

HOSPITAL INFORMATION

Region	Western Regional Office
County	Erie
Council	Western New York
Network	KALEIDA HEALTH
Reporting Organization	Millard Fillmore Suburban Hospital
Reporting Organization Id	3067
Reporting Organization Type	Hospital (pfi)
Data Entity	Millard Fillmore Suburban Hospital

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) ?
2 North, Cohorted Observation patients and cohorted telemetry patients	7	2	28	5
Infusion	2	1.94	8.2	4.1
Labor and Delivery Unit	6	12.83	3.74	0.62
Mother Baby Unit 2 West/4 North	6	1.68	28.6	4.76
Procedures: Angio/TEE	2.5	1	20	8
Imaging	4	0.71	45	11.25
Urology	6	4	12	2
Endoscopy	13	3.79	27.5	2.12
Pre Admission Testing	2.75	0.54	41	14.9
PACU/ASU	16	2.84	45.1	2.81
Operating Room	20.5	4.96	33.1	1.61
37 bed full-service community hospital emergency department	8	2.67	24	3
Neonatal Intensive Care Unit	4	8.16	3.92	0.98
Telemetry Unit 2 South West	8	2.3	28	3.5
Medical Surgical Unit 2 South East	7	1.9	30	4.3

Medical Surgical Unit 2 East	7	1.9	30	4.3
Medical Surgical Unit 3 East	8	2.05	35	4.38
Medical Surgical Unit 3 West	7	1.9	30	4.3
Adult Medical/Surgical Intensive Care Unit	9	5.14	14	1.55

LPN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
2 North, Cohorted Observation patients and cohorted telemetry patients	0	0
Infusion	0	0
Labor and Delivery Unit	0	0
Mother Baby Unit 2 West/4 North	0	0
Procedures: Angio/TEE	0	0
Imaging	0	0
Urology	0	0
Endoscopy	0	0
Pre Admission Testing	0	0
PACU/ASU	0	0
Operating Room	0	0

37 bed full-service community hospital emergency department	0	0
Neonatal Intensive Care Unit	0	0
Telemetry Unit 2 South West	0	0
Medical Surgical Unit 2 South East	0	0
Medical Surgical Unit 2 East	0	0
Medical Surgical Unit 3 East	0	0
Medical Surgical Unit 3 West	0	0
Adult Medical/Surgical Intensive Care Unit	0	0

DAY SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
2 North, Cohorted Observation patients and cohorted telemetry patients	5	8
Infusion	1	8
Labor and Delivery Unit	7	8

Mother Baby Unit 2 West/4 North	5	8
Procedures: Angio/TEE	1	8
Imaging	1	8
Urology	2	8
Endoscopy	2	8
Pre Admission Testing	0	0
PACU/ASU	4	8
Operating Room	4	8
37 bed full-service community hospital emergency department	5	8
Neonatal Intensive Care Unit	5	8
Telemetry Unit 2 South West	5	8
Medical Surgical Unit 2 South East	5	8
Medical Surgical Unit 2 East	5	8
Medical Surgical Unit 3 East	5	8
Medical Surgical Unit 3 West	5	8
Adult Medical/Surgical Intensive Care Unit	5	8

DAY SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50)
2 North, Cohorted Observation patients and cohorted telemetry patients	5	1.43
Infusion	0	0
Labor and Delivery Unit	0	0
Mother Baby Unit 2 West/4 North	2	0.53
Procedures: Angio/TEE	0	0
Imaging	0	0
Urology	1	0.75
Endoscopy	0	0
Pre Admission Testing	1	0.2
PACU/ASU	5	0.88
Operating Room	0	0
37 bed full-service community hospital emergency department	7	3.14
Neonatal Intensive Care Unit	0	0
Telemetry Unit 2 South West	5	1.4
Medical Surgical Unit 2 South East	5	1.33
Medical Surgical Unit 2 East	5	1.33

Medical Surgical Unit 3 East	5.8	1.33
Medical Surgical Unit 3 West	5	1.33
Adult Medical/Surgical Intensive Care Unit	3	1.6

DAY SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Day Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
<p>2 North, Cohorted Observation patients and cohorted telemetry patients</p>	<p>Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)</p>

<p>Infusion</p>	<p>Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor, and Nursing Management. (Ancillary member included above in numbers: Clerical)</p>
<p>Labor and Delivery Unit</p>	<p>maternity float pool nurses, discharge planner, educators, imaging, environmental service aides, material handlers/stockers, infection prevention, advanced practice providers, residents, providers (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator, OB tech, Surg tech)</p>
<p>Mother Baby Unit 2 West/4 North</p>	<p>Maternity Float pool nurses, lactation consultants, educator, imaging, environmental services aides, material handlers/stockers, infection prevention, advanced practice provider, residents, and providers (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)</p>

Procedures: Angio/TEE	Environmental Service, material handlers, Nursing Supervisor, Technologists and Technicians, and Nursing Management. (Ancillary included in number: Clerical)
Imaging	Nursing Supervisor, Technicians, and Nursing Management. (Ancillary member included above in number: Clerical)
Urology	Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor, and Nursing Management. (Ancillary members included above in numbers: Charge, Surgical tech)
Endoscopy	Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor, and Nursing Management. (Ancillary members included above in numbers: Charge, Clerical, Technical Assist)
Pre Admission Testing	Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor, and Nursing Management.

<p>PACU/ASU</p>	<p>Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor, and Nursing Management. (Ancillary members included above in numbers: Charge, Clerical, Respiratory Therapy, Pharmacy)</p>
<p>Operating Room</p>	<p>Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor and Nursing Manager (Ancillary members included above in numbers: Charge, Surgical Tech, Pharmacist, Respiratory Therapist)</p>
<p>37 bed full-service community hospital emergency department</p>	<p>Environmental Services, Infection Preventionist, Material Handlers, Providers, Float Nurses/PCAs, Nursing Supervisor, and Nursing Management. (Ancillary members included above in numbers: Charge Clerical, Respiratory Therapy, Social Worker, Patient Care Coordinators)</p>

Neonatal Intensive Care Unit	Maternity Float Pool (RN) unit medical assistant, pharmacy, educators, environmental services, imaging, materials handlers, infection prevention, Advance Practice Providers, residents, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)
Telemetry Unit 2 South West	Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)

Medical Surgical Unit 2 South East	Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)
Medical Surgical Unit 2 East	Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)
Medical Surgical Unit 3 East	Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)

<p>Medical Surgical Unit 3 West</p>	<p>Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)</p>
<p>Adult Medical/Surgical Intensive Care Unit</p>	<p>Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)</p>

DAY SHIFT CONSENSUS INFORMATION

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>	<p>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</p>
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<p>2 North, Cohorted Observation patients and cohorted telemetry patients</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>members were in agreement with Charge Nurse, PCA, and unit secretary staffing.</p> <p>There was not agreement to change Observation RN ratios to 1:5 as this staffing plan was recently agreed upon by management and labor and updated on 3.28.2024 (signed MOU and updated HERDs submitted at that time). There was not agreement to add ratios to the Respiratory Therapy, Social Workers, Patient Care Coordinators, and Pharmacist job titles, as they are included in the ancillary member narrative.</p> <p>There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. This unit includes patients with different levels of acuity–telemetry and observation units, requiring a different level of care and staffing requirements. In practice, the 1:6 ratio required for observation patients as submitted in management’s staffing plan has led to unsafe patient assignments for both workers and patients.</p> <p>Additionally, frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as</p>
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<p>Infusion</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with RN and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). 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</p>
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<p>Labor and Delivery Unit</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and unit secretary staffing. There was not agreement to add ratios to the Respiratory Therapy, Social Workers, Patient Care Coordinators, and Pharmacist job titles, as they are included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). 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</p>
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<p>Mother Baby Unit 2 West/4 North</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>members were in agreement with Charge Nurse, RN, PCA, and unit secretary staffing for MBU 2 West. 4 North was added to this staffing plan as this area has been used seasonally for the past 6 years and the MBU staffing outlined above has been utilized successfully and safely for the staffing plan. Labor recently brought forward concerns about ongoing use of 4 North and management met with labor on 6/3/2024, 6/4/2024, and 6/7/2024 to discuss. The subsequent staffing plan was brought to CSC which was voted on and adopted via the CSC consensus process. Ongoing discussions about 4 North staffing are planned and additional proposals and adjustments from these meetings can occur through</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Management’s plan does not adequately address census, acuity, skill mix, experience, equipment and supplies nor geography as outlined in Section 4 (b) (i, ii, iii, iv, v, vi, viii, xi). Utilizing 4 North as the first filled beds for Mother - Baby patients has not been thoroughly evaluated from a patient care standpoint, and the Clinical Staffing Committee has not been afforded the opportunity to discuss changes to staffing as a result of this unit change. Additionally, the lack of a formal plan denoting when a nursery is open or closed prohibits adequate planning and staffing. This is an unsafe plan to properly care for infants. Secondly,</p>
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<p>Procedures: Angio/TEE</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and staff agree to RN 1:1 and if conscious sedation 2:1. There was not agreement to include Technologists and Technicians or ratios for support staff as these are accounted for in the narrative.</p>	<p>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.</p>
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Imaging	No	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>All in agreement with RN staffing 1:1, if conscious sedation 2:1 There was not agreement to add technicians as they are included in the ancillary member narrative.</p>	<p>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.</p>
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Urology	No	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). 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</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, Tech Assistant, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). 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</p>
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		<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, Tech Assistant, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). 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</p>
Endoscopy	No			
Pre Admission Testing	Yes			

<p>PACU/ASU</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, Tech Assistant, and Clerical staffing.</p> <p>There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative.</p> <p>There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care.</p> <p>The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). 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</p>
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<p>Operating Room</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, Tech Assistant, and Clerical staffing.</p> <p>There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care.</p> <p>The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). 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</p>
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<p>37 bed full-service community hospital emergency department</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>members were in agreement with Charge Nurse, Triage nurse, Circulator nurse, PCA, and unit secretary staffing. There was not agreement to change RN ratios to 1:3 depending on acuity, as the current plan states “ RN 1:4 depending on acuity” which already accommodates these adjustments for acuity. There was not agreement to add ratios to the Respiratory Therapy, Social Workers, Patient Care Coordinators, and Pharmacist job titles as they are included in the ancillary member number. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care along with staffing ratio adjustments related to acuity that would bring the ER in line with. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). Further, the front line members of the CSC are in complete disagreement with the meal and break</p>
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<p>Neonatal Intensive Care Unit</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, and MOA staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). 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</p>
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<p>Telemetry Unit 2 South West</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and unit secretary staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). 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</p>
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<p>Medical Surgical Unit 2 South East</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and unit secretary staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). 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</p>
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<p>Medical Surgical Unit 2 East</p>	<p>No</p>	<p>management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan</p>	<p>RN ratio, patient or care assistant ratio. Management proposed a 1:5 RN ratio and a 1:6/8 patient care assistant ratio. Our rational, According to the Academy of Medical/Surgical nurses, "The patient ratios should be based on the ability of the medical/surgical nurse to meet the individual needs of patients, rather than a predetermined or fixed patient to nurse ratio." Our plan takes this into account and places Kaleida Health between the 50th and 75th percentile of New York State for staffing per NDNQI reporting. Meets the regional standard for nursing ratios. No telemetry on this unit. The</p>	<p>Their proposal was 1:4 nurse to patient ratio and a 1:5/6 patient care assistant ratio</p>
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<p>Medical Surgical Unit 3 East</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). 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</p>
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<p>Medical Surgical Unit 3 West</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). 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</p>
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<p>Adult Medical/Surgical Intensive Care Unit</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). 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</p>
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RN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)?
2 North, Cohorted Observation patients and cohorted telemetry patients	7	2	28	5
Labor and Delivery Unit	6	12.83	3.74	0.62
Mother Baby Unit 2 West/4 North	6	1.68	28.6	4.76
Urology	0.75	2.26	1.7	1.7
Endoscopy	1.5	8.99	1.3	0.86
PACU/ASU	7	6.34	8.8	1.3
Operating Room	10.6	11.82	7.2	0.67
37 bed full-service community hospital emergency department	8	1.6	40	5
Neonatal Intensive Care Unit	4	8.16	3.92	0.98
Telemetry Unit 2 South West	8	2.37	27	3.37
Medical Surgical Unit 2 South East	7	1.93	29	4.14
Medical Surgical Unit 2 East	7	1.87	30	4.28
Medical Surgical Unit 3 East	8	2.05	35	4.38

Medical Surgical Unit 3 West	7	1.9	30	4.3
Adult Medical/Surgical Intensive Care Unit	9	5.14	14	1.55

LPN EVENING SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
2 North, Cohorted Observation patients and cohorted telemetry patients	0	0
Labor and Delivery Unit	0	0
Mother Baby Unit 2 West/4 North	0	0
Urology	0	0
Endoscopy	0	0
PACU/ASU	0	0
Operating Room	0	0
37 bed full-service community hospital emergency department	0	0
Neonatal Intensive Care Unit	0	0
Telemetry Unit 2 South West	0	0
Medical Surgical Unit 2 South East	0	0
Medical Surgical Unit 2 East	0	0

Medical Surgical Unit 3 East	0	0
Medical Surgical Unit 3 West	0	0
Adult Medical/Surgical Intensive Care Unit	0	0

EVENING SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
2 North, Cohorted Observation patients and cohorted telemetry patients	5	8
Labor and Delivery Unit	7	8
Mother Baby Unit 2 West/4 North	5	8
Urology	0	0
Endoscopy	2	8
PACU/ASU	3	8
Operating Room	3	8
37 bed full-service community hospital emergency department	4	8
Neonatal Intensive Care Unit	5	8
Telemetry Unit 2 South West	5	8
Medical Surgical Unit 2 South East	5	8

Medical Surgical Unit 2 East	5	8
Medical Surgical Unit 3 East	5	8
Medical Surgical Unit 3 West	0	0
Adult Medical/Surgical Intensive Care Unit	5	8

EVENING SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50)
2 North, Cohorted Observation patients and cohorted telemetry patients	5	1.43
Labor and Delivery Unit	0	0
Mother Baby Unit 2 West/4 North	2	0.53
Urology	0	0
Endoscopy	0	0
PACU/ASU	3	2.51
Operating Room	0	0
37 bed full-service community hospital emergency department	7	1.56
Neonatal Intensive Care Unit	0	0
Telemetry Unit 2 South West	5	1.4

Medical Surgical Unit 2 South East	5	1.33
Medical Surgical Unit 2 East	5	1.33
Medical Surgical Unit 3 East	5.8	1.33
Medical Surgical Unit 3 West	5	1.33
Adult Medical/Surgical Intensive Care Unit	3	1.6

EVENING SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
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<p>2 North, Cohorted Observation patients and cohorted telemetry patients</p>	<p>Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)</p>
<p>Labor and Delivery Unit</p>	<p>maternity float pool nurses, discharge planner, educators, imaging, environmental service aides, material handlers/stockers, infection prevention, advanced practice providers, residents, providers (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator, OB tech, Surg tech)</p>

<p>Mother Baby Unit 2 West/4 North</p>	<p>Maternity Float pool nurses, lactation consultants, educator, imaging, environmental services aides, material handlers/stockers, infection prevention, advanced practice provider, residents, and providers (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)</p>
<p>Urology</p>	<p>Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor, and Nursing Management. (Ancillary members included above in numbers: Charge, Surgical tech)</p>
<p>Endoscopy</p>	<p>Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor, and Nursing Management. (Ancillary members included above in numbers: Charge, Clerical, Technical Assist)</p>

<p>PACU/ASU</p>	<p>Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor, and Nursing Management. (Ancillary members included above in numbers: Charge, Clerical, Respiratory Therapy, Pharmacy)</p>
<p>Operating Room</p>	<p>Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor and Nursing Manager (Ancillary members included above in numbers: Charge, Surgical Tech, Pharmacist, Respiratory Therapist)</p>
<p>37 bed full-service community hospital emergency department</p>	<p>Environmental Services, Infection Preventionist, Material Handlers, Providers, Float Nurses/PCAs, Nursing Supervisor, and Nursing Management. (Ancillary members included above in numbers: Charge Clerical, Respiratory Therapy, Social Worker, Patient Care Coordinators)</p>

Neonatal Intensive Care Unit	Maternity Float Pool (RN) unit medical assistant, pharmacy, educators, environmental services, imaging, materials handlers, infection prevention, Advance Practice Providers, residents, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)
Telemetry Unit 2 South West	Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)

Medical Surgical Unit 2 South East	Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)
Medical Surgical Unit 2 East	Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)
Medical Surgical Unit 3 East	Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)

<p>Medical Surgical Unit 3 West</p>	<p>Float Pool (RN, patient care assistant, secretary) pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.</p>
<p>Adult Medical/Surgical Intensive Care Unit</p>	<p>Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)</p>

EVENING SHIFT CONSENSUS INFORMATION

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>	<p>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</p>
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<p>2 North, Cohorted Observation patients and cohorted telemetry patients</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>members were in agreement with Charge Nurse, PCA, and unit secretary staffing.</p> <p>There was not agreement to change Observation RN ratios to 1:5 as this staffing plan was recently agreed upon by management and labor and updated on 3.28.2024 (signed MOU and updated HERDs submitted at that time). There was not agreement to add ratios to the Respiratory Therapy, Social Workers, Patient Care Coordinators, and Pharmacist job titles, as they are included in the ancillary member narrative.</p> <p>There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. This unit includes patients with different levels of acuity–telemetry and observation units, requiring a different level of care and staffing requirements. In practice, the 1:6 ratio required for observation patients as submitted in management’s staffing plan has led to unsafe patient assignments for both workers and patients.</p> <p>Additionally, frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as</p>
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<p>Labor and Delivery Unit</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. This unit includes patients with different levels of acuity–telemetry and observation units, requiring a different level of care and staffing requirements. In practice, the 1:6 ratio required for observation patients as submitted in management’s staffing plan has led to unsafe patient assignments for both workers and patients. Additionally, frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as</p>
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<p>Mother Baby Unit 2 West/4 North</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>members were in agreement with Charge Nurse, RN, PCA, and unit secretary staffing for MBU 2 West. 4 North was added to this staffing plan as this area has been used seasonally for the past 6 years and the MBU staffing outlined above has been utilized successfully and safely for the staffing plan. Labor recently brought forward concerns about ongoing use of 4 North and management met with labor on 6/3/2024, 6/4/2024, and 6/7/2024 to discuss. The subsequent staffing plan was brought to CSC which was voted on and adopted via the CSC consensus process. Ongoing discussions about 4 North staffing are planned and additional proposals and adjustments from these meetings can occur through</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Management’s plan does not adequately address census, acuity, skill mix, experience, equipment and supplies nor geography as outlined in Section 4 (b) (i, ii, iii, iv, v, vi, viii, xi). Utilizing 4 North as the first filled beds for Mother - Baby patients has not been thoroughly evaluated from a patient care standpoint, and the Clinical Staffing Committee has not been afforded the opportunity to discuss changes to staffing as a result of this unit change. Additionally, the lack of a formal plan denoting when a nursery is open or closed prohibits adequate planning and staffing. This is an unsafe plan to properly care for infants. Secondly,</p>
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Urology	No	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, Tech Assistant, and Clerical staffing.</p> <p>There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. This unit includes patients with different levels of acuity—telemetry and observation units, requiring a different level of care and staffing requirements. In practice, the 1:6 ratio required for observation patients as submitted in management’s staffing plan has led to unsafe patient assignments for both workers and patients. Additionally, frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as</p>
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Endoscopy	No	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, Tech Assistant, and Clerical staffing.</p> <p>There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. This unit includes patients with different levels of acuity—telemetry and observation units, requiring a different level of care and staffing requirements. In practice, the 1:6 ratio required for observation patients as submitted in management’s staffing plan has led to unsafe patient assignments for both workers and patients. Additionally, frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as</p>
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<p>PACU/ASU</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, Tech Assistant, and Clerical staffing.</p> <p>There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. This unit includes patients with different levels of acuity—telemetry and observation units, requiring a different level of care and staffing requirements. In practice, the 1:6 ratio required for observation patients as submitted in management’s staffing plan has led to unsafe patient assignments for both workers and patients.</p> <p>Additionally, frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as</p>
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<p>Operating Room</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, Tech Assistant, and Clerical staffing.</p> <p>There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative.</p> <p>There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. This unit includes patients with different levels of acuity—telemetry and observation units, requiring a different level of care and staffing requirements. In practice, the 1:6 ratio required for observation patients as submitted in management’s staffing plan has led to unsafe patient assignments for both workers and patients.</p> <p>Additionally, frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as</p>
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<p>37 bed full-service community hospital emergency department</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>members were in agreement with Charge Nurse, Triage nurse, Circulator nurse, PCA, and unit secretary staffing. There was not agreement to change RN ratios to 1:3 depending on acuity, as the current plan states “ RN 1:4 depending on acuity” which already accommodates these adjustments for acuity. There was not agreement to add ratios to the Respiratory Therapy, Social Workers, Patient Care Coordinators, and Pharmacist job titles as they are included in the ancillary member number. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. Frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care along with staffing ratio adjustments related to acuity that would bring the ER in line with. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as other ancillary members of the frontline team. These jobs titles are not adequately reflected within this staffing plan and do not have associated grids, ratios, or matrices. Section 4 (a). Further, the front line members of the CSC are in complete disagreement with the meal and break</p>
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<p>Neonatal Intensive Care Unit</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, and MOA staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. This unit includes patients with different levels of acuity–telemetry and observation units, requiring a different level of care and staffing requirements. In practice, the 1:6 ratio required for observation patients as submitted in management’s staffing plan has led to unsafe patient assignments for both workers and patients. Additionally, frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as</p>
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<p>Telemetry Unit 2 South West</p>	<p>No</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. This unit includes patients with different levels of acuity—telemetry and observation units, requiring a different level of care and staffing requirements. In practice, the 1:6 ratio required for observation patients as submitted in management’s staffing plan has led to unsafe patient assignments for both workers and patients. Additionally, frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>
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<p>Medical Surgical Unit 2 South East</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. This unit includes patients with different levels of acuity–telemetry and observation units, requiring a different level of care and staffing requirements. In practice, the 1:6 ratio required for observation patients as submitted in management’s staffing plan has led to unsafe patient assignments for both workers and patients. Additionally, frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as</p>
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<p>Medical Surgical Unit 2 East</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work. Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. This unit includes patients with different levels of acuity—telemetry and observation units, requiring a different level of care and staffing requirements. In practice, the 1:6 ratio required for observation patients as submitted in management’s staffing plan has led to unsafe patient assignments for both workers and patients. Additionally, frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as</p>
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<p>Medical Surgical Unit 3 East</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. This unit includes patients with different levels of acuity–telemetry and observation units, requiring a different level of care and staffing requirements. In practice, the 1:6 ratio required for observation patients as submitted in management’s staffing plan has led to unsafe patient assignments for both workers and patients. Additionally, frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as</p>
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<p>Medical Surgical Unit 3 West</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. This unit includes patients with different levels of acuity–telemetry and observation units, requiring a different level of care and staffing requirements. In practice, the 1:6 ratio required for observation patients as submitted in management’s staffing plan has led to unsafe patient assignments for both workers and patients. Additionally, frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as</p>
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<p>Adult Medical/Surgical Intensive Care Unit</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>	<p>the CSC are in disagreement with the management-submitted staffing plan. This unit includes patients with different levels of acuity–telemetry and observation units, requiring a different level of care and staffing requirements. In practice, the 1:6 ratio required for observation patients as submitted in management’s staffing plan has led to unsafe patient assignments for both workers and patients. Additionally, frontline CSC members proposed staffing additions of ancillary titles that are vital to the healthcare team and patient care. The DOH issued guidance on June 16, 2023 that clarified “respiratory therapists, social workers, and pharmacists” must be included in staffing plans as</p>
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RN NIGHT SHIFT STAFFING

Name of Clinical Unit:	Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	2 North, Cohorted Observation patients and cohorted telemetry patients	7	2	28
Obstetrics/Gynecology	Labor and Delivery Unit	6	12.83	3.74
Obstetrics/Gynecology	Mother Baby Unit 2 West/4 North	6	1.68	28.6
Other	Operating room	0	0	0
Emergency Department	37 bed full-service community hospital emergency department	8.8	2.67	24
Neonatal	Neonatal Intensive Care Unit	4	8.16	3.92
Telemetry	Telemetry Unit 2 South West	8	2.37	27
Medical/Surgical	Medical Surgical Unit 2 South East	7	1.93	29
Medical/Surgical	Medical Surgical Unit 2 East	7	1.9	30
Medical/Surgical	Medical Surgical Unit 3 East	8	2.05	35
Medical/Surgical	Medical Surgical Unit 3 West	7	1.9	30
Intensive Care	Adult Medical/Surgical Intensive Care Unit	9	5.14	14

LPN NIGHT SHIFT STAFFING

Name of Clinical Unit:	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)?	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	5	0
Obstetrics/Gynecology	0.62	0
Obstetrics/Gynecology	4.76	0
Other	0	0
Emergency Department	2.72	0
Neonatal	0.98	0
Telemetry	3.37	0
Medical/Surgical	4.14	0
Medical/Surgical	4.3	0
Medical/Surgical	4.38	0
Medical/Surgical	4.3	0
Intensive Care	1.55	0

NIGHT SHIFT ANCILLARY STAFF

Name of Clinical Unit:	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	0	5
Obstetrics/Gynecology	0	7
Obstetrics/Gynecology	0	5
Other	0	0

Emergency Department	0	3
Neonatal	0	5
Telemetry	0	5
Medical/Surgical	0	5
Medical/Surgical	0	5
Medical/Surgical	0	5
Medical/Surgical	0	5
Intensive Care	0	5

NIGHT SHIFT UNLICENSED STAFFING

Name of Clinical Unit:	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50)
Other	8	5
Obstetrics/Gynecology	8	0
Obstetrics/Gynecology	8	2
Other	0	0
Emergency Department	8	7
Neonatal	8	0
Telemetry	8	5
Medical/Surgical	8	5
Medical/Surgical	8	5
Medical/Surgical	8	5.8
Medical/Surgical	8	5
Intensive Care	8	3

NIGHT SHIFT ADDITIONAL RESOURCES

Name of Clinical Unit:	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)
Other	1.43
Obstetrics/Gynecology	0
Obstetrics/Gynecology	0.53
Other	0
Emergency Department	2.55
Neonatal	0
Telemetry	1.4
Medical/Surgical	1.33
Medical/Surgical	1.33
Medical/Surgical	1.33
Medical/Surgical	1.33
Intensive Care	1.6

NIGHT SHIFT CONSENSUS INFORMATION

<p>Name of Clinical Unit:</p>	<p>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>	<p>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>
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Other	Float Pool RNs and PCAs, educators, imaging, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Respiratory Therapy)	No	management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.	members were in agreement with Charge Nurse, PCA, and unit secretary staffing. There was not agreement to change Observation RN ratios to 1:5 as this staffing plan was recently agreed upon by management and labor and updated on 3.28.2024 (signed MOU and updated HERDs submitted at that time). There was not agreement to add ratios to the Respiratory Therapy, Social Workers, Patient Care Coordinators, and Pharmacist job titles, as they are included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-
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<p>Obstetrics/Gynecology</p>	<p>maternity float pool nurses, discharge planner, educators, imaging, environmental service aides, material handlers/stockers, infection prevention, advanced practice providers, residents, providers (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator, OB tech, Surg tech)</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>
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<p>Obstetrics/Gynecology</p>	<p>Maternity Float pool nurses, lactation consultants, educator, imaging, environmental services aides, material handlers/stockers, infection prevention, advanced practice provider, residents, and providers (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>members were in agreement with Charge Nurse, RN, PCA, and unit secretary staffing for MBU 2 West. 4 North was added to this staffing plan as this area has been used seasonally for the past 6 years and the MBU staffing outlined above has been utilized successfully and safely for the staffing plan. Labor recently brought forward concerns about ongoing use of 4 North and management met with labor on 6/3/2024, 6/4/2024, and 6/7/2024 to discuss. The subsequent staffing plan was brought to CSC which was voted on and adopted via the CSC consensus process. Ongoing discussions about 4 North staffing are planned and additional proposals and adjustments from these meetings can occur through</p>
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Other	<p>OR will be used overnight for emergencies and staffed with on call nursing. Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor and Nursing Manager (Ancillary members included above in numbers: Charge, Surgical Tech, Pharmacist, Respiratory Therapist)</p>	No	<p>management and staff at Millard Fillmore Suburban Hospital met monthly from December 2022 – August 14, 2023 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. This submission lists the positions that were agreed upon by the MFSH clinical staffing committee and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the Statement by members of the clinical staffing committee selected by the general hospital administration (management members) and statement by members of clinical staffing</p>	<p>Agreement: RN staffing, Disagreement: wanted PSA and anesthesia assistant added, also wanted titles included with ratios that do not fit into the submission template. Ancillary and support staff and resources are captured in above numbers and narrative.</p>
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Emergency Department	Environmental Services, Infection Preventionist, Material Handlers, Providers, Float Nurses/PCAs, Nursing Supervisor, and Nursing Management. (Ancillary members included above in numbers: Charge Clerical, Respiratory Therapy, Social Worker, Patient Care Coordinators)	No	management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.	members were in agreement with Charge Nurse, Triage nurse, Circulator nurse, PCA, and unit secretary staffing. There was not agreement to change RN ratios to 1:3 depending on acuity, as the current plan states “ RN 1:4 depending on acuity” which already accommodates these adjustments for acuity. There was not agreement to add ratios to the Respiratory Therapy, Social Workers, Patient Care Coordinators, and Pharmacist job titles as they are included in the ancillary member number. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.
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<p>Neonatal</p>	<p>Maternity Float Pool (RN) unit medical assistant, pharmacy, educators, environmental services, imaging, materials handlers, infection prevention, Advance Practice Providers, residents, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, MOA staffing.</p> <p>There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>
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Telemetry	Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)	No	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>
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<p>Medical/Surgical</p>	<p>Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>
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<p>Medical/Surgical</p>	<p>Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>
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<p>Medical/Surgical</p>	<p>Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>
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<p>Medical/Surgical</p>	<p>Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>
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<p>Intensive Care</p>	<p>Float Pool RNs and PCAs, educators, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers. (Ancillary members included above in numbers: Charge, Clerical, Social Work, Respiratory Therapy, Patient Care Coordinator)</p>	<p>No</p>	<p>management and staff at Millard Fillmore Suburban and DeGraff Medical Park ED met monthly from December 2022 – June 10, 2024 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain departments and positions, specifically Social Workers, Patient Care Coordinators and Respiratory Therapists. We believe Public Health Law 2805-t does not currently require staffing ratios for these positions. Social Workers, Patient Care Coordinators and Respiratory Therapists are scheduled out of a central department and deployed to each patient care unit based on patient care needs for the day on that unit.</p>	<p>Management and frontline members were in agreement with Charge Nurse, RN, PCA, and Clerical staffing. There was not agreement to add ratios to the Respiratory Therapy as the job title is included in the ancillary member narrative. There was not agreement to the break relief plan: a detailed break plan by unit which was voted on and adopted via the CSC consensus process on 6/24/2024. A sub-committee was established to complete ongoing work.</p>
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CBA INFORMATION

<p>We have one or more collective bargaining agreements:</p>	<p>Yes</p>
<p>If yes, then:</p> <p>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</p> <p>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.) represented.</p>	<p>SEIU 1199,Co mmunica tions Workers of America</p>

Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:	05/31/2025 12:00 AM
The number of hospital employees represented by SEIU 1199 is:	0
Our general hospital's collective bargaining agreement with Communications Workers of America expires on the following date:	05/31/2025 12:00 AM

<p>The number of hospital employees represented by Communication Workers of America is:</p>	<p>38</p>
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