

June 30, 2022

Via email to: hospitalstaffingplans@health.ny.gov



Kaleida Health

Executive Offices

100 High Street
11 South
Buffalo, NY 14203

Stephanie Shulman, DrPH, MS
Director, Division of Hospitals and
Diagnostic & Treatment Centers
New York State Department of Health
Empire State Plaza, Corning Tower
Albany, NY 12237

Re: 0581 DeGraff Medical Park Clinical Staffing Committee - Staffing Plans

Dear Dr. Shulman:

Enclosed please find a copy of the clinical staffing plan adopted by DeGraff Medical Park (DMP) pursuant to the New York State Hospital Clinical Staffing Committee (NYSHCSC) law, N.Y. Public Health Law § 2805-t.

Representatives of management and staff at DMP met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for that site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions.

The enclosed plan lists the positions that were agreed upon by the DMP clinical staffing committee and are adopted as recommended. It also identifies, in red, those areas where representatives of management and staff did not reach consensus. For each area lacking consensus, the enclosed plan describes management and staff's respective proposal, as well as management's rationale for its proposal. Late this afternoon, Kaleida was presented with information from the staff's collective bargaining representatives setting forth their rationale for areas lacking consensus. A copy is enclosed for your reference.

I have evaluated the enclosed recommended plan and considered the areas of disagreement. I adopt the plan as recommended for DMP, accepting the rationale stated therein.

Sincerely,

Robert Nesselbush
CEO

DATE: June 30, 2022

TO: Bob Nesselbush, CEO Kaleida Health

FROM: Judy Baumgartner, President of DeGraff Medical Park

SUBJECT: 0581 DeGraff Medical Park Clinical Staffing Committee - Staffing Plans

Attached you will find DeGraff Medical Park (DMP) clinical staffing plan as developed with our staff, in the DMP Clinical Staffing Committee (CSC) which I oversaw. We met with labor leadership in December of 2021 to develop the staff rosters our CSC, which has been inclusive of labor leadership. MFS/DMP's CNO, Pamela Anderson co-led the DMP committee along with the committee elected staff representative, and we all sit on the KH System CSC Steering Committee.

Per the New York State Hospital Clinical Staffing Committee (NYSHCSC) law enacted in June 2021, committee members included front line staff and managers from DMP's inpatient units (including inpatient operating room), emergency department, intensive care units, and post-anesthesia care unit. Participants from each unit included registered nurses (RNs,) licensed practical nurses (LPNs) and nursing assistive staff, including certified nursing assistants (CNAs), patient care attendants (PCAs), medical assistants (MAs) and unit secretaries, as applicable to the patient care in each unit. Each participant had a critical voice in developing unit level staffing plans contained in the attached.

The CSC Steering Committee has met regularly throughout 2022 and our site CSC met weekly from March 21, 2022 – June 6, 2022. Our committee utilized industry standards and staffing practices when available, hospital specific data, including but not limited to the sixteen clinical factors identified for consideration by the NYS CSC law enacted in June 2021.

Each committee completed the work collaboratively and voted on or before June 6, 2022. At DeGraff Medical Park, there are many areas of consensus, and some positions for which there is not. Those areas are highlighted on the attached DMP Clinical Staffing Committee staffing plan with written explanation as to why some elements of the plan on which the committee did not reach consensus (Attachment A).

This is the plan we are recommending to you for evaluation, possible adoption, and submission to New York State DOH by July 1, 2022.

Attachment A
Degraff Medical Park
Staffing Ratios

DeGraff Emergency Department (ED)

Guidelines used for ED:

ENA. (2003). ENA's New Guidelines for Determining Emergency Department Nurse Staffing.
ENA. (2021). ENA Position Statement: Staffing and Productivity in the Emergency Department

No Consensus reached on RN or PCA.

1 Charge with limited Assignment
RN 1:1-4 based on acuity
PCA 1:6-8

Charge 1 Charge without assignment
RN 1:1-3 based on acuity
PCA 2 PCAs 24/7

Rationale for charge RN, nurse and PCA staffing: The patient acuity level seen at DMP is comparable to an urgent care at times. Because of this, the charge nurse is able to assist with a minimal assignment. The nurse and PCA ratio is consistent to our proposal and rationale for MFSH ED.

Supporting departments: MFS Float Pool RN's & PCA's, Pharmacist, Imaging, EVS, Material Handlers/Stockers, APP's, MD's

DATE 6-27-2022

Mark Hennessey, Director
Center for Health Care Provider Services and Oversight
Office of Primary Care and Health Systems Management
New York State Department of Health
875 Central Avenue, Albany NY 12206
(518) 485-9914
mark.hennessey@health.ny.gov

**Re: Clinical Staffing Committee Law (PHL 2805-t)
Submission of Staffing Plans at:
DeGraff Medical Park
445 Tremont Street, North Tonawanda, N.Y.
“Kaleida Health System”**

To Whom It May Concern:

Please accept the following submission on behalf of the caregiver members of the Clinical Staffing Committee, as required by PHL 2805-t at DeGraff Medical Park.

The Hospital CSC was formed on or around January 1, 2022 beginning with a steering committee and then the working committee. Meetings started in April 2022. Eight (8) to Ten(10) meetings were convened that were combined with Millard Fillmore Hospital’s CSC . The two sides on the committee were able to reach consensus on staffing plans for -0- units. We did not reach consensus on the staffing plan to apply to the following unit: **Degraff Emergency Department.**

On or around 6-7-2022 the hospital issued a clinical staffing plan that unilaterally determined the staffing plan for the following units on which there was not consensus: The CEO had not yet reviewed differences between staff and managements proposed plans.

The frontline workers on the clinical staffing committee submitted a proposed staffing plan for the unit that were not agreed to by consensus and were rejected by the employer representatives on the committee. A copy of the proposals submitted by the worker representatives and the rationale for our position is attached.

It is our position that the staffing plan, in regards to the units listed above, adopted by the hospital management is inconsistent with the law’s goal of promoting patient safety and quality of care, ensuring sufficient staffing, supporting retention of staff, and providing safer working conditions. The unilaterally adopted employer staffing plan violates the requirements of the statute in the following ways:

- Section 2805-t(4)(b)(xiii) requires the staffing plan to consider coverage for staff meal and break time, planned absences (vacations/leave time), and unplanned absences (sick leave) from the unit. The employer refused to discuss or incorporate these factors in the adopted plan.
- Section 2805-t(2) requires the inclusion of nurses and “ancillary members of the frontline team currently providing or supporting direct patient care.” Section 805-t(4)(b)(xi) requires the staffing plan to consider the “availability of personnel supporting nursing services on the unit.” The adopted staffing plan does not include or address the need for the following support staff – **Respiratory Therapy**
- Section 2805-t(4)(b)(ii) requires the staffing plan to consider patient acuity/intensity measurements. The employer refused to include adjustments in staffing to respond to higher patient acuity/did not provide information about acuity measurement tools/did not address acuity concerns – **The ED may need RN 1:1 , 1:2 etc. which was not adequately addressed in the plan. In addition, Degraff ER staff must process all labs in a point of care testing environment, perform all respiratory treatments without the customary titles included in ER.**
- Section 2805-t(4)(b)(vii) requires consideration of the need for 1:1 patient observation on the unit. The hospital refused to properly include staffing for 1:1 coverage in the staffing plan.

Proposed Remedy

Pursuant to PHL 2805-t(11)(a)(i) and (ii), the DOH shall investigate a complaint of “failure to form or establish a clinical staffing committee” or “comply with the requirements of this section in creating a clinical staffing plan.” PHL 2805-t(11)(c) states that the DOH shall initiate an investigation after making an assessment that there is a pattern of failure “to reach consensus” on the formation of committees and compliance with the committee process.

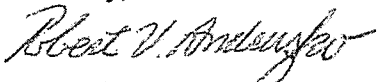
The unilaterally imposed staffing plan violates the intent and letter of the law.

Accordingly, we request the following remedy be imposed by the DOH:

- An order directing the hospital to modify the adopted staffing plan by addressing the issues raised in this complaint before the implementation of the staffing plan on January 1, 2023;
- In the event that the hospital does not comply with the DOH order in a timely fashion, for the imposition of daily fines and further enforcement action until such time as the hospital is in compliance with the law.

Thank you for your consideration of this important matter.

Sincerely,



Robert V. Andruszko

Executive Vice President

CWA Local 1168

(716) 639-1168

Randruszko@cwa1168.org

CLINICAL STAFFING PLAN:
Overview of Staffing Plan Factors for Emergency Department Unit

X No Consensus Reached

Hospital: DeGraff Medical Park

Unit: _____ Emergency Department _____

Date: _____ 6-27-22 _____

STAFFING PLAN FACTOR OVERVIEW:

Description of patient population on this unit and any considerations related to special characteristics of the unit or community patient population including age, cultural linguistic diversity and needs, functional ability, communication skills and other relevant social or socio-economic factors:
See Attached
Census per shift and description of activity such as patient discharges, admissions, and transfers:
See Attached
Measures of acuity and intensity of patients and nature of the care to be delivered on this unit, by shift:
See Attached
Considerations based off nursing quality indicators including incidence of adverse patient care:

See Attached

Environmental Considerations (for example, the need for specialized or intensive equipment, architecture and geography of the patient care unit, like patient rooms, treatment areas, nursing stations, medication preparation areas, etc):

See Attached

Staffing Considerations:

- Skill mix, the availability, level of experience, and specialty certification or training of nursing personnel providing patient care, including charge nurses, on this unit and by shift
- Availability of other personnel supporting nursing services on this unit
- coverage to enable RN, LPN, 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 the CBA
- measures to increase worker and patient safety, which include measures to improve patient throughput

See Attached

Other considerations related to procedures/mechanisms to provide for 1:1 observation

See Attached

Financial Considerations including general hospital finances and resources:

See Attached

Staffing guidelines adopted or published by other states or jurisdictions or national nursing professional associations, specialty nursing organizations and other health professional organizations:

See Attached

Description and definition of any “short-term adjustments” and “unexpected changes in circumstances” and how that should impact staffing for this unit:

See Attached

Additional Comments: [Use this area to add any additional comments supporting your proposal!]

Degraff Medical Park Emergency Department Staffing Proposal

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

DMH Emergency Room: Scope of Service

Name of Department	DMH Emergency Room
Facility Name	<u>DeGraff Medical Park - 445 Tremont Street</u>
Location	Located at the front of the building facing Twin City Highway. Denoted with Red "Emergency" sign
Hours of Operation	The emergency department is open 24 hours per day year round and integrates with other services/departments (radiology)of the facility as needed.
Main Phone Number	(716) 690-2105 ^(S)
Primary Manager Name	<u>Annette Andrews</u> - Manager Nursing Unit
Secondary Manager Name	No Secondary Manager Selected
Department Scope of Service	<p>Saving lives in acute medical/surgical emergencies and caring for those individuals with illnesses or injuries for which immediate medical attention is required, Fully integrating with other departments throughout the facility and across the system to provide optimum patient care, Triageing all incoming patients to determine acuity level,</p> <p>All care that is provided in the Emergency Department is aligned with the vision/mission of Kaleida Health.</p>
Department Inputs	Supplies, equipment, RN & aide staff, physicians and midlevel providers, registrars, radiology, materials management, security
Patient Populations/Customers Served	<ul style="list-style-type: none">• Individuals of all ages with physical, psychological, and/or emotional illness are evaluated.• Average daily volume is 46 patients (ranging from 38 to 63 visits)• Average Length of Stay is 240 minutes for an admitted patient
Skill Mix	<p>The department is staffed with the following positions: Board Certified Physicians in Emergency Medicine, Manager, Nurse Practitioners with RN License and appropriate NP licensure, Physician Assistants with appropriate PA licensure, RNs, Nursing Assistants (NAs), Patient Care Assistants (PCAs), and Patient Registration Representatives.</p> <ul style="list-style-type: none">• Manager: Current NYS license as a Registered Professional Nurse required. Masters of Science Degree in Nursing preferred.• Registered Nurses require: one year acute care med/surg experience, RN License, and ACLS & PALS cert within one (1) yr of transfer into critical care. RNs require Decontamination training, BLS, and Nursing Annual Review training, POCT training• Patient Care Assistants (PCA) and Medical Office Assistants (MOAs) all require a High School diploma (or equivalent), have attended Unlicensed Assistive Personnel training as offered by Kaleida. PCAs require CPR (re-demo every 2 years)• Patient Registration Representatives, requiring a High School diploma (or equivalent)

Required training: All positions have ongoing training and annual mandatory WBT education on EMTALA Compliance, Health and Safety; Ergonomic in-

service education; and Departmental meetings which include updates and training on identified topics.

Core Staffing and Methods for Determining and Modifying Staffing to Meet Patient or Process Needs

The Emergency Department is staffed with Board Certified Physicians, Manager, Nurse Practitioners, Physician Assistants, Register Nurses, Patient Care Assistants, Medical Assistants, and Patient Registration Representatives. Staffing levels are based upon the average daily volume of 43 patients, taking into account patient arrival by hour trends. Staffing fluctuates throughout the day to accommodate trends in arrival by hour and peak times.

Description of Assessment and Reassessment Practices/Staff Responsibilities, Qualifications and Competencies

Performance/competency assessment is an ongoing cycle of review and communication between employee and manager.

Initial Probationary Assessment takes place at the end of the probationary period, 90 calendar days from position start date, or at the end of orientation, whichever comes later.

Performance Assessment and Competency Evaluation conducted once a year.

Staff responsibilities and qualifications are outlined within the Job Description for each position at Kaleida which are available on Kaleidascope, or by request with management or site Human Resources.

Kaleida Health strives for a relationship of collaboration with each other, with our patients, our customers and our unions. This promotes a culture in which management and all employees can find meaningful and fulfilling work in providing exceptional health care and also represents our mission.

Quality Objectives/Goals (Performance Measures)

Compliance with sepsis bundle
Door to transfer to cath lab for STEMI
medication Scan rates

Interested Parties

Patients, families, staff, physicians

Risks

MCI's, adequate staffing, variable visits

Opportunities

Moving to direct bedding , taiging in the room when there are beds available and addition of newer, more efficient workflows in the new space.

Last Updated

4/15/2022 10:16:37 AM

DMP Emergency Department - Staffing Committee Data Request

Number of Visits per Month

Month	2019	2021
January	1,232	1,013
February	1,155	870
March	1,321	1,002
April	1,229	1,276
May	1,329	1,252
June	1,273	1,249
July	1,379	1,294
August	1,273	1,470
September	1,200	1,590
October	1,182	1,790
November	1,057	1,658
December	1,190	1,667
Total Visits	14,820	16,131

Average Visits per Day

Month	2019
January	40
February	41
March	43
April	41
May	43
June	42
July	44
August	41
September	40
October	38
November	35
December	38
Monthly Average	41

Staffing Mix

Job Class	# of FTEs	% of Total
Critical Care Nurse	20.56	79.08%
Patient Care Assistant	5.44	20.92%
Total	26.00	100.00%

LWBS %

Month	2019	2021
January	0.59%	0.42%
February	0.37%	0.12%
March	0.16%	0.00%
April	0.78%	1.26%
May	0.63%	0.59%
June	0.58%	0.48%
July	0.45%	0.48%
August	0.65%	1.36%
September	0.35%	1.64%
October	0.26%	1.93%
November	0.40%	3.84%
December	0.44%	3.80%
Monthly Average	0.47%	1.33%

Level Charges

ED Level Charge	2019		2021	
	ED Volume	% of Total	ED Volume	% of Total

Red	58	0.39%	35	0.22%
Orange	1,212	8.18%	1,091	6.76%
Yellow	7,401	49.94%	9,183	56.93%
Green	5,572	37.60%	5,346	33.14%
Blue	577	3.89%	476	2.95%
Total	14,820	100.00%	16,131	100.00%

ED Visits by Arrival Time

Arrival Hour	2019	2021
0	374	408
1	323	267
2	209	279
3	174	229
4	188	213
5	163	210
6	257	259
7	388	410
8	526	483
9	699	725
10	844	896
11	854	989
12	881	973
13	867	941
14	858	958
15	890	971
16	866	990
17	843	976
18	897	976
19	828	952
20	881	906
21	790	847
22	693	703
23	527	570
Total	14,820	16,131

IP Conversion %

2021	Month	2019	2021
33	January	5.50%	5.50%
31	February	6.40%	5.50%
32	March	6.90%	5.10%
43	April	7.40%	4.80%
40	May	5.40%	3.80%
42	June	5.30%	2.80%
42	July	3.80%	2.70%
47	August	5.70%	3.10%
53	September	4.40%	3.40%
58	October	4.00%	3.20%
55	November	4.40%	4.50%
54	December	3.40%	4.70%
44	Monthly Average	5.22%	4.09%