



Kaleida Health

November 30, 2023

Via email to: hospitalstaffingplan@health.ny.gov

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

Re: Buffalo General Medical Center/Gates Vascular Institute Clinical Staffing Committee – Detailed Staffing Plans

Dear Dr. Shulman:

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

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

Sincerely,

Beth Hughes
President, Buffalo General Medical Center/Gates Vascular Institute

Buffalo General Medical Center (BGMC)

1.) BGMC Staffing Ratios/Grids/Matrices

a.) 16th Floor (N/S) Adult Medical Surgical +

Charge Nurse	1 without assignment 24/7, (when both sides of the floor are open and the census reaches 36 patients there will be a 2 nd charge RN)
Registered Nurse	1:4 day shift / 1:5 night shift (incorporating mid shift into ratio)
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours Monday-Friday

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Telemetry Float Pool (RN, UAP, US), providers, physical therapy, occupational therapy, speech therapy, educators (dayshift & nightshift), EVS, hospitality associates, materials handler and imaging

No consensus:

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

b.) 15 North Adult Medical Surgical +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:5
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours Monday-Friday

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Telemetry Float Pool (RN, UAP, US), providers, physical therapy, occupational therapy, speech therapy, educators (dayshift & nightshift), EVS, hospitality associates, materials handler and imaging

No consensus:

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

c.) 15 South Adult Telemetry +

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

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Telemetry Float Pool (RN, UAP, US), providers, physical therapy, occupational therapy, speech therapy, educators (dayshift & nightshift), EVS, hospitality associates, materials handler and imaging

No consensus:

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

d.) 14 North and South Adult Telemetry +

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

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Telemetry Float Pool (RN, UAP, US), providers, physical therapy, occupational therapy, speech therapy, educators (dayshift & nightshift), EVS, hospitality associates, materials handler and imaging

No consensus:

The frontline members of the CSC disagree with the proposal by management as presented in the CSC held on November 27, 2023.

Neglecting to provide specific ratios and staffing minimums for all ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

e.) 13 North Adult Telemetry +

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

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Telemetry Float Pool (RN, UAP, US), providers, physical therapy, occupational therapy, speech therapy, educators (dayshift & nightshift), EVS, hospitality associates, materials handler and imaging

No consensus:

The frontline members of the CSC disagree with the proposal by management as presented in the CSC held on November 27, 2023.

Neglecting to provide specific ratios and staffing minimums for all ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

f.) 13 South Adult Telemetry +

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

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Telemetry Float Pool (RN, UAP, US), providers, physical therapy, occupational therapy, speech therapy, educators (dayshift & nightshift), EVS, hospitality associates, materials handler and imaging

No consensus:

The frontline members of the CSC disagree with the proposal by management as presented in the CSC held on November 27, 2023.

Neglecting to provide specific ratios and staffing minimums for all ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

g.) Medical Rehab Unit

Charge Nurse	1, 24/7 without assignment when all patients are on the same floor. 2 nd Charge when census is greater than 30 and patients are on two separate floors
Registered Nurse	1:5
Patient Care Assistant	1:9 day shift / 1:12 night shift Transporter PCA will be assigned five (5) days per week for 7.5 hours
Unit Secretary	1, day shift 7.5 hours Monday – Friday

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

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Transporter PCA for transport of patients to the Rehab Gym, Physical therapists, Occupational therapists, Speech therapists, providers, clinical education, EVS, hospitality associates and materials handlers

No consensus:

The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit due to the omission of specific ratios and guidelines for all ancillary and support staff. Additionally, PCA minimum staffing proposed by management is inadequate for safe patient care. Further detail, including the CSC frontline member staffing minimum proposal, can be found within CSC documentation.

h.) 12 South Adult Telemetry +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:4 *1:1 if a patient is receiving an active infusion of chemotherapy
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 12 or 13 hours Monday-Friday

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Telemetry Float Pool (RN, UAP, US), providers, physical therapy, occupational therapy, speech therapy, educators (dayshift & nightshift), EVS, hospitality associates, materials handler and imaging

No consensus:

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

i.) 10 North and South Adult Telemetry +

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

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Telemetry Float Pool (RN, UAP, US), providers, physical therapy, occupational therapy, speech therapy, educators (dayshift & nightshift), EVS, hospitality associates, materials handler and imaging

No consensus:

The frontline members of the CSC disagree with the proposal by management as presented in the CSC held on November 27, 2023.

Neglecting to provide specific ratios and staffing minimums for all ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

j.) 9 North and South Adult Telemetry +

Charge Nurse	1 per side without assignment 24/7
Registered Nurse	1:4 1:4 if one patient is High Flow 1:3 if all patients are High Flow
Patient Care Assistant	1:6-8
Unit Secretary	1 per side Day Shift 12 or 13 hours Monday-Friday

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Telemetry Float Pool (RN, UAP, US), providers, physical therapy, occupational therapy, speech therapy, educators (dayshift & nightshift), EVS, hospitality associates, materials handler and imaging

No consensus:

The frontline members of the CSC disagree with the proposal by management as presented in the CSC held on November 27, 2023.

Neglecting to provide specific ratios and staffing minimums for all ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and

the care patients receive.

k.) 8 North Adult Intermediate Care +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:3
CMA/MA	1:5-6
Unit Secretary	1 Day Shift, 12 or 13 hours, 7 days per week

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Critical Care Float Pool (RN, UAP, US), providers, educators (dayshift & nightshift), physical therapy, occupational therapy, speech therapy, materials handler, EVS, hospitality associates and imaging

No consensus:

The frontline members of the CSC disagree with the proposal by management as presented in the CSC held on November 27, 2023.

Neglecting to provide specific ratios and staffing minimums for all ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

l.) 4 North Adult Intermediate Care +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:3
Patient Care Assistant	1:5-6
Unit Secretary	1 Day Shift, 12 or 13 hours, 7 days per week

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Telemetry Float Pool (RN, UAP, US), providers, physical therapy, occupational therapy, speech therapy, educators (dayshift & nightshift), EVS, hospitality associates, materials handler and imaging

No consensus:

The frontline members of the CSC disagree with the proposal by management as presented in the CSC held on November 27, 2023.

Neglecting to provide specific ratios and staffing minimums for all ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

m.) Medical Intensive Care Unit +

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

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Rapid response nurse is based in MICU, Critical Care Float Pool (RN, UAP, US), providers, educators (dayshift & nightshift), physical therapy, occupational therapy, speech therapy, materials handler, EVS, hospitality associates and imaging

No consensus:

The frontline members of the CSC disagree with the proposal by management as presented in the CSC held on November 27, 2023.

Neglecting to provide specific ratios and staffing minimums for all ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

n.) Cardiovascular Intensive Care Unit +

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

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Critical Care Float Pool (RN, UAP, US), providers, educators (dayshift & nightshift), physical therapy, occupational therapy, speech therapy, materials handler, EVS, hospitality associates and imaging

No consensus:

The frontline members of the CSC disagree with the proposal by management as presented in the CSC held on November 27, 2023.

Neglecting to provide specific ratios and staffing minimums for all ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

o.) Neurosurgical Intensive Care Unit +

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

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Critical Care Float Pool (RN, UAP, US), providers, educators (dayshift & nightshift), physical therapy, occupational therapy, speech therapy, materials handler, EVS, hospitality associates and imaging

No consensus:

The frontline members of the CSC disagree with the proposal by management as presented in the CSC held on November 27, 2023.

Neglecting to provide specific ratios and staffing minimums for all ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

p.) Surgical Intensive Care Unit +

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

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Critical Care Float Pool (RN, UAP, US), providers, educators (dayshift & nightshift), physical therapy, occupational therapy, speech therapy, materials handler, EVS, hospitality associates and imaging

No consensus:

The frontline members of the CSC disagree with the proposal by management as presented in the CSC held on November 27, 2023.

Neglecting to provide specific ratios and staffing minimums for all ancillary and support staff sets a dangerous precedent for patient care and will negatively impact both working conditions of frontline healthcare staff and the care patients receive.

q.) Emergency Department +

Charge Nurse	1, 24/7 without assignment
Front Triage	1 RN and 1 CMA 24/7
RN Rover	1, 12 hours per day on mid-shift
Green Pod RN	1:1 to 1:3 depending on acuity
Purple Pod RN	5, 24/7
Blue pod RN	1:1 to 1:5 depending on acuity
Orange Pod RN	1:4, during hours of operation *hallway beds will be given an assignment
RN EMS Triage	1, 24/7 (Rover to assist when high volume)
Greeter/CMA	1, 24/7
PIT RN	1, during hours of operation
PIT CMA	1, during hours of operation
CMA	4 total for Green, Purple and AWR
CMA Blue	1, 24/7
CMA Orange	1, during hours of operation
CMA Rovers	1, 12 hours per day on mid-shift
Medical Secretary	1, Midnight to 10am 2, 10am to 12 noon 3, 12 noon to 10pm 2, 10pm to midnight

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

Description of additional resources available to support unit level

patient care:
Providers, Security, Float Pool, Imaging, Clinical Education,
Materials Management, EVS, Physical Therapy

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

- r.) Observation Unit/Outpatient
- | | |
|------------------|---|
| Registered Nurse | 1:6 |
| CMA/MA/Clerical | 1:6 (one will be designated as a clerical assignment) |

Ancillary staff:
Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

Description of additional resources available to support unit level patient care:
Telemetry Float Pool (RN, UAP), Providers, Physical Therapy, Clinical Educators, EVS, hospitality associates, Materials Management, Imaging

No consensus:
The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit due to the exclusion of Charge RNs as well as the omission of specific ratios and guidelines for all ancillary and support staff. Additionally, RN minimum staffing proposed by management is inadequate for safe patient care. Further detail, including the CSC frontline member staffing minimum proposal, can be found within CSC documentation.

*Important to note that a Collective Bargaining Agreement article amendment Memorandum of Understanding draft was sent to CWA leadership on November 27, 2023 to add a Charge RN – 1 without an assignment 24/7. This addition to the 12N Observation Unit had been discussed in Clinical Staffing Committee meetings on October 16th and November 13th, 2023.

- s.) Operating Rooms +
- | | |
|-----------------------|--|
| Charge Nurse | 2 RNs (1 for GVI and 1 for BGH) |
| Registered Nurse | 1:1 (2:1 for patients who cannot tolerate general anesthesia)
Laser Cases 2:1 (Can be RN or ST) |
| Surgical Technologist | 1:1
Laser Cases 2:1 (Can be RN or ST) |

Ancillary staff:
Pharmacist, Respiratory Therapist, Surgical Technologist

Description of additional resources available to support unit level patient care:
 Providers, Clinical Engineering, Sterile Processing Department,
 Clinical Educators, Materials Management

No consensus:

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

t.) Post Anesthesia Care Unit/ASU +

Charge Nurse BGMC 1 without an assignment 7a-11p M-F

1 7a-3p Saturday

Registered Nurse Follow ASPAN Guidelines Below

2021-2022 ASPAN Guidelines	
<p>Two registered nurses, one of whom is a RN competent in Phase I postanesthesia nursing, are in the same room/unit where the patient is receiving Phase I care. The Phase I RN must have immediate access and direct line of sight when providing patient care. The second RN should be able to directly hear a call for assistance and be immediately available to assist. These staffing recommendations should be maintained during "on call" situations.</p>	
Phase I	
RN 2:1	<p>Example may include, but is not limited to, the following:</p> <ul style="list-style-type: none"> • One critically ill, unstable patient
RN 1:1	<p>Examples may include, but are not limited to, the following: At the time of admission, until the critical elements are met which include:</p> <ul style="list-style-type: none"> • Report has been received from the anesthesia care provider, questions answered, and the transfer of care has taken place <ul style="list-style-type: none"> ○ Patient has a stable/secure airway** ○ Patient is hemodynamically stable ○ Patient is free from agitation, restlessness, combative behaviors ○ Initial assessment is complete ○ Report has been received from the anesthesia care provider ○ The nurse has accepted the care of the patient • Airway and/or hemodynamic instability **Examples of an unstable airway include, but are not limited to, the following: <ul style="list-style-type: none"> ○ Requiring active interventions to maintain patency such as manual jaw lift or chin lift or an oral airway ○ Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc. ○ Symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, cyanosis, etc. <ul style="list-style-type: none"> ▪ Any unconscious patient 8 years of age and under ▪ A second nurse must be available to assist as necessary ▪ Patient with isolation precautions until there is sufficient time for donning and removing personal protective equipment (PPE) (e.g., gowns, gloves, masks, eye protection, specialized respiratory protection) and washing hands between patients. Location dependent upon facility guidelines
RN 1:2	<p>Examples may include, but are not limited to, the following:</p>

	<ul style="list-style-type: none"> • Two conscious patients, stable and free of complications, but not yet meeting discharge criteria • Two conscious patients, stable, 8 years of age and under, with family or competent support team members present, but not yet meeting discharge criteria • One unconscious patient, hemodynamically stable, with a stable airway, over the age of 8 years and one conscious patient, stable and free of complications
Phase II	
RN 1:1	Example includes, but is not limited to: <ul style="list-style-type: none"> • Unstable patient of any age requiring transfer to a higher level of care
RN 1:2	Examples include, but are not limited to: <ul style="list-style-type: none"> • 8 years of age and under without family or support healthcare team members present • Initial admission to Phase II
RN 1:3	Examples include, but are not limited to: <ul style="list-style-type: none"> • Over 8 years of age • 8 years of age and under with family present

2021-2022 ASPAN Guidelines	
The nursing roles, in this phase, focus on providing the ongoing care for those patients requiring extended observation/intervention after transfer/discharge from Phase I and/or Phase II care.	
Extended Phase	
RN 1:3-5	Examples of patients that may be cared for in this phase include, but are not limited to: <ul style="list-style-type: none"> • Patients awaiting transportation home • Patients with no caregiver, home, or support system • Patients who have had procedures requiring extended observation/interventions (e.g., potential risk for bleeding, pain management, PONV management, removing drains/lines) • Patients being held for a non-critical care inpatient bed

Nurse Assistants 4 FTEs

Ancillary staff:
Clerical, Pharmacist, Respiratory Therapist

Description of additional resources available to support unit level patient care:
Providers, Clinical Education, Physical Therapy, EVS

No consensus:
The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit due to the exclusion of specific ratios and guidelines for all ancillary and support staff.

- u.) Dialysis (during hours of operation)
- | | |
|---|---------------------------|
| Charge Nurse | 1 with limited assignment |
| RN Chronic | 1:2 |
| RN Acute, Plasmapheresis, Red Cell Exchange | 1:1 |

Clerical 0.6 FTE
PCAs 2 FTE

Ancillary staff:
Clerical, Pharmacist, Respiratory Therapist

Description of additional resources available to support unit level patient care:
Providers, Clinical Educators, Clinical Engineering, Materials Management, EVS

No consensus:
The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit due to the exclusion of specific ratios and guidelines for all ancillary and support staff.

v.) Endoscopy

Charge Nurse	1 without an assignment
RN Pre Procedure	Minimum of 1 following SGNA Standards
RN in Procedure	1:1 (2:1 if moderate sedation)
LPN	0.6 FTE for second nurse in scrub cases
RN Advanced Procedure	2:1 or 3:1 without anesthesia staff
RN in Recovery	1:3 unless anesthesia in which ASPAN guidelines will be followed as indicated above
Technical Assistant	2, Monday – Friday, 1 on Saturday
Clerical	Minimum of 1

Ancillary staff:
Clerical, Pharmacist, Respiratory Therapist

Description of additional resources available to support unit level patient care:
Sterile Processing Technician, Technical Assistant, Providers, Clinical Education, Clinical Engineering, Materials Management, EVS

No consensus:
The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit due to the exclusion of Technical Assistants, and the omission of specific ratios and guidelines for all ancillary and support staff.

w.) Procedure Lab

Patient Care Assistants	7 FTEs
a. Cardiac	
Registered Nurse	1:1 (responsible if conscious sedation is given)

Registered Nurse	3:1 for TAVR cases
Radiological Technologist	1:1
Scrub (where applicable) (RN/RT/CVRT)	1:1
Charge/Holding Room RN (noninvasive)	1 per day
b. Interventional Radiology	
Charge Nurse	1 without assignment during hours of operation
Registered Nurse	1:1 (responsible if conscious sedation is given)
Radiological Technologist	1:1
Scrub (where applicable) (RN/RT/CVRT)	1:1
c. Electrophysiology	
Charge Nurse	1 without assignment during hours of operation
Registered Nurse	2:1
Radiological Technologist	1:1
d. Neuro	
Charge Nurse	1 with a limited assignment
RN	1:1
Radiological Technologist	1:1
Scrub (where applicable) (RN/RT/CVRT)	1:1

Ancillary staff:
Clerical

Description of additional resources available to support unit level patient care:
Providers, CVRT, Radiological Technologist, Imaging Information Specialist, Pharmacy, Respiratory Therapy, Imaging, Clinical Engineering, Clinical Education, Materials Management, EVS

No consensus:
The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit due to the exclusion of Cardiovascular Radiological Technologists and Radiology Technicians, as well as the omission of specific ratios and guidelines for all ancillary and support staff.

x.) Stress lab	
Dobutamine Stress Echo	1 RN, 1 ECHO Tech
All other Stress testing	1 EKG Tech per patient

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

Providers, ECHO Tech, EKG Tech, Clerical, Pharmacy, Clinical Engineering, Materials Management, EVS

No consensus:

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

y.) VIS Orange Pod Adult Inpatients +

Charge Nurse	1 with limited assignment on Saturday/Sunday, no assignment Monday-Friday
Registered Nurse	1:4
CMA/MA	1:6-8

Ancillary staff:

Clerical, Patient Care Coordinator, Respiratory Therapist, Pharmacist, Social Worker

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

Telemetry Float Pool (RN, UAP, US), providers, physical therapy, occupational therapy, speech therapy, educators (dayshift & nightshift), EVS, hospitality associates, materials handler and imaging

No consensus:

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

z.) VIS Outpatient Pods Purple, Blue, Green

Registered Nurse	1:5 day shift / 1:6 night shift *carotid stents staffed at 1:3 for the first four hours
CMA/MA	1, 24/7 when open for each pod
CMA/MA Chart Prep	1, Monday – Friday 12 hours
CMA/MA Shave Prep/EKG	1, Monday – Friday 12 hours

Ancillary staff:

Clerical, Pharmacy, Respiratory Therapy

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

Clerical, Providers, Float Pool, Clinical Education, Hospitality Associate, Materials Management, Imaging, EVS

No consensus:

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

- aa.) **Pre Admission Testing**
 RN/LPN 1:1
 CMA 1.6 FTE

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

Providers, Clerical, Materials Management, Imaging, EVS

The frontline members of the CSC agree with the proposal of PAT by management as presented in the CSC held on Aug 14, 2023.

- bb.) **Imaging Department including Radiology, CT, MRI, Nuclear Medicine**
 RN 1:1 for patients with procedures
 Clerical

Ancillary staff:
Clerical

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

Providers, Clinical Engineering, Materials Management, EVS

No consensus:

The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit due to the exclusion of direct patient care job titles, which are listed below, as well as the omission of specific ratios and guidelines for all ancillary and support staff. 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, including the CSC frontline member staffing minimum proposal, can be found within CSC documentation.