KALEIDA HEALTH
1199/SEIU UNITED HEALTHCARE WORKERS EAST
COMMUNICATIONS WORKERS OF AMERICA

2022 CONTRACT NEGOTIATIONS

Employer Revised Economic Proposal
Date Presented: October 2, 2022

Article __
Staffing

Section 1. The Employer will implement staffing plans at the following facilities as specified below to apply during the term of this Agreement. ~~(June 1, 2022 through May 31, 2025). New positions will be added during the life of the Agreement.~~ The parties agree that increasing current staffing levels to meet the ratios and FTE amounts below will require ~~significant~~ 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 Monday-Friday

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 Monday-Friday

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 Monday-Friday

d.) 14th Floor Adult Telemetry +

Charge Nurse	1 per side without assignment 24/7

TA 10/3/22 1-30

TA 10/3/22 1-30

TA 10/3/22 1-30

Registered Nurse	1:4
Patient Care Assistant	1:6-8
Unit Secretary	1 per side Day Shift 12 or 13 hours Monday-Friday

e.) 13 North Adult Telemetry +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:4
PCA/Monitor Tech	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours Monday-Friday

f.) 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 Monday-Friday

g.) Medical Rehab Unit

Charge Nurse	1, 24/7 without assignment when all patients are on the same floor. 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 Transporter PCA will be assigned five (5) days per week for 7.5 hours
Unit Secretary	1, day shift 7.5 hours Monday – Friday

*Patients average 3 hours of therapy six days per week either in rehab gym or in room with therapist

h.) 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 Monday-Friday

i.) 10th Floor Adult Telemetry +

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

j.) 9th Floor Adult Telemetry +

Charge Nurse	1 per side without assignment 24/7
Registered Nurse	1:4
	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 per side Day Shift 12 or 13 hours Monday-Friday

k.) 8 North Adult Intermediate Care +

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

l.) 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

m.) Medical Intensive Care Unit +

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

n.) Cardiovascular Intensive Care Unit +

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

o.) Neurosurgical Intensive Care Unit +

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

p.) Surgical Intensive Care Unit +

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

q.) Emergency Department +

Charge Nurse	1, 24/7 without assignment
Front Triage	1 RN and 1 CMA 24/7
RN Rover	1, 12 hours per day on mid-shift
Green Pod RN	1:1 to 1:3 depending on acuity
Purple Pod RN	5, 24/7
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
RN EMS Triage	1, 24/7 (Rover to assist when high volume)
Greeter/CMA	1, 24/7
PIT RN	1, during hours of operation
PIT CMA	1, during hours of operation
CMA	4 total for Green, Purple and AWR
CMA Blue	1, 24/7
CMA Orange	1, during hours of operation
CMA Rovers	1, 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

r.) Observation Unit/Outpatient

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

s.) 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) Laser Cases 2:1 (Can be RN or ST)
Surgical Technologist	1:1 Laser Cases 2:1 (Can be RN or ST)

t.) Post Anesthesia Care Unit/ASU +

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

2021-2022 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: • 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

2021-2022 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

Nurse Assistants	4 FTEs

u.) 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

v.) Endoscopy

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)
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 ASPAN guidelines will be followed as indicated above
Technical Assistant	2, Monday – Friday, 1 on Saturday
Clerical	Minimum of 1

w.) Procedure Lab

Patient Care Assistants	7 FTEs

a. Cardiac

Registered Nurse	1:1 (responsible if conscious sedation is given)
Registered Nurse	3:1 for TAVR cases
Radiological Technologist	1:1
Scrub (where applicable) (RN/RT/CVRT)	1:1
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
Scrub (where applicable) (RN/RT/CVRT)	1:1

c. Electrophysiology

Charge Nurse	1 without assignment during hours of operation
Registered Nurse	2:1
Radiological Technologist	1:1

d. Neuro

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

x.) Stress lab

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

y.) 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

z.) VIS Outpatient Pods Purple, Blue, Green

Registered Nurse	1:5 day shift / 1:6 night shift *carotid stents staffed at 1:3 for the first four hours
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

aa.) Pre Admission Testing

RN/LPN	1:1
CMA	1.6 FTE

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 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 Hertle 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
• Respiratory Therapist	2.56 FTE Day Shift Assign. TBD
	2.56 FTE Night Shift Assign. TBD
• Clinical Educator	1.0 FTE Unit/Shift TBD
• Clinical Educator	1.0 FTE for the Procedure Lab
• Radiological Technologist	.92 FTE day shift
	.92 FTE night shift
• Physical Therapist	1.0 FTE shift TBD
• Occupational Therapist	1.0 FTE shift TBD
• Speech Language Pathologist	1.0 FTE 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
Medical Assistant	1:9

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
Medical Assistant	1 census of 0 – 24 2 census of 25 – 49 3 census of 50 – 64 4 census greater than 64
Unit Secretary	1, 24/7

c.) Labor and Delivery[+]
~ (Dels RN Included for baby assignment below)
1:1 at birth
1:3 infant in couplet status

Labor and Delivery AWHONN Standards	
RN Charge	1 without an assignment 24/7
Obstetric Triage	
RN 1:1	The initial triage process (10 to 20) minutes requires 1:1 at presentation
RN 1:2	Once maternal-fetal status is determined to be stable
RN 1:3	• Stable extended triage • Nonstress testing
Antepartum	
RN 1:1	• Unstable antepartum • Continuous bedside attendance for woman receiving IV magnesium sulfate for the first hour of administration for preterm labor prophylaxis and no more than 1 additional couplet or woman for a nurse caring for a woman receiving IV magnesium sulfate in a maintenance dose. • A woman who is receiving IV magnesium sulfate should have 1 nurse in continuous beside attendance for the first hour of administration. The ratio of 1 nurse to 1 woman receiving magnesium sulfate should continue until the woman is no longer contracting to the degree that preterm birth is an imminent concern
RN 1:3	• RN 1:3 stable antepartum
Labor	
RN 1:1	• Complications of Labor including but not limited to: o Fetal demise o Abnormal FHR o Etc. • Initiation of regional anesthesia • Labor with: o Continuous IV Magnesium Sulfate o Oxytocin o Uncontrolled pain2

	○ Auscultation of fetus • Active pushing phase of labor • Birth • TOLAC
RN 1:2	• Labor without complications • Cervical ripening with pharmacologic agents
Delivery/Infant Post-Birth/Postpartum	
RN 1:1	• Infant for at least two (2) hours and until critical elements are met which include: ○ Report has been received from the baby nurse, questions answered, and transfer of care has taken place ○ Initial assessment and care are completed and documented ○ ID bracelets applied ○ Infant condition stable • Active recovery of vaginal birth or cesarean birth for at least 2 hours, or longer if complications arise
RN 1:3	• Couplets* *Couplet is defined as one (1) mother and up to two (2) newborn infant(s)

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

d.) Mother Baby Unit +

Charge Nurse	1 without assignment 24/7
Registered Nurse	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

e.) 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

f.) Emergency Department +

Unit Secretary	1, 24/7	
Medical Assistant	3, 24/7	
	4, if Kids Express is Open (11a- 11:00p)	
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 *hallway beds will be given an assignment and extra nurse when they are three or greater

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

Registered Nurse	1:4 EMU Patients 1:5 Observation/Ambulatory Patients
Unit Secretary	1, 9a-5p Monday through Friday

h.) 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), Compath, 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

i.) J10 (Pediatric Medical – Surgical) +

Charge Nurse	1 RN, 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 liters per kilo 1:4 General Pediatric Patients 1:5 If all patients in OBS/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
Unit Secretary	1, 7:00a to 7:30p M – F

j.) 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 liters per kilo 1:4 General Pediatric Patients

	1:5 If all patients in OBS/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
Unit Secretary	1, 7:00a to 7:30p M – F

k.) Pre-Admission Testing
RN/LPN 1:1

l.) Pre-Operative Care +
Registered Nurse 1:5

m.) Post Anesthesia Care Unit +
Charge Nurse 2 without an assignment on J2, 1 on J3 (based on hours of operations)

2021-2022 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: • 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.

	○ 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
2021-2022 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

Medical Assistant	2, starting at 5:30a 3, in house by 8a 4, in house by 11a 2, in house at 1:30p 1, in house from 4p-7:30a
Unit Secretary	1, 5:30 am to 1:30 pm 1, 11:00 am to 5:00 pm

n.) GI/Interventional Staffing

Registered Nurse	1:1

o.) Dialysis

Registered Nurse	.96 FTE
Medical Assistant	.92 FTE
Medical Secretary	1.0 FTE

2.) OCH New Positions

- Audiologist 0.2 FTE Day Shift Per Diem
- Clinical Dietician 1.0 FTE Day Shift
- 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
- Pharmacists 4.0 FTE
- 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
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

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 Monday-Friday

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
	*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.) Labor and Delivery +

Labor and Delivery AWHONN Standards	
RN Charge	1 without an assignment 24/7
Obstetric Triage	
RN 1:1	The initial triage process (10 to 20) minutes requires 1:1 at presentation
RN 1:2	Once maternal-fetal status is determined to be stable
RN 1:3	• Stable extended triage • Nonstress testing
Antepartum	
RN 1:1	• Unstable antepartum • Continuous bedside attendance for woman receiving IV magnesium sulfate for the first hour of administration for preterm labor prophylaxis and no more than 1 additional couplet or woman for a nurse caring for a woman receiving IV magnesium sulfate in a maintenance dose.

	• A woman who is receiving IV magnesium sulfate should have 1 nurse in continuous beside attendance for the first hour of administration. The ratio of 1 nurse to 1 woman receiving magnesium sulfate should continue until the woman is no longer contracting to the degree that preterm birth is an imminent concern
RN 1:3	• RN 1:3 stable antepartum
Labor	
RN 1:1	• Complications of Labor including but not limited to: o Fetal demise o Abnormal FHR o Etc. • Initiation of regional anesthesia • Labor with: o Continuous IV Magnesium Sulfate o Oxytocin o Uncontrolled pain2 o Auscultation of fetus • Active pushing phase of labor • Birth • TOLAC
RN 1:2	• Labor without complications • Cervical ripening with pharmacologic agents
Delivery/Infant Post-Birth/Postpartum	
RN 1:1	• Infant for at least two (2) hours and until critical elements are met which include: o Report has been received from the baby nurse, questions answered, and transfer of care has taken place o Initial assessment and care are completed and documented o ID bracelets applied o Infant condition stable • Active recovery of vaginal birth or cesarean birth for at least 2 hours, or longer if complications arise
RN 1:3	• Couplets* *Couplet is defined as one (1) mother and up to two (2) newborn infant(s)

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

k.) Mother Baby Unit +

Charge Nurse	1 without assignment 24/7
Registered Nurse	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

l.) 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 (core staff of 2 RN plus a charge RN)
MOA	1, 8 am to 4pm every day if there are less than three babies, the MOA will be floated within women's services

m.) Operating Rooms +

Charge Nurse	1 RN without an assignment 6a-2p and 1:30p-9:30p
Registered Nurse	1:1 (2:1 for patients who cannot tolerate general anesthesia) Laser Cases 2:1 (Can be RN or ST)
Surgical Technologist	1:1 Laser Cases 2:1 (Can be RN or ST)

n.) Pre-Operative Care +

Charge Nurse	1, 6a-4p M - F
Registered Nurse	1:1
Patient Care Assistant	2, 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

o.) Post Anesthesia Care Unit +

Charge Nurse MFSH	1 without an assignment 6a – 10p

2021-2022 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. d 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

	○ Patient has a stable/secure airway** ○ Patient is hemodynamically stable ○ Patient is free from agitation, restlessness, combative behaviors ○ Initial assessment is complete ○ Report has been received from the anesthesia care provider ○ 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: ○ Requiring active interventions to maintain patency such as manual jaw lift or chin lift or an oral airway ○ Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc. ○ 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
2021-2022 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

p.) Pre-Admission Testing

RN/LPN	1:1
MA	1.2 FTE

q.) 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)
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
Clerical	1

2.) MFSH/DMP New Positions

- Neuro Diagnostic Technologist — 1.0 FTE Shift TBD (multi site float pool)
- 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
- Environmental Service Aide — 1.0 Night Shift
- 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)**

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

d.) HPTE Delaware Park:

Registered Nurse	2, day shift
	2, night shift
Certified Nurse Assistant	2, day shift
	2, night shift
Clerical	1.0 FTE shared with Pediatric Pavilion

e.) HPTE Hamlin Park:

Registered Nurse	2, day shift

	2, eve shift
	2, night shift
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	1.0 FTE

f.) HPTE Elmwood Village:

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

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
	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

2.) <u>HPTE/DeGraff SNF New Positions</u>

• Respiratory Therapists	1.92 FTE – Shift TBD based on distribution of ventilated patients
• Child Life Specialist	1.0 Day Shift
• 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)

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 ~~covered by~~** the requirements of New York Public Health Law § 2805-t. ~~**and agree to follow those requirements, as may be amended or revised, as well as any regulation, rule or guidance issued by the New York State Department of Health as may be applicable. In furtherance of administering those requirements: as well as complying with the responsibilities outlined in the law.**~~

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 selection of the registered nurses, licensed practical nurses, and ancillary frontline team members of the CSC shall be according to this Agreement;**~~

d.) ~~**Participation in the CSC by employees will be on scheduled work time and such employee will be compensated at the appropriate rate of pay;**~~

e.) ~~**CSC members shall be fully removed of all other work duties during meetings of the committee and not have their work duties added or displaced to other times as a result of their committee responsibilities;**~~

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 Union will select the employees, in the job titles and number it desires, as its representatives** not to exceed two (2) representatives per department inclusive of Union delegates and CSC Directors and a total of five (5) per bargaining unit, unless mutually agreed upon.~~ **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 ~~six (6) months~~ the committee is functioning post ratification of this Agreement. The days will be distributed as follows:

- 1199SEIU Director 20 days per month;
- CWA Director 20 days per month.
- ~~OCH Director 13 days per month;~~
- ~~MFSH Director 1199SEIU 13 days per month;~~
- ~~MFSH Director CWA 13 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;
- assessment of all existing grids/plans and the staffing ratios covered by New York Public Health Law § 2805-t;
- a recommendation ~~determination~~ of the number of positions needed to meet the established ratios outlined in Section 2 ~~8~~ through 5 covered by New York Public Health Law § 2805-t; ~~12.;~~
- ~~development of ratios not currently defined in Sections 8 through 12.;~~
- 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 ~~deal with~~ Environment of Practice, Recruitment and Retention;

- **development of initiatives to collaborate ~~deal~~ 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 **~~Sections __. through __~~. 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, 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 subdivision fourteen of this section;

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;

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.

~~1.) In addition to those requirements under New York Public Health Law § 2805-t:~~

~~1.) The Union will select the frontline employee representatives of the CSC, in the job titles and number it desires, not to exceed two (2) representatives per department inclusive of Union delegates and a total of five (5) per bargaining unit. The selected employees will represent a range of department/units.~~

~~2.) Where participation cannot be on scheduled work time, employees will be compensated for their time at the meeting at their base rate of pay (plus over time where applicable). It is understood that the employees' departments/units will not be short-staffed due to participation.~~

~~3.) The CSC's responsibilities will include but not be limited to:~~

- ~~Coordination and scheduling of CSC meetings;~~
- ~~Reviewing compliance with staffing ratios/levels and identifying issues related to the implementation of those ratios/levels;~~
- ~~Reviewing the skills and contributions of Licensed Practical Nurses and work to maximize their contributions to patient care;~~

- ~~Monitoring and evaluating the effectiveness and need for enhancement of float pools in the acute care facilities; and~~

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. The parties agree that if during the life of this Agreement the patient population changes on any unit, they will meet to evaluate and review the impact of such changes on the ratios specified above. For any units marked as (+) above, the CSC will evaluate and review any impact on those ratios.~~ (note: removed due to duplication above)

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 ~~in the acute care facilities~~ is critical and will be an appropriate agenda item for site CSC. ~~will be staffed as outlined below:~~

~~a.) BGMC/Non-Critical Care 10% of the non-critical care nursing workforce;~~
~~b.) BGMC/Critical Care 10% of the critical care nursing workforce;~~
~~c.) OCH/Non-Critical Care 10% of the non-critical care nursing workforce;~~
~~d.) OCH/Critical Care 10% of the critical care nursing workforce;~~
~~e.) MFSH/Non-Critical Care 10% of the non-critical care workforce;~~

~~f.) MFSH/Critical Care 10% of the critical care nursing workforce.~~

~~Included in the above captioned workforce could will be Companion,~~ CMA, MA, MOA, NA, PCA, Student Nurse PCA, Student Nurse MA, ~~PSA~~ and Unit Secretary ~~Clerks~~ may be included in the float pool. ~~at 10% of the employees in each position.~~

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.

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.

~~Within ninety (90) days of the ratification of this Agreement, the ratios agreed to as part of this proposal designated by CSC + will be reviewed by the Site CSC. If changes have been determined and are approved by the Site CSC they will be sent to New York State pursuant to New York State Public Health Law Section 2085-t replace the staffing plan ratios developed by the Clinical Staffing Committee and will be sent to NYS as the KH Staffing Plan.~~

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.