active interventions to maintain patency such as manual jaw lift or chin lift or an oral airway o Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc. o Symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, cyanosis, etc. ▪ Any unconscious patient 8 years of age and under ▪ A second nurse must be available to assist as necessary ▪ Patient with isolation precautions until there is sufficient time for donning and removing personal protective equipment (PPE) (e.g., gowns, gloves, masks, eye protection, specialized respiratory protection) and washing hands between patients. Location dependent upon facility guidelines
RN 1:2	**Examples may include, but are not limited to, the following:** • Two conscious patients, stable and free of complications, but not yet meeting discharge criteria • Two conscious patients, stable, 8 years of age and under, with family or competent support team members present, but not yet meeting discharge criteria • One unconscious patient, hemodynamically stable, with a stable airway, over the age of 8 years and one conscious patient, stable and free of complications
RN 1:1	**Example includes, but is not limited to:** • Unstable patient of any age requiring transfer to a higher level of care
RN 1:2	**Examples include, but are not limited to:** • 8 years of age and under without family or support healthcare team members present • Initial admission to Phase II
RN 1:3	**Examples include, but are not limited to:** • Over 8 years of age • 8 years of age and under with family present

2025-2026 ASPAN Guidelines	
The nursing roles, in this phase, focus on providing the ongoing care for those patients requiring extended observation/intervention after transfer/discharge from Phase I and/or Phase II care.	
Extended Phase	
RN 1:3-5	**Examples of patients that may be cared for in this phase include, but are not limited to:** • Patients awaiting transportation home • Patients with no caregiver, home, or support system

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	• Patients who have had procedures requiring extended observation/interventions (e.g., potential risk for bleeding, pain management, PONV management, removing drains/lines) • Patients being held for a non-critical care inpatient bed

Medical Assistant	**1-4, variable start times based on unit operations** **2, starting at 5:30a when both floors are open** ~~**3, in house by 8a *7a***~~ ~~**4, in house by 11a *8a***~~ ~~**2, in house at 1:30p**~~ ~~**1, in house from 4 *3:30p*-7:30a**~~
Unit Secretary	1, 5:30 am to 1:30 pm 1, 11:00 am to 5:00 pm

~~k.) GI/Interventional Staffing~~ **Special Procedures / Imaging** +

Registered Nurse	1:1
IR/GI Procedures Only- Tech	**1:1**
Medical Assistant	**1, Days**

l.) Dialysis +

Registered Nurse	~~.96 FTE~~ **1:1 ≥10kg** **1:2 10.1 - 20kg** **1:3 >20kg**
Medical Assistant	~~.92 FTE~~ **1, unless "0" census**
Medical Secretary	~~1.0 FTE~~ **M-F 7.5 hours**

m.) Infusion +

Registered Nurse	**1:4**
Medical Assistant	**1, M-F**

n.) CDU (when open) +

Registered Nurse	**1:4 General Pediatric Patients** **1:5 OBS/AMB status**
Medical Assistant	**1, 24/7, for census greater than 5**

o.) Respiratory Therapy
Assignments include J12, J11, J10, PICU, Mother Baby, NICU, CDU, ED

2.) *OCH New Positions*

- ~~***Audiologist*** ***0.2 FTE Day Shift Per Diem***~~
- ~~***Clinical Dietician*** ***1.0 FTE Day Shift***~~

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- ~~***Environmental Services Aide 1.0 FTE Day Shift***~~
  ~~***2.0 FTE Evening Shift***~~
- ~~***Child Psychiatry needs space and then can see more patients***~~
- ~~***Neuro Diagnostic Technician 0.5 FTE (multi-site float pool)***~~
- ~~***CLS 2.0 FTE Shift TBD***~~
- *Staff Pharmacist* *1.0 FTE, Day shift*
- *Clinical Pharmacy Coordinator* *1.0 FTE, Day shift*
- ***Respiratory Therapists*** ***1.6 FTE Day Shift***
- ***Convert vacant MA positons from J10 and J11 to Behavioral Health Techs 4.9 FTE***
- ~~***Pharmacist 4.0 FTE 2.0 FTE (2 still outstanding)***~~
- ~~***CT Technologist 0.50 FTE Day Shift***~~
- ~~***Social Worker for ED 1.0 FTE Day Shift***~~
- ~~***Occupational Therapist Clinics 0.60 FTE Day Shift***~~
- ~~***Physical Therapist Clinics 0.60 FTE Day Shift***~~
- ~~***Lactation Nurse assignment will include NICU 2.56 FTE***~~
- ~~***RN/Clinical Educator for NICU 0.50 FTE Day Shift***~~
- ~~***Medical Assistant in Ambulatory Support 1.0 FTE***~~
- ~~***Respiratory Therapist Critical Care 1.92 FTE Shift TBD***~~
- ~~***Advanced Practice Provider .96 FTE Flex APP shift TBD***~~

Section 4. **Millard Fillmore Suburban Hospital/DeGraff Medical Park (MFSH/DMP)**

1.) MFSH/DMP Staffing Ratios/Matrices/Grids

a.) Intensive Care Unit +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:1 or 1:2 depending on acuity *1:1 if a patient is receiving an active infusion of chemotherapy
PCA/MOA	1:5

b.) MFSH Emergency Department +

Charge Nurse	1 without an assignment 24/7
Triage Nurse	1, 24/7 with 2nd Triage for 12 hours every day
Registered Nurse	1 to 4 depending on acuity 1 circulator 12 hours every day *Hallway beds or x patients will be given an assignment
ED Bed Holds	**1:4 for telemetry holds (or mix of tele/med/surg)**

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	1:5 for all med/surg holds **ER RN will maintain 1:4 for mix of bed holds and ER patients**
Patient Care Assistant	1 Greeter 24/7 1 Triage 24/7 1:6-8
Unit Secretary	1, 24/7

c.) DMP Emergency Department +

Charge Nurse	1 with a two patient assignment 24/7
Registered Nurse	1 to 4 depending on acuity
~~Patient Care Assistant~~	~~1:6-8~~
PCA/MA	**2, 24/7**

d.) 2 North Adult Telemetry +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:4 *1:2 if a tracheostomy is 96 hours or less *1:1 if a patient is receiving an active infusion of chemotherapy
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 13 hours M-F

e.) 2 Southwest Adult Telemetry +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:4 *no more than one 1 CAPD in an assignment *1:1 if a patient is receiving an active infusion of chemotherapy
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 13 hours Monday-Friday

f.) 2 Southeast Adult Medical Surgical +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:5 *1:1 if a patient is receiving an active infusion of chemotherapy
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 13 hours Monday-Friday

g.) 2 East Adult Medical Surgical +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:5

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	*1:1 if a patient is receiving an active infusion of chemotherapy
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 13 hours Monday-Friday

h.) 3 East Adult Medical Surgical +

Charge Nurse	1 without assignment 24/7
Registered/ Nurse	1:5
	*1:1 if a patient is receiving an active infusion of chemotherapy
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 13 hours Monday-Friday

i.) 3 West Adult Medical Surgical +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:5
	*1:1 if a patient is receiving an active infusion of chemotherapy
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 13 hours Monday-Friday

j.) 4 North +

Charge Nurse	**1 with up to a 3 patient assignment 24/7**
Registered Nurse	**1:5 Medical-Surgical**
	1:4 Telemetry
	***1:1 if a patient is receiving an active infusion of chemotherapy**
Patient Care Assistant	**1:6-8**
MA	**1:5**

***For 9-11 beds 1 PCA and 1 MA would fulfill this proposal.**

k.) Labor and Delivery +

Charge Nurse	**1 without an assignment 24/7**
Registered Nurse	**Follow current AHWONN Standards**

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Antepartum and Postpartum	
2:1	Critically ill, hemodynamically unstable
2:2	Birth (cesarean or vaginal) and immediate recovery period 30-60 min until the critical elements are met for both mother and baby, then 1 nurse to 1 mother-baby couplet (2 patients) in continuous bedside attendance for the reminder of the 2-hour recovery process
1:1	Initial OB triage assessment, unstable antepartum patients, epidural initiation (first 30 min.), oxytocin administration for labor induction or augmentation, magnesium sulfate administration (first hour at the bedside) during labor and immediately postpartum) second –stage labor pushing, some indeterminate FHR patterns; all abnormal FHR patterns, labor in the shower of tub (if support person is unavailable to stay with patient), trial of labor for VBAC, intermittent auscultation during labor, morbid obesity such that continuous EFM is challenging and requires repeated bedside monitoring adjustments; women in labor with multiples, preeclampsia, or diabetes (requiring blood glucose assessment); women who require frequent and intense assessment, monitoring , and care.
1:2	Cervical ripening with pharmacologic agents/spontaneous labor with adequate pain control
1:3	Ongoing obstetrical triage, rule out labor, nonstress test, antepartum patients in stable condition

OB Technician/ST **1:1 ~~1, 24/7 with additional 7.5 hours M-F~~**
Unit Secretary 1, 24/7

l.) 2 West - Mother Baby Unit +
Charge Nurse 1, without assignment 24/7
Registered Nurse **Follow current AWHONN Standards**
~~1:1 Newborn Undergoing Circumcision~~
~~1:3 Couplets with no more than 2 pp C- Section~~
PCA 1:10 Couplets
Unit Secretary 1, 7a-7p, 7 days a week

m.) Neonatal Intensive Care Unit +
Charge Nurse 1 without an assignment 24/7
Registered Nurse 1:1 or 1:2 depending on acuity
1:3 if all three patients are designated as an intermediate care/feeders and growers
Follow current AHWONN Standards
(core staff of 2 RN plus a charge RN)
M~~O~~A 1, 8 am to 4pm every day if there are less than three babies, the M~~O~~A will be floated within women's services

n.) Operating Rooms +
Charge Nurse 1 RN without an assignment 6a- ~~2p and 9:30p-~~ 9:30pm
Registered Nurse 1:1 (2:1 for ~~patients who cannot tolerate general anesthesia~~) **moderate sedation without anesthesia present)**
Laser Cases 2:1 (Can be RN or ST)
Surgical Technologist 1:1
Laser Cases 2:1 (Can be RN or ST)

o.) Pre-Operative Care +

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Charge Nurse	1, 6a-4p M - F
Registered Nurse	1:1
Patient Care Assistant	~~2~~ **3**, 6a-2p M - F
	3, 8a-4p M - F
	2, 10a-6p M - F
	1, 11a-7p M - F
	2, 2p-10p M - F
Patient Care Assistant	1, 5:30a-1:30p Saturday
	1, 9a-5p Saturday
Unit Secretary	1, 6a-2p M – F

p.) Post Anesthesia Care Unit +

Charge Nurse MFSH	1 without an assignment 6a – 10p
Registered Nurse	**Follow current ASPAN Guidelines**

2025-2026 ASPAN Guidelines	
Two registered nurses, one of whom is a RN competent in Phase I post-anesthesia nursing, are in the same room/unit where the patient is receiving Phase I care. The Phase I RN must have immediate access and direct line of sight when providing patient care. The second RN should be able to directly hear a call for assistance and be immediately available to assist. These staffing recommendations should be maintained during "on call" situations.	
Phase I	
RN 2:1	**Example may include, but is not limited to, the following:** • One critically ill, unstable patient
RN 1:1	**Examples may include, but are not limited to, the following:** **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 o Patient has a stable/secure airway** o Patient is hemodynamically stable o Patient is free from agitation, restlessness, combative behaviors o Initial assessment is complete o Report has been received from the anesthesia care provider o The nurse has accepted the care of the patient • Airway and/or hemodynamic instability **Examples of an unstable airway include, but are not limited to, the following: o Requiring active interventions to maintain patency such as manual jaw lift or chin lift or an oral airway o Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc. o Symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, cyanosis, etc. ▪ Any unconscious patient 8 years of age and under ▪ A second nurse must be available to assist as necessary ▪ Patient with isolation precautions until there is sufficient time for donning and removing personal protective equipment (PPE) (e.g., gowns, gloves, masks, eye protection, specialized respiratory protection) and washing hands between patients. Location dependent upon facility guidelines
RN 1:2	**Examples may include, but are not limited to, the following:**

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	• Two conscious patients, stable and free of complications, but not yet meeting discharge criteria • Two conscious patients, stable, 8 years of age and under, with family or competent support team members present, but not yet meeting discharge criteria • One unconscious patient, hemodynamically stable, with a stable airway, over the age of 8 years and one conscious patient, stable and free of complications
RN 1:1	**Example includes, but is not limited to:** • Unstable patient of any age requiring transfer to a higher level of care
RN 1:2	**Examples include, but are not limited to:** • 8 years of age and under without family or support healthcare team members present • Initial admission to Phase II
RN 1:3	**Examples include, but are not limited to:** • Over 8 years of age • 8 years of age and under with family present
2025-2026 ASPAN Guidelines	
The nursing roles, in this phase, focus on providing the ongoing care for those patients requiring extended observation/intervention after transfer/discharge from Phase I and/or Phase II care.	
Extended Phase	
RN 1:3-5	**Examples of patients that may be cared for in this phase include, but are not limited to:** • Patients awaiting transportation home • Patients with no caregiver, home, or support system • Patients who have had procedures requiring extended observation/interventions (e.g., potential risk for bleeding, pain management, PONV management, removing drains/lines) • Patients being held for a non-critical care inpatient bed

q.) Pre-Admission Testing +

RN/LPN	1:1
MA	1.2 FTE

r.) Endoscopy +

Charge Nurse	1 without an assignment
Registered Nurse Pre Procedure	Minimum of 1 following SGNA Standards
Registered Nurse in Procedure	1:1 (2:1 if moderate sedation **without anesthesia present**)
RN Advanced Procedure	2:1 or 3:1 without anesthesia staff
Registered Nurse in Recovery	1:3 unless anesthesia in which ASPAN guidelines will be followed noted above
Technical Assistant	~~4, Monday – Friday~~ **1 per room Monday through Friday**
Clerical	1

s.) **Urology +**

Charge Nurse	**1 without an assignment**

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RN in Procedure	**1:1 (2:1 if moderate sedation without anesthesia present)**
Surgical Tech	**1:1**

t.) Imaging +

Registered Nurse	**1:1 when RN in procedure**

u.) Angio +

Registered Nurse	**1:1 when RN in procedure**
Tech	**1:1 when tech in procedure**

v.) Electrophysiology +

Registered Nurse	**2:1**
Scrub	**1:1 (CVRT)**

w.) Infusion Center (MFSH) +

Registered Nurse	**1:3**
Secretary	**1 M-F**

x.) Respiratory Therapy
Assignments include 3E, 3W, 2E, 2W, 2SW, 2SE, 2N, 4 North, NICU, ICU, ED, Pulmonary Function Lab

2.) MFSH/DMP New Positions

- ~~Neuro Diagnostic Technologist — 1.0 FTE Shift TBD (multi-site float pool)~~
- **CT Technologist — 0.5 FTE Night Shift**
- **APP — Convert vacant .67 FTE to FT FLEX 1.0**
- ~~Ultrasound - Obstetrics — 0.50 FTE~~
- ~~Radiology Technologist — 1.0 FTE Evening Shift~~
  ~~Sterile Processing Technician — (2) 0.50 FTE Evening Shift 1.0 FTE Night Shift~~
- ~~Ultrasound Technologist — 1.0 FTE Evening Shift~~
- ~~Lactation Consultants (coverage for all maternity services) 3.0 FTE Shift TBD~~
- ~~Obstetrics Nurse (L&D) — 2.88 FTE Shift TBD~~
- ~~Cashier at DMP — Per Diem Day Shift~~
- ~~EVS Aide at DMP — 1.5 FTE Night Shift~~

Section 5. **HighPointe/DeGraff SNF (HPTE/DeGraff SNF)**

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1.) HPTE/DeGraff SNF Staffing Ratios/Grids/Matrices

a.) DMP SNF 1

Registered Nurse	3.75 hours on day shift
Licensed Practical Nurse	2, day shift
	2, eve shift
	1, night shift
Certified Nurse Assistant	5, day shift
	5, eve shift
	2, night shift
Clerical	.6 FTE

b.) DMP SNF 2:

Registered Nurse	1, day shift
	1, eve shift
	1, night shift
Licensed Practical Nurse	2, day shift
	2, eve shift
	1, night shift
Certified Nurse Assistant	5, day shift
	5, eve shift
	2, night shift
Clerical	1.0 FTE

c.) HPTE Pediatric Pavilion:

Registered Nurse	3, day shift ~~(included in Sec.2)~~
	3, night shift ~~(included in Sec. 2)~~
Certified Nurse Assistant	3, day shift (plus 4 hours on school days)
	2, night shift
Clerical	~~1.0 FTE *shared with Delaware Park*~~
	1 Day Shift for 7.5 hours, 5 days/week

d.) HPTE Delaware Park:

Registered Nurse	~~2~~ ***3***, day shift
	~~2~~ ***3***, night shift
Certified Nurse Assistant	~~2~~ 4, day shift
	~~2~~ 3, night shift
Clerical	1.0 FTE shared with ~~Pediatric Pavilion~~
	Elmwood Village

e.) HPTE Hamlin Park:

Registered Nurse	2, day shift
	2, eve shift
	2, night shift

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Licensed Practical Nurse	1, day shift 2, eve shift 1, night shift
Certified Nurse Assistant	5, day shift 4, eve shift 2, night shift
Clerical	***1 Day Shift for 7.5 hours, 5 days per week***

f.) HPTE Elmwood Village:

Registered Nurse	1, day shift 1, evening shift 1, night shift
Licensed Practical Nurse	1, day shift 1, eve shift 1, night shift
Certified Nurse Assistant	~~5~~**3**, day shift ~~4~~**3**, eve shift 2, night shift
Clerical	*1.0 FTE* ***shared with Delaware Park***

g.) HPTE Cold Springs:

~~**Registered Nurse**~~	~~**3.75 hours on day shift**~~
Licensed Practical Nurse	2, day shift 2, eve shift 1, night shift
Certified Nurse Assistant	5, day shift 5, eve shift 2, night shift
Clerical	.6 FTE

h.) HPTE Allentown:

~~**Registered Nurse**~~	~~**3.75 hours day shift**~~
Licensed Practical Nurse	2, day shift 2, eve shift 1, night shift
Certified Nurse Assistant	5, day shift 5, eve shift 2, night shift
Clerical	.6 FTE

i.) HPTE Kensington Heights:

~~**Registered Nurse**~~	~~**3.75 hours day shift**~~
Licensed Practical Nurse	2, day shift 2, eve shift

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	1, night shift
Certified Nurse Assistant	5, day shift
	5, eve shift
	2, night shift
Clerical	.6 FTE

j.) HPTE Kaisertown:

~~**Registered Nurse**~~	~~**3.75 hours day shift**~~
Licensed Practical Nurse	2, day shift
	2, eve shift
	1, night shift
Certified Nurse Assistant	5, day shift
	5, eve shift
	2, night shift
Clerical	.6 FTE

k.) HPTE University Heights:

~~**Registered Nurse**~~	~~**3.75 hours day shift**~~
Licensed Practical Nurse	2, day shift
	2, eve shift
	1, night shift
Certified Nurse Assistant	5, day shift
	5, eve shift
	2, night shift
Clerical	.6 FTE

l.) **Respiratory Therapy**
Assignments include Pediatric Pavilion and Delaware Park

2.) HPTE/DeGraff SNF New Positions

- ~~Respiratory Therapists 1.92 FTE Shift TBD based on distribution of ventilated patients~~
- ~~Child Life Specialist~~ **Activities Assistant 1.0 Day Shift**
- **Licensed Practical Nurse 2.0 FTE Add to Float Pool Eve/Nights**
- **Certified Nurse Aide (DeGraff) Add two per diem positons**
- **Nurse Educator (DeGraff) 0.5 FTE for LTC**
- ~~Pediatric RNs 5.12 FTE Shift TBD~~
  ~~(The above position are intended to utilized to meet pediatric pavilion staffing plan of 3 RN, 24/7)~~

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Section 6. With respect to those units marked as (+) above, the parties acknowledge that they constitute the units provided by Kaleida Health in order to meet the requirements of New York Public Health Law § 2805-t.

a.) A clinical staffing committee (CSC) has been formed and shall be maintained at BGMC, MFSH/DMP, and OCH;

b.) At least one-half (1/2) of the members of the CSC will be registered nurses, licensed practical nurses and ancillary staff members of the frontline team currently providing or supporting direct care and up to one-half (1/2) of the members will be selected by the general hospital administration and shall include but not be limited to the Chief Financial Officer, the Chief Nursing Officer and patient care unit directors or managers or their designees;

c.) The standing site CSC will identify the needs for any additional employees as committee members, which the Unions would then select by job title. The selected employees will represent a range of department/units.

d.) Participation in the CSC by employees will be on scheduled work time and such employee will be compensated at their current rate of pay including the applicable differentials. Where participation cannot be on scheduled work time, employees will be compensated for their time at the meeting. It is understood that the employees' departments/units will not be short-staffed due to participation.

e.) If CSC meetings are scheduled on an employees work time, the employee/CSC member will be fully relieved of all other work duties during meetings of the committee and shall not have work duties added or displaced to other times as a result of their committee responsibilities.

f.) The Union(s)' designated Staffing Committee Directors will receive twenty (20) days per month of Employer paid time for the purpose of coordinating the work of the CSC on behalf of the Unions ~~for the first year the committee is functioning post ratification of this Agreement.~~ The days will be distributed as follows:

- 1199SEIU Director **(s)** 20 days per month;
- CWA Director **(s)** 20 days per month.

~~Thereafter, the CSC will determine the amount of time needed for the CSC Directors based upon the workload of the committee.~~ Any excused absence time related to this Section 1. f.) above will not be counted toward the excused absence time referenced in Article 6, Sections 11 and 13.

g.) The CSC will meet on a monthly basis at a time and place mutually agreed to by the parties to this Agreement. The committee's initial responsibilities will include but not be limited to:

- a decision on joint CSC committee meetings;

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- assessment of all existing grids/plans and the staffing ratios covered by New York Public Health Law § 2805-t;
- a recommendation the number of positions needed to meet the established ratios outlined in Section 2 through 5 covered by New York Public Health Law § 2805-t;
- implementation of the staffing ratios;
- resolve issues related to the implementation of ratios;
- the development of a program to consistently cover lunches and breaks;
- development of initiatives to support Environment of Practice, Recruitment and Retention;
- ~~development of initiatives to collaborate with the AACN's Healthy Work Environment, Recruitment and Retention (See Article __, entitled Healthy Work Environment.~~

h.) In addition to the responsibilities listed in g.) above the CSC will also be responsible for the following functions on an annual basis.

- The development and the oversight of implementation of an annual clinical staffing plan. The staffing plan will be based upon ratios as outlined in New York Public Health Law § 2805-t. The staffing plan shall include specific staffing for each patient care unit and work shift and shall be based on the needs of patients. Staffing plans shall include specific guidelines, ratios, matrices or grids indicating how many patients will be assigned to each registered nurse and the number of nurses and ancillary staff to be present on each unit and shift and shall be used as the primary component of the hospital staffing budget.
- The parties agree that if during the life of this Agreement the patient population or acuity changes on any unit covered by New York Public Health Law § 2805-t, any unit undergoes clinical or programmatic changes that fundamentally alter its character or nature, or a new qualifying unit opens, the CSC will evaluate and review any impact on the ratios in this article.

1.) The development and the oversight of implementation of an annual clinical staffing plan. The staffing plan shall include specific staffing for each patient care unit and work shift and shall be based on the needs of patients. Staffing plans shall include specific guidelines or ratios, matrices, or grids indicating how many patients will be assigned to each registered nurse and the number of nurses and ancillary staff to be present on each unit and shift and shall be used as the primary component of the hospital staffing budget.

Factors to be considered and incorporated in the development/review of the plan shall include, but are not limited to:

i. Census, including total numbers of patients on the unit and activity such as patient discharges, admissions and transfers;

ii. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift;

iii. Skill mix;

iv. The availability, level of experience and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift;

v. The need for specialized or intensive equipment;

vi. The architecture and geography of the patient care unit, including but not limited to, placement of patient rooms, treatment areas, nursing stations, medication preparation areas and equipment;

vii. Mechanisms and procedures to provide for one-to-one patient observations, when needed, for patients on psychiatric or other units as appropriate;

viii. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills and other relevant or socio-economic factors;

ix. Measures to increase worker and patient safety, which could include measures to improve patient through-put;

x. Staffing guidelines adopted or published by other states or local jurisdictions, national nursing professional associations, specialty nursing organizations and other health professional organizations;

xi. Availability of other personnel supporting nursing services on the unit;

xii. Waiver of plan requirements in the case of unforeseeable emergency circumstances as defined in **Public Health Law § 2805-t subdivision fourteen**;

xiii. Coverage to enable registered nurses, licensed practical nurses and ancillary staff to take meal and rest breaks, planned time off and unplanned absences that are reasonably foreseeable as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and representative of the nursing ancillary staff;

xiv. The nursing quality indicators required under New York Public Health Law § 2805-t;

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xv. Hospital finances and resources, and

xvi. Provisions for limited short-term adjustments made by appropriate hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration.

2.) Semiannual review of the staffing plan against patient needs and known evidence-based staffing information, including the nursing sensitive quality data collected by the general hospital.

3.) Review, assessment and response to complaints regarding potential violations of the adopted staffing plan, staffing variations or other concerns regarding the implementation of the staffing plan and within the purview of the committee.

Section 7. If there is a violation of New York Public Health Law § 2805-t, in addition to filing a grievance, the Union may file a complaint with the New York State Department of Health. The DOH will investigate the potential violations that have first been submitted to the clinical staffing committee for resolution, following receipt of the complaint (and supporting evidence) of failure to:

1.) Adopt all or part of a clinical staffing plan that is approved by consensus of the clinical staffing committee that has been submitted to the NYSDOH;

2.) Adhere to the agreed upon ratios;

3.) Conduct a semi-annual review of the clinical staffing plan; or

4.) Submit to the department a clinical staffing plan on an annual basis with any updates;

5.) Review and determine the status of complaints filed related to staffing plans and ratio compliance;

6.) Development and implementation of a Plan to Resolve for staffing violations;

7.) Communicating back to complainants the Management and frontline members' response to complaints;

8.) Communicating the final complaint disposition to complainants;

9.) The CEO will work with the CSC to coordinate and submit an acceptable plan of correction to DOH

Section 8. The CSC will review potential acuity tools, acuity systems, and other evidenced-based practices. It is agreed to and understood by the parties that if an acuity staffing tool is implemented, it will be utilized along with the ratios, to provide adequate staffing and

appropriate assignments. The CSC will include the review and discussion of acuity tools as a standing item on its meeting agenda.

Section 9. The Employer will use evidence-based practices to address fluctuations in census and determine actual patient acuity levels, nursing care requirements as well as improving patient acuity balancing across assignments.

Section 10. RN/LPN/Ancillary Staff to patient ratios represent the maximum number of patients that shall be assigned to one (1) RN/LPN/AS at any one time. "Assigned" means the RN/LPN/AS has responsibility for the provision of care to a particular patient within his/her scope of practice. There shall be no averaging of the number of patients and the total number of (RN/LPN/AS) on the unit during any one shift nor over any period of time. Only (RN/LPN/AS) providing direct patient care shall be included in the ratios.

Section 11. Nurse administrators, nurse supervisors, nurse managers and charge nurses and other licensed nurses shall be included in the calculation of the licensed nurse-to-patient ratio only when the licensed nurses are engaged in providing direct patient care. When a nurse administrator, nurse supervisor, nurse manager, charge nurse or other licensed nurse engage in activities other than direct patient care, that nurse shall not be included in the ratios.

Section 12. Nothing in this Article shall prohibit (RN/LPN/AS) from assisting with the specific tasks within the scope of his or her practice for a patient assigned to another (RN/LPN/AS). "Assist" means that (RN/LPN/AS) may provide patient care beyond their patient assignments if the tasks performed are specific and time-limited.

Section 13. Float Pool: The parties agree that the development and implementation of ~~a~~ Nursing Float Pools to support CSC units and long term care is critical and will be an appropriate agenda item for site CSC.

CMA, MA, MOA, NA, PCA, Student Nurse PCA, Student Nurse MA and Unit Secretary may be included in the float pool.

Section 14. In the event that the ratios for any job title on a unit falls below the established ratio levels on a given shift, the Employer will re-establish the agreed upon number of nurses through methods including utilization of float pool nurses, floating existing staff under current contractual provisions, overtime, per diems and traveler/agency nurses. If the recruiting method is not successful the employee will complete an unsafe staffing form.

Staffing complaints will be made available utilizing the staffing form developed jointly by the Employer and Union and provided by the Union(s). Such complaints will be provided to the Employer and logged in a database maintained by the Union(s) Clinical Staffing Directors and readily accessible to all management and frontline staff of the Clinical Staffing Committee.

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Section 15. If there is a violation of the language in Sections 1. through 14., in addition to filing a grievance, the Union may file a complaint with the New York State Department of Health under New York State Public Health Law Section 2805-t. The DOH will investigate the potential violations that have first been submitted to the clinical staffing committee for resolution, following receipt of the complaint (and supporting evidence) of failure to:

a.) form or establish a clinical staffing committee;
b.) create a clinical staffing plan;
c.) adopt all or part of a clinical staffing plan that is approved by consensus of the clinical staffing committee that has been submitted to the NYSDOH;
d.) adhere to the agreed upon ratios;
e.) conduct a semi-annual review of the clinical staffing plan; or
f.) submit to the department a clinical staffing plan on an annual basis with any updates;
~~**g.) or any other issue covered under Public Health Law § 2805-t.**~~

The parties agree that the site CSC will be responsible for monitoring any amendments to the law, regulations, or guidance issued by New York State relative to the scope of New York Public Health Law § 2805-t and will make recommendations pertaining to which units qualify as CSC (+) units. The KH Staffing Plan will be adjusted to incorporate changes as clarity is provided by New York State.

Section 16. In the event that the CSC fails to reach consensus on the annual staffing plan or any proposed mid-cycle modifications, the CEO will attend a CSC meeting prior to submission of the plan. The CEO will be prepared to discuss the frontline proposal and attend a presentation by the frontline staff, if they request, regarding the staffing plan proposal for their unit.

Section 17. The Hospital(s) and the Union(s) will provide copies of any and all correspondence exchanged with the DOH related to the function of the CSC to the CSC Directors within three (3) business days of the transmission or receipt of such communication. Such correspondence will remain nonpublic documents to be used for purposes of affecting the CSC process.

Section 18. Enforcement

a. A staffing dispute may occur when:

i. There is a perceived pattern of violations of the number of staff members per unit per shift as reflected in Sections 2, 3, and 4, ~~and 5~~ above for those units designated with a "+";

ii. There is a perceived persistent failure (pattern) to post open shifts or positions, and/or recruit for or hire staff expeditiously for those units designated with a "+" ;

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iii. There is a perceived pattern of violation of Section 6, or Section 7, for those units designated with a "+".

b. The parties agree that bed capacity, patient acuity, staffing mix, admissions and discharges, vacancies, availability of supplemental staff, unit schedule, unforeseen surges in census, reasonable measures taken pursuant to Article 15 to meet unforeseen staffing shortages, scrambles and the daily assignment sheets will be used to determine whether a pattern of violation exists.

c. Effective one (1) year from ratification of the Agreement, any grievance documenting the violation of Article 107 ~~and/or Article 109~~ will be immediately filed at Step two (2) of the grievance procedure. A meeting will be held within seven (7) calendar days of the request unless mutually waived. The Director of Labor Relations, or designee, and the appropriate personnel to answer the grievance, shall render a decision in writing to the appropriate Union Representative within seven (7) calendar days of the Step 2 discussion.

d. If no mutual agreement is reached within seventy-two (72) hours of any CSC meeting where the complaints were discussed, or when the Step 2 grievance was unresolved, either Party may submit the matter to mediation and if necessary, arbitration.* One arbitration of all unresolved staffing disputes will be conducted for each site per calendar quarter.

*The parties will mutually select 3 arbitrators to serve on the panel on a rotating basis.

e. The mediation session with the arbitrator shall be scheduled within fourteen (14) days of the request. The arbitrator shall attempt to mediate the dispute, and if unsuccessful, will serve as arbitrator for the dispute.

f. If there is no mutual agreement within seventy-two (72) hours from the start of mediation, an Arbitration shall be scheduled by the parties as soon as possible and heard by the arbitrator who mediated the dispute. If the arbitrator who served as mediator is unavailable or is unable to confirm a mutual date within the thirty (30) days after notice of the dispute is submitted, the next arbitrator on the rotation will be scheduled. If no arbitrator is available, the parties will then submit for expedited arbitration with AAA.

g. In such arbitration, if a pattern of staffing violation is found, the arbitrator shall have the same remedial authority as an arbitrator under the Agreement. Consistent with arbitrator authority, the arbitrator will be able to issue "make whole" relief to individual employees for staffing disputes. At the Arbitrator's discretion, they may

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issue a remedy which may or may not include an order to cease and desist as well as relief for those staff adversely impacted by the violation as a result of excessive workload.

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