

**~~Memorandum Of Understanding #~~ Side Letter  
Kaleida Health System On-Call Analysis and Utilization Project**

This Side Letter ~~Memorandum of Understanding (“MOU”)~~ is entered into between Kaleida Health (“Employer”), Communications Workers of America, AFL-CIO (“CWA”) and 1199SEIU United Health Workers East (“SEIU”) herein referred to as the “Unions” and collectively referred to as the “Parties.”

The Parties met during 2025 Master Agreement negotiations to discuss ~~In an effort to address the long standing challenges and grievances experienced improving the on-call process and by employees of Kaleida Health, members of the Unions, with respect to inappropriate utilization of on-call throughout the system, the parties met during contract negotiations in an effort to discuss solutions related to appropriate use of on-call and recognize the large volume of work needed to Review the scrutinize on-call utilization throughout the system.~~

~~The Employer commits to a project to address and resolve review the on-call processes and utilization and abuses that have been identified in grievances and discussed in bargaining.~~

The Parties agree to meet ~~thirty~~ ninety (90) days after the ratification of a successor Master Bargaining Agreement ~~in a joint Employer, Union/Member and medical doctor committee to discuss begin a process of scrutinizing on-call utilization by Service Line, Unit and Department.~~

Items for discussion will include, but not be limited to ~~The committee will be charged with:~~

- Reviewing current Kaleida Health Policy specific to On-Call use for urgent and emergent cases, including for purposes of recommending potential policy changes ~~as necessary to Kaleida Administration, for review of the policy and possible changes that may/will prevent inappropriate use that impacts Kaleida Health employees / Union members.~~
- Evaluating data for each unit/department throughout the Kaleida Health system, that assigns on call to cover urgent cases and emergent cases beginning with the units/departments with highest utilization first, then lower utilization as identified by data from the prior two (2) years 2024 and 2025 YTD. The intended units/departments include, but are not limited to: Operating Rooms (ALL), Special Procedure Labs, IR Labs, Angio-Labs, GI, Urology, Post Anesthesia Recovery Rooms, Imaging, Ultrasound, etc.
- Considering issues relevant to the use of on-call, including ~~Things to consider:~~
  - Whether ~~Has~~ on-call has been used to finish regularly scheduled cases?

TA  
5/30/25  
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MOS  
5/30/25

**Kaleida Health Master Negotiations 2025  
Counter Proposal**

**Date Presented: May 29, 2025**

- Whether ~~Has~~ on-call has been used as a substitute for routine ~~to~~ staffing?
  - Whether on-call has been used to hold ~~Holding~~ over staff beyond the end time of their regularly scheduled shift?.
  - Whether call-in utilization aligns with pre-determined urgent and emergent criteria ~~Was call-in appropriate?~~
  - ~~Is utilization unusually high?~~
  - ~~Is this urgent/ emergent and does it involve possible forced overtime?~~
  - Overtime implications relating to unit/department call-in practices.
- ~~recommendations to change hours of operations, call start and end times, adding staff to be scheduled to meet patient needs and other solutions specific to each unit/department.~~
- ~~Develop a process for real time and violation/dispute resolution when it is identified that the call-in would be or is inappropriate.~~

The Parties agree that each unit/department on-call scheduling guidelines are unique and department specific. Each unit/department will continue to develop on-call guidelines that will meet unit/department on-call needs and vote to adopt-in accordance with past practice.

TA  
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NM  
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HAB 5/30/25