

## HOSPITAL INFORMATION

<b>Region</b>	Western Regional Office
<b>County</b>	Erie
<b>Council</b>	Western New York
<b>Network</b>	KALEIDA HEALTH
<b>Reporting Organization</b>	Millard Fillmore Suburban Hospital
<b>Reporting Organization Id</b>	3067
<b>Reporting Organization Type</b>	Hospital (pfi)
<b>Data Entity</b>	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) ?
Procedures: Angio/TEE	1.4	0.56	20	14.28
Imaging	4	0.84	38	9.5
Infusion	2	7.74	9.2	4.6
Urology	5.2	3.89	10.7	2.05
Endoscopy	13.5	4.54	23.8	1.76
Pre Anesthesia Testing	2.75	0.55	39.9	14.5
PACU/ASU	18.12	3.2	45.3	2.5
Operating Room	20.5	4.75	34.6	1.69
37 bed full-service community hospital emergency department	11	3.14	28	2.54
Labor and Delivery Unit	6	8	6	1
Mother Baby Unit 2 West	6	1.6	30	6
Neonatal Intensive Care Unit	4	6.4	5	1.25
Telemetry Unit 2 North	8	2.1	30	3.8
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	4.8	15	1.7

LPN DAY SHIFT STAFFING

<b>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.</b>	<b>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)</b>	<b>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)</b>
Procedures: Angio/TEE	0	0
Imaging	0	0
Infusion	0	0
Urology	0	0
Endoscopy	0	0
Pre Anesthesia Testing	0	0
PACU/ASU	0	0
Operating Room	0	0
37 bed full-service community hospital emergency department	0	0
Labor and Delivery Unit	0	0
Mother Baby Unit 2 West	0	0
Neonatal Intensive Care Unit	0	0
Telemetry Unit 2 North	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

<b>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.</b>	<b>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)</b>	<b>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)</b>
Procedures: Angio/TEE	1	8
Imaging	1	8
Infusion	1	8
Urology	2	8
Endoscopy	2	8
Pre Anesthesia Testing	0	0
PACU/ASU	4	8
Operating Room	4	8
37 bed full-service community hospital emergency department	5	8
Labor and Delivery Unit	7	8
Mother Baby Unit 2 West	5	8
Neonatal Intensive Care Unit	5	8
Telemetry Unit 2 North	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**

<b>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.</b>	<b>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)</b>	<b>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)</b>
Procedures: Angio/TEE	0	0
Imaging	0	0
Infusion	0	0
Urology	1	0.75
Endoscopy	0	0
Pre Anesthesia Testing	1	0.2
PACU/ASU	5	0.88
Operating Room	0	0
37 bed full-service community hospital emergency department	7	3.14
Labor and Delivery Unit	0	0
Mother Baby Unit 2 West	2	0.53

Neonatal Intensive Care Unit	0	0
Telemetry Unit 2 North	5	1.33
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><b>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.</b></p>	<p><b>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.</b></p>
<p>Procedures: Angio/TEE</p>	<p>Environmental Service, material handlers, Nursing Supervisor, and Nursing Management. (Ancillary included in number: Clerical)</p>

Imaging	Nursing Supervisor, and Nursing Management. (Ancillary member included above in number: Clerical)
Infusion	Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor, and Nursing Management. (Ancillary member included above in numbers: 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 Anesthesia 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>



Labor and Delivery Unit	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)
Mother Baby Unit 2 West	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)

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 North	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)

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><b>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.</b></p>	<p><b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b></p>	<p><b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b></p>	<p><b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b></p>	<p><b>Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):</b></p>
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<p>Procedures: Angio/TEE</p>	<p>No</p>	<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</p>	<p>Agreement: RN 1:1 and if conscious sedation 2:1  Disagreement: wanted 2 PCAs and 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 narratives.</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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		<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</p>	<p>Agreement: RN staffing 1:1, if conscious sedation 2:1  Disagreement: 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 narratives.</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>
Imaging	No			
Infusion	Yes			

Urology	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</p>	<p>Agreement: Charge without assignment, RN 1:1 and if conscious sedation 2:1, Disagreement: 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 narratives. Would like additional PCA coverage.</p>	<p>The frontline members of the CSC are in agreement with the proposal of Urology by management as presented in the CSC held on August 14, 2023 pending good-faith discussions regarding additional PCA's due to the increasing volume of the unit. However, the members acknowledge that ratios and other specific staffing guidelines for ancillary support are paramount to safe patient care and are necessary for an effective staffing plan.</p>
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Endoscopy	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</p>	<p>Agreement: Charge without assignment and RN staffing. Disagreement: 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 narratives.</p>	<p>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.</p>
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Pre Anesthesia Testing	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</p>	<p>Agreement: RN staffing, Disagreement: wanted PCA of 2 FTE, while current practice and contract is 1.2</p>	<p>The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit because management's staffing proposal for MA's is inadequate for safe patient care.</p>
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<p>PACU/ASU</p>	<p>No</p>	<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</p>	<p>Agreement: RN ratio, Disagreement: 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 narratives.</p>	<p>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.</p>
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Operating Room	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</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>	<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 Anesthesia Techs and Patient Support Associate. Further detail, including the CSC frontline member staffing minimum proposal, can be found within CSC documentation</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 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</p>	<p>Agreement: RN staffing, Disagreement: 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 narratives.</p>	<p>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.</p>
<p>Labor and Delivery Unit</p>	<p>Yes</p>			
<p>Mother Baby Unit 2 West</p>	<p>Yes</p>			

<p>Neonatal Intensive Care Unit</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</p>	<p>Consensus was reached on nurse ratio. We did not reach consensus on clerical staff. Management proposed a medical assistant Monday through Friday 8am-4pm. The unit does not require a medical assistant 24/7 as proposed by staff.</p>	<p>Staff proposed a medical assistant 24/7.</p>
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Telemetry Unit 2 North	No	<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.</p> <p>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</p>	<p>RN ratio, patient or care assistant ratio. Management proposed a 1:4 RN ratio and a 1:6/8 patient care assistant ratio. Meets the regional standard for nursing ratios and exceeds the regional standard to have charge nurses without a patient assignment 24/7. A dedicated charge nurse gives additional support to the bedside nurses as patient needs and acuity change on a shift to shift basis. The patient care assistant range desired due to the comings and goings of patients and the uneven numbers of beds due to the difficulty in filling all semi-private</p>	<p>Their proposal was 1:3 nurse to patient ratio and a 1:5/6 patient care assistant ratio</p>
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<p>Telemetry Unit 2 South West</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</p>	<p>RN ratio, patient or care assistant ratio. Management proposed a 1:4 RN ratio and a 1:6/8 patient care assistant ratio. Meets the regional standard for nursing ratios and exceeds the regional standard to have charge nurses without a patient assignment 24/7. A dedicated charge nurse gives additional support to the bedside nurses as patient needs and acuity change on a shift to shift basis. The patient care assistant range desired due to the comings and goings of patients and the uneven numbers of beds due to the difficulty in filling all semi-private</p>	<p>Their proposal was 1:3 nurse to patient ratio and a 1:5/6 patient care assistant ratio</p>
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<p>Medical Surgical Unit 2 South 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</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</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 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</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</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 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</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</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 West</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</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</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>Adult Medical/Surgical Intensive Care Unit</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</p>	<p>Consensus reached on RN ratio. Consensus reach on unlicensed professionals ratio. Consensus not reach on unit secretary. Rationale was the medical office assistant may function as a unit secretary and bedside unlicensed professional per their job description</p>	<p>Members proposed an additional unit secretary Monday through Friday 8 hours per day.</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)?
Urology	0.75	3.26	1.8	2.4
Endoscopy	1.5	7.11	1.7	1.13
PACU/ASU	8.87	7.36	9.6	1.08
Operating Room	10.6	10.97	7.7	0.73
37 bed full-service community hospital emergency department	14.7	3.14	36	2.54
Labor and Delivery Unit	6	8	6	1
Mother Baby Unit 2 West	6	1.6	30	6
Neonatal Intensive Care Unit	4	6.4	5	1.25
Telemetry Unit 2 North	8	2.1	30	3.8
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	4.8	15	1.7

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)
Urology	0	0
Endoscopy	0	0
PACU/ASU	0	0
Operating Room	0	0
37 bed full-service community hospital emergency department	0	0
Labor and Delivery Unit	0	0
Mother Baby Unit 2 West	0	0
Neonatal Intensive Care Unit	0	0
Telemetry Unit 2 North	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

<b>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.</b>	<b>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)</b>	<b>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)</b>
Urology	0	0
Endoscopy	2	8
PACU/ASU	3	8
Operating Room	3	8
37 bed full-service community hospital emergency department	4	8
Labor and Delivery Unit	7	8
Mother Baby Unit 2 West	5	8
Neonatal Intensive Care Unit	5	8
Telemetry Unit 2 North	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



<b>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.</b>	<b>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)</b>	<b>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)</b>
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
Labor and Delivery Unit	0	0
Mother Baby Unit 2 West	2	0.53
Neonatal Intensive Care Unit	0	0
Telemetry Unit 2 North	5	1.33
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><b>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.</b></p>	<p><b>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.</b></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>

Labor and Delivery Unit	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)
Mother Baby Unit 2 West	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)

Neonatal Intensive Care Unit	<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>
Telemetry Unit 2 North	<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>

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 care 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



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.	Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:	If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:	Statement by members of clinical staffing committee selected by the general hospital administration (management members):	Statement by members of clinical staffing committee that were registered nurses, licensed practical nurses, and ancillary members of the frontline team (employee members):
Urology	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</p>	<p>Agreement: Charge without assignment, RN 1:1 and if conscious sedation 2:1, Disagreement: 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 narratives. Would like additional PCA coverage.</p>	<p>The frontline members of the CSC are in agreement with the proposal of Urology by management as presented in the CSC held on August 14, 2023 pending good-faith discussions regarding additional PCA's due to the increasing volume of the unit. However, the members acknowledge that ratios and other specific staffing guidelines for ancillary support are paramount to safe patient care and are necessary for an effective staffing plan.</p>

Endoscopy	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</p>	<p>Agreement: Charge without assignment and RN staffing. Disagreement: 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 narratives.</p>	<p>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.</p>
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<p>PACU/ASU</p>	<p>No</p>	<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</p>	<p>Agreement: RN ratio, Disagreement: 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 narratives.</p>	<p>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.</p>
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Operating Room	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</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>	<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 Anesthesia Techs and Patient Support Associate. Further detail, including the CSC frontline member staffing minimum proposal, can be found within CSC documentation</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 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</p>	<p>Agreement: RN staffing, Disagreement: 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 narratives.</p>	<p>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.</p>
<p>Labor and Delivery Unit</p>	<p>Yes</p>			
<p>Mother Baby Unit 2 West</p>	<p>Yes</p>			

<p>Neonatal Intensive Care Unit</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</p>	<p>Consensus was reached on nurse ratio. We did not reach consensus on clerical staff. Management proposed a medical assistant Monday through Friday 8am-4pm. The unit does not require a medical assistant 24/7 as proposed by staff</p>	<p>Staff proposed a medical assistant 24/7.</p>
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Telemetry Unit 2 North	No	<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.</p> <p>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</p>	<p>RN ratio, patient or care assistant ratio. Management proposed a 1:4 RN ratio and a 1:6/8 patient care assistant ratio. Meets the regional standard for nursing ratios and exceeds the regional standard to have charge nurses without a patient assignment 24/7. A dedicated charge nurse gives additional support to the bedside nurses as patient needs and acuity change on a shift to shift basis. The patient care assistant range desired due to the comings and goings of patients and the uneven numbers of beds due to the difficulty in filling all semi-private</p>	<p>Their proposal was 1:3 nurse to patient ratio and a 1:5/6 patient care assistant ratio</p>
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<p>Telemetry Unit 2 South West</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 HERDS: 2805-t General Hospital Clinical Staffing Plan New York State Dept. of Health Fri, 30 Jun 2023 4:16 PM Page 29 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</p>	<p>RN ratio, patient or care assistant ratio. Management proposed a 1:4 RN ratio and a 1:6/8 patient care assistant ratio. Meets the regional standard for nursing ratios and exceeds the regional standard to have charge nurses without a patient assignment 24/7. A dedicated charge nurse gives additional support to the bedside nurses as patient needs and acuity change on a shift to shift basis. The patient care assistant range desired due to the comings and goings of patients and the uneven numbers of beds due to the difficulty in filling all semi-private</p>	<p>Their proposal was 1:3 nurse to patient ratio and a 1:5/6 patient care assistant ratio</p>
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<p>Medical Surgical Unit 2 South 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</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 HERDS: 2805-t General Hospital Clinical Staffing Plan New York State Dept. of Health fixed patient to nurse ratio." Our plan takes this into account and places Kaleida Health between the 50th and 75th</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 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</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</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 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</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</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 West</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</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</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>Adult Medical/Surgical Intensive Care Unit</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</p>	<p>Consensus reached on RN ratio. Consensus reach on unlicensed professionals ratio. Consensus not reach on unit secretary. Rationale was the medical office assistant may function as a unit secretary and bedside unlicensed professional per their job description.</p>	<p>Members proposed an additional unit secretary Monday through Friday 8 hours per day.</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	Operating room	0	0	0
Emergency Department	37 bed full-service community hospital emergency department	8.8	3.2	22
Obstetrics/Gynecology	Labor and Delivery Unit	6	8	6
Obstetrics/Gynecology	Mother Baby Unit 2 West	6	1.6	30
Neonatal	Neonatal Intensive Care Unit	4	6.4	5
Telemetry	Telemetry 2 North	8	2.1	30
Telemetry	Telemetry Unit 2 South West	8	2.3	28
Medical/Surgical	Medical Surgical Unit 2 South East	7	1.9	30
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	4.8	15

LPN NIGHT SHIFT STAFFING

<b>Name of Clinical Unit:</b>	<b>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)?</b>	<b>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)</b>
Other	0	0
Emergency Department	2.5	0
Obstetrics/Gynecology	1	0
Obstetrics/Gynecology	6	0
Neonatal	1.25	0
Telemetry	3.8	0
Telemetry	3.5	0
Medical/Surgical	4.3	0
Medical/Surgical	4.3	0
Medical/Surgical	4.38	0
Medical/Surgical	4.3	0
Intensive Care	1.7	0

**NIGHT SHIFT ANCILLARY STAFF**

<b>Name of Clinical Unit:</b>	<b>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)</b>	<b>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)</b>
Other	0	0
Emergency Department	0	3
Obstetrics/Gynecology	0	7
Obstetrics/Gynecology	0	5
Neonatal	0	5

Telemetry	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

<b>Name of Clinical Unit:</b>	<b>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)</b>	<b>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)</b>
Other	0	0
Emergency Department	8	7
Obstetrics/Gynecology	8	0
Obstetrics/Gynecology	8	2
Neonatal	8	0
Telemetry	8	5
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	0
Emergency Department	2.55
Obstetrics/Gynecology	0
Obstetrics/Gynecology	0.53
Neonatal	0
Telemetry	1.33
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><b>Name of Clinical Unit:</b></p>	<p><b>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.</b></p>	<p><b>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</b></p>	<p><b>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</b></p>	<p><b>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</b></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</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 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	Agreement: RN staffing, Disagreement: 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 narratives.
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Obstetrics/Gynecology	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)	Yes		
Obstetrics/Gynecology	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)	Yes		

<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 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</p>	<p>Consensus was reached on nurse ratio. We did not reach consensus on clerical staff. Management proposed a medical assistant Monday through Friday 8am-4pm. The unit volume does not require a medical assistant 24/7 as proposed by staff.</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 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</p>	<p>RN ratio, patient or care assistant ratio. Management proposed a 1:4 RN ratio and a 1:6/8 patient care assistant ratio. Meets the regional standard for nursing ratios and exceeds the regional standard to have charge nurses without a patient assignment 24/7. A dedicated charge nurse gives additional support to the bedside nurses as patient needs and acuity change on a shift to shift basis. The patient care assistant range desired due to the comings and goings of patients and the uneven numbers of beds due to the difficulty in filling all semi-private</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 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</p>	<p>RN ratio, patient or care assistant ratio. Management proposed a 1:4 RN ratio and a 1:6/8 patient care assistant ratio. Meets the regional standard for nursing ratios and exceeds the regional standard to have charge nurses without a patient assignment 24/7. A dedicated charge nurse gives additional support to the bedside nurses as patient needs and acuity change on a shift to shift basis. The patient care assistant range desired due to the comings and goings of patients and the uneven numbers of beds due to the difficulty in filling all semi-private</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 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</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</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 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</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 rationale, 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</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 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</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</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 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</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</p>
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Intensive Care	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 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.</p> <p>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</p>	<p>Consensus reached on RN ratio. Consensus reach on unlicensed professionals ratio. Consensus not reach on unit secretary. Rationale was the medical office assistant may function as a unit secretary and bedside unlicensed professional per their job description.</p>
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CBA INFORMATION

<p><b>We have one or more collective bargaining agreements:</b></p>	<p>Yes</p>
<p><b>If yes, then:</b></p> <p><b>Our general hospital has a collective bargaining agreement with the following organizations that represent clinical staff (Select all that apply):</b></p> <p><b>**Please select association and identify staff (e.g. nurses, ancillary staff, etc.)</b></p>	<p>SEIU 1199,Communications Workers of America</p>
<p><b>Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:</b></p>	<p>05/31/20 25 12:00 AM</p>

<p><b>The number of hospital employees represented by SEIU 1199 is:</b></p>	<p>0</p>
<p><b>Our general hospital's collective bargaining agreement with Communications Workers of America expires on the following date:</b></p>	<p>05/31/2025 12:00 AM</p>
<p><b>The number of hospital employees represented by Communication Workers of America is:</b></p>	<p>38</p>