



# Kaleida Health

June 30, 2024

Via email to: [hospitalstaffingplan@health.ny.gov](mailto:hospitalstaffingplan@health.ny.gov)

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: DeGraff Medical Park Emergency Department Clinical Staffing Committee – Detailed Staffing Plans

Dear Dr. Shulman:

Enclosed please find a copy of our response per the June 12, 2024, request that is in addition to the hospital clinical staffing plans submitted via the Health Electronic Response Data System (HERDS) on June 30, 2024.

Kaleida Health has a Collective Bargaining Agreement with Communication Workers of America, AFL-CIO and Service Employees International Union/1199 United Healthcare Workers East that was ratified in October 2022 and does not expire until May 31, 2025. The wording in black on the attached plan is language directly from our Collective Bargaining Agreement/signed MOU. We have evaluated the plan in our Clinical Staffing Committee and have considered the areas of disagreement.

Sincerely,

Judy Baumgartner  
President, Millard Fillmore Suburban Hospital  
and DeGraff Medical Park

## Millard Fillmore Suburban Hospital

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

#### a.) DMP Emergency Department +

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

Ancillary staff:  
Clerical

Additional resources available to support unit level patient care:  
Providers, Nursing Supervisor, MFSH float RN as available, and Nursing Management.

Management and frontline members were in agreement with inclusion of the Triage nurse into the staffing plan.

There was not agreement to add additional positions at this time. Two positions were recently added and there is a CSC DeGraff Sub-committee that meets biweekly and will continue to evaluate the effectiveness of those added positions. The CSC complaint sub-committee has recently completed a review of all DMP ED complaints and will be determining trends and action plans to address that will be taken to the CSC meeting for discussion and further planning. There was not agreement to add ratios to EVS as the job title is included in the ancillary member narrative.

Areas of no consensus statement:

The front line members of the CSC are in disagreement with the management-submitted staffing plan. This plan does not sufficiently reflect patient acuity as outlined in Section 4 (b) (i, ii, iii, and iv). Nor does this plan address the common issues derived from DMH's complaint review process. Unfortunately, hospital administration has shown a pattern of failing to reach consensus on this unit and has outright rejected a majority of committee staffing proposals

## DeGraff Medical Park Emergency Department Break Plan

Emergency Department DMP	<b>Current Plan:</b> Buddy coverage, charge nurse, recruit, float pool <b>Commitment:</b> Review missed break data monthly at the CSC planning sub-group, bring recommendations to CSC, make adjustments as appropriate
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Given the complexity of need on each unit, management met with frontline staff and labor leadership at the unit level to assess a plan for break coverage on the following dates:

6/3/2024, 6/5/2024, 6/7/2024, 6/11/2024, 6/12/2024. The above documents are a reflection of the current break plan. This break plan was brought to CSC meeting on 6/24/2024 and adopted via the consensus process. At this meeting, all agreed to establish a CSC sub-committee for break relief which will meet on the first and third Tuesdays of the month beginning 7/16/2024 and will review:

- Unit by unit missed breaks
- Identify and focus on units of most need and track trends following interventions
- Develop plans to address trends and bring proposed ideas to CSC
- Review of downsizing and floating process to incorporate break planning
- Review of assigning breaks and process for documenting missed breaks
- Joint rounding plan for labor and service line leaders for staff input
- Recruitment process for break relief

### Labor response:

Further, the front line members of the CSC are in complete disagreement with the meal and break proposal put forth by management. This plan will violate staffing plan ratios and put patient safety at risk contradicting the intent of the law. Section 4 (b) of the Clinical Staffing Committee Law requires the Clinical Staffing Committee to consider the following when developing staffing plans: (xiii) "Coverage to enable registered nurses, licensed practical nurses, and ancillary staff to take meal and rest breaks..." The meal and break proposal put forth by management requires frontline staff to care for the patients of another frontline staff member in addition to their own patient load, essentially forcing the staff to care for double the number of patients as allowed by the staffing plan. This results in a violation of the ratios established in the staffing plan, an increased risk of negative patient outcomes, impacts the ability of staff to provide quality patient care, and threatens the safety of frontline workers. Unfortunately, hospital administration has shown a pattern of failing to reach consensus on this unit and has outright rejected a majority of committee staffing proposals. The meal and break proposal put forth by management requires frontline staff to care for the patients of another frontline staff member in addition to their own patient load, essentially forcing the staff to care for double the number of patients as allowed by the staffing plan. This results in a violation of the ratios established in the staffing plan, an increased risk of negative patient outcomes, impacts the ability of staff to provide quality patient care, and threatens the safety of frontline workers. Unfortunately, hospital administration has shown a pattern of failing to reach consensus on this unit and has outright rejected a majority of committee staffing proposals.]