



Kaleida Health

November 30, 2023

Via email to: 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: Buffalo General Medical Center Clinical Staffing Committee – Detailed Staffing Plans

Dear Dr. Shulman:

Enclosed please find a copy of our response per the October 25, 2023, request that is in addition to the hospital clinical staffing plans submitted via the Health Electronic Response Data System (HERDS) on July 1 and August 15.

We have evaluated the recommended plan and considered the areas of disagreement.

Sincerely,

A handwritten signature in black ink, appearing to read "Judy Baumgartner".

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

Millard Fillmore Suburban Hospital

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

Ancillary staff:

Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator

Additional resources available to support unit level patient care:

Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.

No consensus:

The frontline members of the CSC disagree with the proposal of ICU by management as presented in the CSC held on November 27, 2023. Neglecting to provide specific ratios and staffing minimums for ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

b.) MFSH Emergency Department +

Charge Nurse	1 without an assignment 24/7
Triage Nurse	1, 24/7 with 2 nd 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

Ancillary staff:

Clerical, Respiratory Therapy, Social Worker, and Patient Care Coordinators

Additional resources available to support unit level patient care:

Environmental Services, Infection Preventionist, Material Handlers, Providers, Float Nurses/PCAs, Nursing Supervisor, and Nursing Management.

No Consensus reached:

The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit due to the omission of specific ratios and guidelines for all ancillary and support staff.

c.) 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

Ancillary staff:

Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator

Additional resources available to support unit level patient care:

Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.

No Consensus reached.

The frontline members of the CSC disagree with the proposal of 2N by management as presented in the CSC held on November 27, 2023. Neglecting to provide specific ratios and staffing minimums for ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

d.) 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

Ancillary staff:

Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator

Additional resources available to support unit level patient care:

Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.

No Consensus reached.

The frontline members of the CSC disagree with the proposal of 2SW by management as presented in the CSC held on November 27, 2023. Neglecting to provide specific ratios and staffing minimums for ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

e.) 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

Ancillary staff:

Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator

Additional resources available to support unit level patient care:

Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.

No Consensus reached.

The frontline members of the CSC disagree with the proposal of 2SE by management as presented in the CSC held on November 27, 2023. Neglecting to provide specific ratios and staffing minimums for ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

f.) 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

Ancillary staff:

Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator

Additional resources available to support unit level patient care:

Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.

No Consensus reached.

The frontline members of the CSC disagree with the proposal of 2E by management as presented in the CSC held on November 27, 2023. Neglecting to provide specific ratios and staffing minimums for ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

g.) 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

Ancillary staff:

Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator

Additional resources available to support unit level patient care:

Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.

No Consensus reached.

The frontline members of the CSC disagree with the proposal of 3E by management as presented in the CSC held on November 27, 2023. Neglecting to provide specific ratios and staffing minimums for ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

h.) 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

Ancillary staff:

Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator

Additional resources available to support unit level patient care:

Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.

No Consensus reached.

The frontline members of the CSC disagree with the proposal of 3W by management as presented in the CSC held on November 27, 2023. Neglecting to provide specific ratios and staffing minimums for ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

i.) 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	<ul style="list-style-type: none">• Stable extended triage• Non-stress testing
Antepartum	
RN 1:1	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• RN 1:3 stable antepartum
Labor	
RN 1:1	<ul style="list-style-type: none">• Complications of Labor including but not limited to:<ul style="list-style-type: none">○ Fetal demise○ Abnormal FHR○ Etc.• Initiation of regional anesthesia• Labor with:

	<ul style="list-style-type: none"> ○ Continuous IV Magnesium Sulfate ○ Oxytocin ○ Uncontrolled pain² ○ Auscultation of fetus ● Active pushing phase of labor ● Birth ● TOLAC
RN 1:2	<ul style="list-style-type: none"> ● Labor without complications ● Cervical ripening with pharmacologic agents
Delivery/Infant Post-Birth/Postpartum	
RN 1:1	<ul style="list-style-type: none"> ● Infant for at least two (2) hours and until critical elements are met which include: <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> ● Couplets* <p>*Couplet is defined as one (1) mother and up to two (2) newborn infant(s)</p>

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

Ancillary staff:
Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator, OB tech, Surg tech

Additional resources available to support unit level patient care:
Maternity float pool nurses, discharge planner, educators, imaging, environmental service aides, material handlers/stockers, infection prevention, advanced practice providers, residents, providers

No Consensus:
The frontline members of the CSC disagree with the proposal of L&D by management as presented in the CSC held on November 27, 2023. Neglecting to provide specific ratios and staffing minimums for ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

j.) 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

Ancillary:
Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator

Additional resources available to support unit level patient care:
Maternity Float pool nurses, lactation consultants, educator, imaging, environmental services aides, material handlers/stockers, infection prevention, advanced practice provider, residents, and providers

No Consensus reached:
The frontline members of the CSC disagree with the proposal of MBU by management as presented in the CSC held on November 27, 2023. Neglecting to provide specific ratios and staffing minimums for ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

k.) 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

Ancillary:
Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator

Additional resources available to support unit level patient care:
Maternity Float Pool (RN) unit medical assistant, pharmacy, educators, environmental services, imaging, materials handlers, infection prevention, Advance Practice Providers, residents, and providers.

No Consensus reached.
The frontline members of the CSC disagree with the proposal of NICU by management as presented in the CSC held on November 27, 2023. Neglecting to provide specific ratios and staffing minimums for ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

1.) 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)

Ancillary:
Surgical Tech, Pharmacist, Respiratory Therapist

Additional resources available to support unit level patient care:
Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor and Nursing Manager

No Consensus reached.

The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit due to the exclusion of direct patient care job titles and omission of ratios and guidelines for all ancillary and support staff which are paramount to safe patient care and are necessary for an effective staffing plan. Excluded direct care job titles include Anesthesia Techs and Patient Support Associate. Further detail, including the CSC frontline member staffing minimum proposal, can be found within CSC documentation.

m.) 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

Ancillary:
Clerical, Pharmacist, Respiratory Therapist

Additional resources available to support unit level patient care: Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor and Nursing Manager

No Consensus reached.

The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit due to the omission of specific ratios and guidelines for all ancillary and support staff which are paramount to safe patient care and are necessary for an effective staffing plan.

n.) Post Anesthesia Care Unit +

Charge Nurse MFSH

1 without an assignment 6a – 10p

2021-2022 ASPAN Guidelines	
<p>Two registered nurses, one of whom is a RN competent in Phase I post anesthesia 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.</p>	
Phase I	
RN 2:1	<p>Example may include, but is not limited to, the following:</p> <ul style="list-style-type: none"> • One critically ill, unstable patient
RN 1:1	<p>Examples may include, but are not limited to, the following:</p> <p>At the time of admission, until the critical elements are met which include:</p> <ul style="list-style-type: none"> • Report has been received from the anesthesia care provider, questions answered, and the transfer of care has taken place <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Unstable patient of any age requiring transfer to a higher level of care
RN 1:2	Examples include, but are not limited to: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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

Ancillary:
Clerical, Pharmacist, Respiratory Therapist

Additional resources available to support unit level patient care: Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor and Nursing Manager

No Consensus reached:
The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit due to the omission of specific ratios and guidelines for all ancillary and support staff which are paramount to safe patient care and are necessary for an effective staffing plan.

o.) Pre-Admission Testing

RN/LPN	1:1
MA	1.2 FTE

Additional resources available to support unit level patient care:
Environmental Services, Infection Preventionist, Material Handlers, Providers,
Nursing Supervisor and Nursing Manager

No Consensus reached:

The frontline members of the CSC disagree with the Hospital's
proposed staffing plan for this unit because management's staffing
proposal for MA's is inadequate for safe patient care

p.) 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

Ancillary:

Clerical, Pharmacist, Respiratory Therapist

Additional resources available to support unit level patient care:
Environmental Services, Infection Preventionist, Material Handlers, Providers,
Nursing Supervisor and Nursing Manager

No Consensus reached.

The frontline members of the CSC disagree with the Hospital's
proposed staffing plan for this unit due to the omission of specific ratios
and guidelines for all ancillary and support staff which are paramount to
safe patient care and are necessary for an effective staffing plan.

Imaging Department including Radiology, CT, MRI, Nuclear Medicine
RN 1:1 for patients with procedures, if conscious sedation 2:1
Clerical

Ancillary staff:

Clerical

Description of additional resources available to support unit level
patient care:

Providers, Clinical Engineering, Materials Management, EVS

No Consensus:

The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit due to the exclusion of direct patient care job titles and omission of ratios. Excluded direct care job titles include CMA, MRI Technician, Ultrasound Technician, and CT Technician. Additionally, RN minimum staffing proposed by management is inadequate for safe patient care, specifically in procedures where safe staffing calls for a 2:1 ratio. Further detail can be found within CSC documentation.

Procedures: Angio/TEE

RN 1:1, if conscious sedation 2:1

Ancillary staff:

Clerical

Description of additional resources available to support unit level patient care:

Environmental Service, material handlers, Nursing Supervisor, and Nursing Management.

No Consensus:

The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit due to the exclusion of Cardiovascular Radiological Technologists, Radiology Technicians, as well as the omission of specific ratios and guidelines for all ancillary and support staff.

Infusion

RN 1:3

Ancillary staff:

Clerical

Description of additional resources available to support unit level patient care:

Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor, and Nursing Management

No consensus:

The frontline members of the CSC agree with the proposal of the Infusion Unit by management as presented in the CSC held on Aug 14, 2023. However, the members acknowledge that ratios and other specific staffing guidelines for ancillary support are paramount to safe patient

care and are necessary for an effective staffing plan

Urology
Charge without assignment
RN 1:1 and if conscious sedation 2:1

Ancillary:
Charge, Surgical Tech

Description of additional resources available to support unit level patient care:

Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor, and Nursing Management

No Consensus:

The frontline members of the CSC are in agreement with the proposal of Urology by management as presented in the CSC held on August 14, 2023 pending good-faith discussions regarding additional PCA's due to the increasing volume of the unit. However, the members acknowledge that ratios and other specific staffing guidelines for ancillary support are paramount to safe patient care and are necessary for an effective staffing plan.