



## Standing Up For Dignity and Respect On The Job!

July 1, 2025

### FULL COMPARISON OF OUTSTANDING ECONOMIC PROPOSALS

It's more of the same from Kaleida's management team this week, but we continue to focus on our priorities - **staffing, benefits, and fair wages**. Kaleida must offer a competitive benefit and wage package that addresses staffing ratios, improves pension benefits, and offers quality benefits and fair wages for everyone. Instead, management continues to nickel and dime us at every turn which is why our strike authorization vote is more important than ever. On July 8, 9, and 10, members will have the opportunity to shift the power in the room by voting YES!

Below is a comprehensive outline of what Kaleida is offering versus what the unions are proposing:

	Employer Proposal	Union Proposal
<b>Duration</b>	3 year contract	3 year contract
<b>Raises &amp; Pay</b>	<ul style="list-style-type: none"> <li>No date given - 1.5%</li> <li>No date given - 2%</li> <li>No date given - 2%</li> <li>Rejecting adding a 25<sup>th</sup> year step</li> </ul>	<ul style="list-style-type: none"> <li>6/1/25 - 7%</li> <li>6/1/26 - 5%</li> <li>6/1/27 - 4.75%</li> <li>Proposing to add a 25<sup>th</sup> year step</li> </ul>
<b>Shift Differentials</b>	<ul style="list-style-type: none"> <li>Rejecting any major adjustments to shift differentials</li> </ul>	<ul style="list-style-type: none"> <li>2nd shift - Increase all to \$2.05 per hour if currently under \$2.05</li> <li>3rd shift - Increase all to \$4.50 per hour if currently under \$4.50</li> </ul>
<b>Other Differentials</b>	<ul style="list-style-type: none"> <li>Trainer Pay - proposing \$2.50 / hour</li> <li>Charge - proposing \$3.00 / hour</li> <li>Service Line Lead - \$3.00 for <u>all time paid in the job title</u></li> <li>Rapid - proposing \$3.00 / hour</li> <li>STAT – rejecting any pay differential</li> <li>Preceptor - proposing \$3.00 / hour</li> <li>Triage - proposing \$2.00 / hour</li> </ul>	<ul style="list-style-type: none"> <li>Trainer Pay – proposing \$3.00 / hour</li> <li>Charge - proposing \$3.00 / hour</li> <li>Service Line Lead - proposing \$3.00 for <u>all hours paid</u></li> <li>Rapid - proposing \$6.00 / hour</li> <li>STAT - proposing \$3.00 / hour</li> <li>Preceptor - proposing \$3.50 / hour</li> <li>Triage - proposing \$3.00 / hour</li> </ul>
<b>Upgrades</b>	<ul style="list-style-type: none"> <li>Kaleida is not in agreement to any upgrades we are proposing in the right column</li> </ul>	Proposing upgrades for: <ul style="list-style-type: none"> <li>Social Workers (all titles)</li> <li>Financial Counselor</li> </ul>

		<ul style="list-style-type: none"> <li>● CNA - Certified Nurse Assistant</li> <li>● PCA - Patient Care Assistant</li> <li>● Sterile Processing Tech.</li> <li>● MA - Medical Assistant</li> <li>● CMA - Certified Medical Assistant</li> <li>● Respiratory Therapist</li> <li>● LPN - Licensed Practical Nurse</li> </ul>
<b>Floating</b>	<p><u>Long Term Care Facilities:</u> Employees who have picked up an extra shift on a particular unit following the posting of the approved schedule, and are no longer needed on that unit, but are needed somewhere else in the facility due to critical staffing needs will be floated to the unit which is experiencing a critical staffing need. If there is no critical staffing need, an employee will be offered the option to either cancel the extra shift or agree to float.</p>	Current contract language with no changes
<b>Retirement</b>	<p>Kaleida Health is rejecting any improvements or changes to the current retirement plans.</p> <p>Kaleida Health is rejecting any improvements or changes to the current retirement plans.</p> <p>Kaleida Health is rejecting any improvements or changes to the current retirement plans.</p>	<ul style="list-style-type: none"> <li>● Proposing that effective January 1, 2026 the Cash Balance Formula of the Kaleida Health Pension Growth Plan will <ul style="list-style-type: none"> <li>○ Increase from 4% to 5% of pay for employees with one 1-4 years of service;</li> <li>○ Increase from 5% to 6% of pay for employees with 5-9 years of service; and</li> <li>○ Increase from 6% to 7% of pay for employees with 10 or more years of service.</li> </ul> </li> <li>● The unions are proposing to increase employer matching contributions in the Kaleida Health Savings/Investment Plan as of the first full pay period of 2026, to match up to 75% of 6% of qualified earnings an employee contributes to the plan.</li> </ul> <p>For SEIU plans, the unions are proposing:</p> <ul style="list-style-type: none"> <li>● Employees hired after 12/31/2008, increase from 3.5% to 4.5% of compensation</li> <li>● Employees hired prior to 1/1/09, with less than 25 years of service increase from 5% to 6% of compensation</li> </ul>

		<ul style="list-style-type: none"> <li>Employees with 25 years of service or greater, increase from 5.5% to 6.5% of compensation</li> </ul>
<b>On Call</b>	<p>Management is proposing to be able to hold people over for one hour after their shift and into their call shift without paying them immediately for call back pay.</p>	<p>The current contract specifies when an employee will be considered called in and paid.</p> <ol style="list-style-type: none"> <li>When an employee on call is called into work and reports for work.</li> <li>When the employee who works from their previous shift into their on-call is held over for one hour or more.</li> </ol> <p>This language has not been applied consistently throughout the system. Some are paid as outlined in 2. Above, while others are allowed to clock out of their scheduled shift into their on-call shift, and call-back pay is instant.</p> <p>The language was written before the mandatory overtime law for RNs was established. Additionally, our contract does not allow for mandatory overtime for all job titles. The unions proposed eliminating 2. above, but management continues to reject our language and states that they will no longer pay all of the employees who have been paid immediately when their on-call shift starts.</p>
<b>PTO</b>	<p>Kaleida is maintaining their position on PL days to limit use of them year round is as follows:</p> <ul style="list-style-type: none"> <li>One PL day per unit/department, per job title, per shift will be granted. In unit/departments with greater than 30 employees hired per shift, per job title, an additional PL day will be approved as per the examples below: <ul style="list-style-type: none"> <li>For example:</li> <li>1-30 employees hired per shift, per job title one (1) PL day will be granted per unit/department</li> <li>31-60 employees hired per shift, per job title two (2) PL days will be granted per unit/department</li> </ul> </li> </ul>	<p>Current contract with no changes on personal days or the use of them</p>

	<ul style="list-style-type: none"> <li>○ 61-90 employees hired per shift, per job title three (3) PL days will be granted per unit/department.</li> <li>● Kaleida Health is rejecting the proposals to remove the disparity in the Long Term Care PTO accruals.</li> </ul>	<ul style="list-style-type: none"> <li>● The unions are proposing to delete the PTO accrual scale specific to long term care that has them accruing one day less than other PTO accrual scales. This is the last piece of old language from reversing the previous creation of the long term care scales.</li> </ul>
<b>Charge Nurse</b>	Kaleida Health is agreeing to increase charge pay from \$2.00 to \$3.00 for the increased duties.	Agreed to \$3.00 but with an understanding that preceptor pay & trainer pay are directly linked to this
<b>Staffing</b>	<p><b><u>Opening Statement:</u></b> Kaleida Health is proposing to keep the current contract language for the opening paragraph to the staffing language that outlined staffing ratios, staffing plans, and the clinical staffing committees:</p> <p>“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.”</p> <p><b><u>Respiratory Therapists</u></b> - Kaleida Health is rejecting proposals to outline any staffing plans for respiratory therapists across the system. They are unwilling to agree or counter proposed language that sets therapist to patient ratios or any fixed staffing models</p>	<p><b><u>Opening Statement:</u></b> The unions are proposing to remove current contract language, underlined below. The language has been used by Kaleida Health to manipulate the reasons why they have not been able to meet staffing ratios and prolong the time for them to meet staffing ratios:</p> <p>“The Employer will implement staffing plans at the following facilities as specified below to apply during the term of this Agreement. <u>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.</u>”</p> <p><b><u>Respiratory Therapists</u></b> - The unions are proposing to outline staffing plans for respiratory therapists across the system. The union's proposals seek to set therapist to patient ratios or a fixed staffing models.</p>

Staffing	<p><u>KALEIDA IS PROPOSING THE FOLLOWING FOR STAFFING RATIOS:</u></p> <p><b><u>BGH</u></b></p> <ul style="list-style-type: none"> <li>● 12N - Proposing a 1:6-8 ratio for CMA/MAs</li> <li>● MICU - proposing a 1:7 ratio for CMA/MAs , maximum of 4 even if it results in a ratio higher than 1:7</li> <li>● MICU - proposing to have 1 RRT nurse on days and 2 on nights</li> <li>● CVICU – proposing a 1:7 ratio for CMA/MAs with a maximum of 2 regardless of ratios</li> <li>● Neuro ICU – proposing not to guarantee a circulator per shift</li> <li>● Neuro ICU - proposing no ratios as well as a side letter for APPs to address the ongoing staffing issues</li> <li>● ED – Proposing for RNs 1:4 in the green pod</li> <li>● ED - proposing 1 CMA for AWR <u>when open</u>.</li> <li>● Infusion – rejecting a 1:1 ratio for patients receiving an infusion for the first time.</li> </ul> <p><b><u>OCH</u></b></p> <ul style="list-style-type: none"> <li>● Pharmacy – proposing to add 1 Staff Pharmacist and 1 Clinical Pharmacy Coordinator</li> </ul> <p><b><u>MFS</u></b></p> <ul style="list-style-type: none"> <li>● Infusion – rejecting a 1:1 ratio for patients receiving an infusion for the first time.</li> </ul>	<p><u>THE UNIONS ARE PROPOSING THE FOLLOWING FOR STAFFING RATIOS:</u></p> <p><b><u>BGH</u></b></p> <ul style="list-style-type: none"> <li>● 12N – Proposing a 1:5-7 ratio for CMA/MAs while adding a unit secretary</li> <li>● MICU – proposing a 1:5-6 ratio for CMA/MAs with no maximum,</li> <li>● MICU - proposing to have 2 RRT RNs on days and nights</li> <li>● CVICU – proposing a 1:5-7 ratio for CMA/MAs with no maximum</li> <li>● Neuro ICU – Proposing a circulator per current practice</li> <li>● Neuro ICU – proposing 3 APPS on days and 2 nights.</li> <li>● ED - proposing for RNs 1:3 in the green pod except 1:4 for rooms 9, 10, 23a, 23b.</li> <li>● ED - proposing 1 CMA for the AWR that can be moved to a pod if there are no patients.</li> <li>● Infusion – 1:1 for patients receiving an infusion for the first time.</li> </ul> <p><b><u>OCH</u></b></p> <ul style="list-style-type: none"> <li>● Pharmacy – proposing to add 2 Clinical Pharmacy Coordinator</li> </ul> <p><b><u>MFS</u></b></p> <ul style="list-style-type: none"> <li>● Infusion – Infusion – 1:1 for patients receiving an infusion for the first time.</li> </ul>

<p><b>Staffing</b></p>	<ul style="list-style-type: none"> <li>● ICU – Rejected ratios for APPs and wanted current staffing after removing 1 APP recently</li> </ul> <p><b><u>DMP</u></b></p> <ul style="list-style-type: none"> <li>● Rejecting to add a clinical educator</li> </ul> <p><b><u>LTC: HPTE &amp; DMP</u></b></p> <ul style="list-style-type: none"> <li>● Pediatrics – rejecting to ensure current Respiratory Therapist ratios.</li> <li>● Delaware – rejecting to ensure current Respiratory Therapist ratios.</li> <li>● DMP Nurse Educator – proposing to add a .5 FTE position</li> <li>● LPN Float Pool - proposing to add 2.0 FTEs but we must agree to a smaller FTE for the educator position</li> </ul> <p><b><u>Clinical Staffing Committee Language</u></b></p> <p>Kaleida Health is unwilling to make any positive changes to the current clinical staffing committee language.</p> <p><b><u>Staffing Complaint Tracking System:</u></b> Kaleida Health is seeking the ability to exert full control on the reporting and tracking system for staffing complaints.</p>	<ul style="list-style-type: none"> <li>● ICU – Proposed adding 2.56 FTEs for APPs to restore practice prior to the unannounced removal of an APP</li> </ul> <p><b><u>DMP</u></b></p> <ul style="list-style-type: none"> <li>● Proposing to add 1 Clinical Educator</li> </ul> <p><b><u>LTC: HPTE &amp; DMP</u></b></p> <ul style="list-style-type: none"> <li>● Pediatrics – proposing to ensure current Respiratory Therapist ratios.</li> <li>● Delaware – proposing to ensure current Respiratory Therapist ratios.</li> <li>● DMP Nurse Educator – proposing to add a .6 FTE position so they participate in the training fund</li> <li>● LPN Float Pool - proposing to add 2.0 FTEs to the float pool</li> </ul> <p><b><u>Clinical Staffing Committee Language</u></b></p> <p>If New York Public Health Law § 2805-t is violated, the Union can file a grievance and also submit a complaint to the NYS DOH. The DOH will investigate staffing issues that were first brought to the Clinical Staffing Committee but not resolved. Violations include failure to:</p> <ul style="list-style-type: none"> <li>● Review and determine the status of staffing complaints,</li> <li>● Develop and implement a plan to resolve violations,</li> <li>● Communicate responses from management and frontline staff,</li> <li>● Share the final disposition of complaints,</li> <li>● Collaborate with the CEO on a consensus-based plan of correction.</li> </ul> <p><b><u>Staffing Complaint Tracking System:</u></b> The unions are proposing that unsafe staffing complaints will be submitted using the Union-provided staffing form and logged in a database maintained by the Union’s Clinical Staffing Directors. This database is accessible to all Clinical Staffing Committee members,</p>
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<p><b>Staffing</b></p>	<p><b><u>DOH Correspondences:</u></b> Kaleida Health is unwilling to share any correspondence from the Department of Health with the unions, specifically regarding the CSC process, with the unions within 24 hours of being received. The unions were also proposing that we would, as well, share any correspondences we use.</p> <p><b><u>Staffing Language Enforcement:</u></b> Kaleida Health is not willing to discuss any programs or systems that would hold them accountable for not reaching the mutually agreed upon staffing ratios outlined in the contract.</p>	<p>including management and frontline staff. However, <u>management is proposing to eliminate this system and take full control of complaint tracking.</u></p> <p><b><u>DOH Correspondences:</u></b>The Hospital and Unions must share any correspondence with the Department of Health related to the Clinical Staffing Committee (CSC) with the CSC Directors within 24 hours of sending or receiving it. If the CSC cannot reach consensus on the annual staffing plan or proposed mid-cycle changes, a designated Union representative and a designated Employer representative will attempt to agree on the final plan submitted to the DOH. If they still cannot agree, <u>the issue will go to arbitration.</u> If arbitration cannot be scheduled by the state’s annual deadline, the previous year’s staffing plan will be submitted until a decision is reached.</p> <p><b><u>Staffing Language Enforcement:</u></b> The unions have been clear that there must be enforcement language that holds Kaleida Health accountable to meet agreed upon staffing ratios or fixed staffing models. If they are unable to meet the agreed upon ratios or fixed staffing models, the unions have proposed a system that would allow the unions to, once a pattern in short staffing is identified, submit for an arbitration. An arbitrator would act as an independent third party and rule if there was a pattern of short staffing and if ratios or fixed staffing models were not met. Then, a financial penalty could be placed on the organization, equal to the amount saved by Kaleida Health by not staffing that unit / department on the specific dates.</p>
<p><b>Bonus</b></p>	<p>Kaleida has rejected our proposal on the bonus. Kaleida Health will only agree to present contract language on the bonus if we agree to their proposal on Staffing,</p>	<p>The unions are proposing no changes to bonus amounts in the contract.</p> <p>The unions are proposing to remove the agency trigger in the bonus language as agency reduction measures are underway by Kaleida Health and once agency is at a minimum, there</p>

		<p>will be no other automatic trigger for bonus besides extra shifts on the weekends.</p> <p>The unions are proposing to add that open shifts in long term care be included in the automatic trigger for bonus being offered</p>
<p><b>Child Care Fund</b></p>	<p>Kaleida Health is rejecting the proposal to create a Child Care Fund.</p>	<p>The Child Care and Youth Services program helps union members access affordable, high-quality child care and enrichment for their children, from infancy through age 17. It offers a wide range of benefits, including licensed day care, after-school programs, summer camps, sleep-away camps, SAT prep, mentoring, and scholarships. Eligible members may also receive reimbursements for child care expenses and access parenting resources, referrals, and help. Overall, the program is designed to support working families by easing the burden of child care and helping children grow, learn, and thrive.</p>

**Package Proposals:** A package proposal is when one side is offering multiple proposals as an all-or-nothing deal, “You can’t agree to some parts and reject others.” Management is using this approach to tie any gains to things they want us to give up. The union is pushing for issues to be bargained individually, so each proposal stands on its own. Currently, management is proposing two packages we are not in agreement on.

1. Kaleida Health will only agree to present contract language on the bonus program if we agree to their proposal on Staffing as described above.
2. Kaleida will only agree to our proposal on Floating, if we move off of our proposal on On-Call.

## **STRIKE AUTHORIZATION VOTE!**

**July 8 & July 9**

**6:00 AM - 9:00 PM**

Wyndham Garden Downtown | 125 High St, Buffalo | Ellicott Room

**July 10**

**6:00 AM - 9:00 PM**

CWA Local 1168 Office | 1900 Sweet Home Road | Amherst



*\*You must be a dues paying member in good standing to vote. Members can vote on any day that works best.*