Catholic Health
Mount St. Mary's Hospital

TO: hospitalstaffingplans@health.ny.gov

FROM: CJ Urlaub, President

Date: November 27, 2023

RE: 2023 Staffing Plan for Mount St. Marys Hospital

Mount St Marys Hospital began a Clinical Staffing Committee (CSC) in January of 2022 in response to the newly signed New York Safe Staffing for Quality Care Act. Half of the committee comprised of direct care associates and half are members of the hospitals management team. This committee has worked closely together to review the staffing plan for the hospital, taking into consideration many factors that impact health care, including acuity, geography, finances, retention and recruitment, resources and practice patterns.

Over the past six months, the MSMH CSC group has met regularly and accomplished a great deal. Initially, the committee adopted a Charter to outline their purpose and scope, followed by discussions related to recruitment and retention, financial stewardship and quality, and their impact on patient care.

Mount St Marys Hospital previously established staffing grids, which were updated which were updated in the spring of 2022. With clinical unit staffing grids already in place the MSM CSC were able to focus discussions on the individual characteristics and challenges of each nursing unit, including but not limited to acuity and intensity, measures in place to maintain patient and associate safety, and the impact of planes and unplanned absences on the workforce and staffing grids.

On June 22, 2023, the committee endorsed the enclosed 2024 MSMH Staffing Plan by consensus. We ask that you review and approve for the next step of NYS DOH submission. The MSMH CSC is in position to meet regularly to continue to carry out the activities and deliverables outlined in the newly signed act.

Thank you

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MOUNT ST. MARY'S HOSPITAL
COORDINATED AGREEMENT
AND INDIVIDUAL BARGAINING UNIT AGREEMENTS
2022 CONTRACT NEGOTIATIONS

BETWEEN MOUNT ST. MARY'S HOSPITAL OF NIAGARA FALLS

AND

1199 SEIU UNITED HEALTHCARE WORKERS EAST

PROFESSIONAL & TECHNICAL (NURSE) EMPLOYEES

SERVICE & MAINTENANCE EMPLOYEES

AND TECHNICIAN EMPLOYEES

April 1, 2022 – March 31, 2026

ARTICLE 52
STAFFING/CLINICAL STAFFING COMMITTEE

Section 1. The Employer/Hospital agrees to staff all nursing units/departments with RN/LPN/ancillary staff using patient ratios. The Union and the Employer agree that increasing current staffing levels to the agreed upon ratios will require time to implement. Therefore, the parties agree to the following implementation schedule:

a. 25% of staffing ratio by October 1, 2022.

b. 50% of staffing ratio by January 1, 2023.

c. 75% of staffing ratio by April 1, 2023; and

d. 100% of staffing ratio by July 1, 2023

The Employer/Hospital will continue to aggressively recruit to fill the FTEs required to meet the staffing ratios as outlined in Section 9.

Section 2. A Clinical Staffing Committee (CSC) will be formed for the purpose of implementing the ratios outlined in Sections 9-11 below as well as complying with the responsibilities outlined in New York State Legislation SO1168-A/S6346.

a. At least one-half (1/2) of the members of the committee shall be employees covered under the Collective Bargaining Agreement and up to one-half (1/2) of the members will be hospital administration.

b. The Union will select the employees and number it desires, as its representatives. The selected employees must represent a range of departments/units/job titles.

c. Where possible, participation in the CSC by employees will be on scheduled work time and such employees will be compensated at their current rate of pay,

including any applicable differentials. Where participation cannot be on scheduled work time, employees will be compensated for their time at the meeting. It is understood that the employees' departments/units shall not be short-staffed due to participation.

d. If CSC meetings are scheduled on an employee's work time, the employee/CSC member will be fully relieved of all other work duties during meetings of the committee and shall not have work duties displaced to other times as a result of their committee responsibilities.

e. Union designated Staffing Committee Director will receive up to four (4), eight (8) hour days per month of the Employer/Hospital's paid time for the purpose of coordinating the work of the CSC on behalf of the union for the first six (6) months the committee is functioning. Thereafter, the CSC will determine the amount of time needed based upon the workload of the committee. Employees will not be denied the excused absence time required for the purpose of performing work related to the CSC.

f. The Committee's initial responsibilities will include but not be limited to:

- Assessment of all existing staffing grids/plans and the staffing ratios.
- A determination of the number of positions needed to meet the established ratios outlined in Section 9;
- Development of ratios not currently defined in Section 9.
- Implementation of the staffing ratios.
- Resolve issues related to the implementation of ratios;
- The development of a program to consistently cover lunches and breaks.
- Development of initiatives to deal with AACN's Healthy Work Environment, Recruitment and Retention.

g. In addition to the responsibilities listed in f.) above, the CSC will also be responsible for the following functions on an annual basis:

- Development and oversight of implementation of an annual clinical staffing plan. The staffing plan will be based upon ratios as outlined in Section 9. The staffing plan shall include specific staffing for each patient care unit and work shift and shall be based on the needs of patients. Staffing plans shall include specific guidelines, ratios, matrices, or grids indicating how many patients will be assigned to each Registered Nurse and the number of nurses and ancillary staff to be present on each unit and shift and shall be used as the primary component of the hospital staffing budget.

- Factors to be considered and incorporated in the development/review of the plan shall include, but are not limited to:

  i. Census, including total number of patients on the units and activity such as patient discharges, admissions and transfers.

  ii. Total number of beds for each unit and department, Average Daily Census (ADC), position control sheets based upon the total number of beds on the unit/department, the total number of FTEs needed to staff each unit/department based upon the ratios as outlined in Section 9;

  iii. The appropriate time frames for measuring the ADC (including the frequency) as determined by the CSC;

  iv. measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift.

  v. skill mix;

  vi. the availability, level of experience and specialty certification or training of nursing personnel providing patient care, including charge nurses on each unit and shift;

  vii. the need for specialized or intensive equipment.

  viii. the logistics and workflow of the patient care unit, including but not limited to, placement of patient rooms, treatment areas, nursing stations, medication preparation areas and equipment.

  ix. mechanisms and procedures to provide for one-to-one patient observations, when needed, for patients on psychiatric or other units as appropriate.

  x. other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communications skills and other relevant or socio-economic factors.

  xi. measures to increase worker and patient safety, which could include measures to improve patient through-put.

  xii. staffing guidelines adopted or published by other states or local jurisdictions, national nursing professional associations, specialty nursing organizations and other health professional organizations.

  xiii. Availability of other personnel supporting nursing services on the unit.

  xiv. Waiver of plan requirements in the case of unforeseeable emergency circumstances as defined in subdivision fourteen of this section.

xv. Coverage to enable all employees to take meal and rest breaks, planned time off and unplanned absences that are reasonably foreseeable as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and representative of the nursing ancillary staff.

xvi. the nursing quality indicators required under New York State Legislation SO1168-A/S6346;

xvii. hospital finances and resources, and

xviii. provisions for limited short-term adjustments made by appropriate hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration.

- Semiannual review of the staffing plan against patient needs and known evidence based staffing information, including the nursing sensitive quality collected by the hospital.

- Review, assessment and response to complaints regarding potential violations of the adopted staffing plan, staffing variations, or other concerns regarding the implementation of the staffing plan within the purview of the committee.

Section 3: Effective upon ratification of this Agreement the Employer commits to the following:

a. Extra time, overtime and staffing incentives will be utilized to entice employees to pick up additional time to bring the scheduled number of employees up to the ratio needed to meet the number of open beds or budgeted visits.

b. Immediately begin recruiting employees to fill the current vacancies and to meet the schedule for hiring outlined in Section 1. above.

c. the Employer will fill all vacant position in the units/departments covered by this Article. The Employer will also increase the core staffing on each unit/department to meet the agreed upon ratio for that unit/department.

Section 4: **Definitions**:

a. "RN" shall mean a registered professional nurse licensed pursuant to article one hundred thirty-nine of the education law.

b. "LPN" shall mean a licensed practical nurse pursuant to article one hundred and thirty-nine of the education law.

c. "Nursing Care" shall mean that care which is within the definition of the practice of nursing pursuant to section six thousand, nine hundred and two of the education law, or otherwise encompassed with the recognized standards of

nursing practice, including assessment, nursing diagnosis, planning, intervention evaluation and patient advocacy.

d. "Ancillary Staff" shall mean any employee who is not a nurse or other person licensed, certified, or registered under title eight of the education law whose principal responsibility it is to carry out patient care for one or more patients or provides direct assistance in the delivery of patient care (e.g.: ITA, CNA, NA).

Section 5. The Employer agrees to schedule to the staffing ratios outlined in Section 9. Only RN/LPN/AS staff providing direct patient care shall be included in the ratios. There shall be no averaging of the number of patients and the total number of RN/LPN/AS on the unit.

Section 6. Nurse administrators, nurse supervisors, nurse managers and charge nurses and other licensed nurses shall be included in the calculation of the licensed nurse-to-patient ratio only when the licensed nurses are engaged in providing direct patient care. When a nurse administrator, nurse supervisor, nurse manager, charge nurse or other licensed nurse engage in activities other than direct patient care, that nurse shall not be included in the ratios.

Section 7. Nothing in this Article shall prohibit RN/LPN/AS from assisting with the specific tasks within the scope of their practice for a patient assigned to another RN/LPN/AS. "Assist" means that RN/LPN/AS may provide patient care beyond their patient assignments if the tasks performed are specific and time limited.

Section 8. The Employer will use an acuity system to assess patient acuity levels, nursing care requirements and to improve patient acuity balancing across assignments.

Acuity Tool:

a. A sub-committee of the CSC will be formed for the purpose of reviewing the Acuity Tools. A subject matter expert will provide a detailed presentation to the CSC. Union representatives will be included in this sub-committee.

b. It is agreed to and understood by the parties that once an acuity tool is implemented, it will be utilized along with the ratios as outlined in Section 9 to provide adequate staffing and appropriate assignments throughout the hospital.

c. The CSC will put the implementation of the acuity tool on the meeting agenda as a standing item and reports will be received monthly.

Section 9. **Staffing Ratios**:

Labor & Delivery

Charge 1-Days (has assignment)
Charge1-Nights (has assignment)
Unit clerk-1 days
Triage RN 1:1 mother presenting for initial obstetric triage

Labor

1:2 First and second stage uncomplicated and unmedicated or for cervical ripening and uncomplicated Pitocin.
1:1 During initial bolus of magnesium, second stage/pushing/ initiation of epidural, complications as needed
2:1 Birth-one for mother and one for newborn

Postpartum/Newborn

1:1 Recovery period following delivery
1:3-4 stable couplets
1:2 Same day postoperative c-section couplets or greater: 1 as required for unstable newborns or unstable mother

* In order to be able to safely care for a woman that presents with an OB emergency, two (2) nurses will be assigned to the Maternity unit at all times.

Emergency Department

Charge Nurse 1 days/Charge Nurse 1 nights
RN 1:4 or 1:1/1:2 if critical
Triage RN- 1 days
AS-2 per day and night shifts
Unit clerk-1 per day and 1 per night shifts

Clearview

RN—3 on days 3rd floor
RN—3 on days 4th floor
RN—2 on nights 3rd floor
RN—3 on nights 4th floor
Unit clerks 2 on 4th and 1 on 3rd-days

Endoscopy Unit

Charge 1 RN
RN pre-procedure 1:3
RN procedure 2:1
RN advanced procedure 3:1
RN recovery 1:2
Endoscopy techs 2

Interventional Radiology

RN 1:1

Infusion

RN per protocol

Stress Lab

RN 1
Echo Tech 1

Dialysis
RN 1:2

Pre surgical Testing-PAT
RN 1:1

Med/Surg Tele 5th Floor
Charge RN- 1 Days/1 RN Nights
RN 1:4 Days/Nights 1:5
AS 1:8 Days/Nights 1:8
Unit Clerk 1 Days

Med/Surg 6th Floor
Charge RN- 1 Days/1 RN Nights
RN 1:5 Days/Nights 1:5
AS 1:8 Days/Nights 1:8
Unit Clerk 1 Days

PACU
Charge 1 RN Days/ 1 RN Evening (covers Amb.)
RN 1:1 or 1:2
RN ped-1:1
Critical Care 1:1
Ancillary staff 1 /day (PACU/Amb.)

AMBULATORY
RN 1:4
RN 1:2 if no PAT interview/assessment completed

ICU
RN Charge 1 per Day and 1 per Night
RN 1:1 or 1:2 for both Days and Nights
AS 1 per Day and 1 per Night
If Dialysis required- RN 1:1

Operating Room
Charge nurse 1RN-(Core) –Days and Evening shift
RN 1:1
Surg. Tech. 1:1
Periop attend/anes.tech-1
RNFA 1:1

Respiratory Therapy
3 per Day and 2 per Night
An additional Respiratory Therapist will be scheduled when there are Pulmonary Function Testing scheduled.

Service & Maintenance

1 EVS Aide per unit on both Days/Evenings
2 EVS Operators per shift on both Days/Evenings

Section 10. The parties agree that if during the life of this agreement the patient population changes on any unit noted in Section 9 above, the CSC will evaluate and review any impact regarding the ratios above.

Section 11. In the event that the ratios for all job titles on a unit falls below the established ratio levels on a given shift, the Employer will re-establish the agreed upon number of nurses through methods including floating existing staff under current contractual provisions, overtime, per diems and traveler/agency nurses. If the recruiting method is not successful, the employee may complete a NYS Staffing Form.

Section 12. Union and the Employer believe that creating a healthy work environment (HWE), which enables healthcare workers to provide the highest standards of compassionate patient care is essential. It is also critical that employees be respected while they are at work. A healthy work environment leads to better staffing and retention, less moral distress and lower rates of workplace violence.

There are (6) standards that are fundamental to a healthy work environment:

1. Skilled Communication: Skilled communication can save lives. Promoting open and effective conversation among team members optimizes patient outcomes and encourages essential collaboration. It also helps newer employees get up to speed more quickly.

2. True Collaboration: A team that works together succeeds together. Collaboration among nurses and staff ensures more efficient, effective patient care and a more supportive environment where team members can develop in their practice. It's no surprise that 92% of survey respondents who work in units implementing the six HWE standards report high rates of collaboration among nurses.

3. Effective Decision Making: Improving patient care starts with empowering the people who care for those patients. When nurses/frontline workers have a seat at the table alongside other healthcare professionals and organization leaders, we have an opportunity to design protocols that benefit both team members and patients. Optimal outcomes and greater job satisfaction are more likely when nurses actively influence decisions that impact the quality of patient care.

4. Appropriate Staffing: Appropriate staffing is clearly linked to the health of the work environment. It affects everything in your unit, including nurse performance and retention, quality of care, patient outcomes and hospital costs. It's time for a new staffing model that meets the needs of patients, families and the nurses who care for them. These HWE critical elements and evidence-based resources can help the nurses in their journey to appropriate staffing, better patient outcomes, and a healthy work environment

5. Meaningful Recognition: A healthy work environment starts with recognizing team members for the value they bring to the organization. Although nursing is one of the most rewarding professions, it can also be among the most challenging. Having systems in place to recognize nurses in a way that is individualized, and meaningful can help provide a well-deserved honor and enhance a sense of value, leading to greater nurse fulfillment

6. Authentic Leadership: A good leader sets the tone for the unit. AACN's research shows that healthy work environments are much more likely to have nurse leaders who fully embrace the six HWE standards, creating a culture of compassionate care for team members and patients. Authentic leadership also equips nurses with the skills and encouragement they need to grow their practice. The result is a more knowledgeable, cohesive unit that consistently elevates patient care.

Union and the Employer agree to the following steps to create and foster a HWE for employees:

a. Hire a subject matter expert whose job it would be to implement and see to completion this project.

b. Perform an assessment of current environments and culture utilizing the AACN HWE assessment tool.

c. Review assessment results with team members.

d. Provide education and professional development on HWE standards, utilizing AACN resources.

	DAYS	NIGHTS
Charge Nurse	**1**	**1**
RN	**1:4, 1:1/1:2 if critical**	
Triage	**1**	**0**
ITA	**2**	**1**

	Staffing Plan		
Time	#RN	#NA	UC
7a	3	2	1
9a	4	2	1
10a	5	2	1
7p	5	2	1
9p	4	2	1
10p	3	2	1

5007450 Emergency Room MSMH

Mount St Marys Hospital
5th Floor/6th Floor

Census	DAYS			EVENINGS		NIGHTS		
	RN (12hrs)	NA (8hrs)	TOTAL STAFF	NA(8hrs)	TOTAL STAFF	RN(12hrs)	NA(8hrs)	TOTAL STAFF
30	7	4	11	4	11	7	4	11
29	7	3	10	3	10	7	3	10
28	7	3	10	3	10	7	3	10
27	7	3	10	3	10	7	3	10
26	7	3	10	3	10	7	3	10
25	6	3	9	3	9	6	3	9
24	6	3	9	3	9	6	3	9
23	6	3	9	3	9	6	3	9
22	6	3	9	3	9	6	3	9
21	6	3	9	3	9	6	3	9
20	5	3	8	3	8	5	3	8
19	5	3	8	3	8	5	3	8
18	5	2	7	2	7	5	2	7
17	5	2	7	2	7	5	2	7
16	5	2	7	2	7	5	2	7
15	4	2	6	2	6	4	2	6
14	4	2	6	2	6	4	2	6
13	4	2	6	2	6	4	2	6
12	4	2	6	2	6	4	2	6
11	4	2	6	2	6	4	2	6
10	3	1	4	1	4	3	1	4
9	3	1	4	1	4	3	1	4
8	2	1	3	1	3	2	1	3

5006105

Mount St Marys
ICU STAFFING GRID

	DAYS			NIGHTS		
Census	RN	NA	TOTAL	RN	NA	TOTAL
12	7	1	8	7	1	8
11	7	1	8	7	1	8
10	6	1	7	6	1	7
9	6	1	7	6	1	7
8	5	1	6	5	1	6
7	5	1	6	5	1	6
6	4	1	5	4	1	5
5	4	1	5	4	1	5
4	3	0	3	3	0	3
3	3	0	3	3	0	3
2	2	0	2	2	0	2

5006200

CARDIAC	
DAYS M-F	**TOTAL STAFF**
RN(8hrs)	
3	3

5007470 Caridiac MSMH

CLEARVIEW 3rd FLOOR

	DAYS		NIGHTS	
CENSUS	RN (12hrs)	TOTAL STAFF	RN(12hrs)	TOTAL STAFF
67	3	3	2	2
66	3	3	2	2
65	3	3	2	2
64	3	3	2	2
63	3	3	2	2
62	3	3	2	2
61	3	3	2	2
60	3	3	2	2
59	3	3	2	2
58	3	3	2	2
57	3	3	2	2
56	3	3	2	2
55	3	3	2	2
54	3	3	2	2
53	3	3	2	2
52	3	3	2	2
51	3	3	2	2
50	3	3	2	2
49	3	3	2	2
48	3	3	2	2
47	3	3	2	2
46	3	3	2	2
45	3	3	2	2
44	3	3	2	2
43	3	3	2	2
42	3	3	2	2
41	3	3	2	2
40	3	3	2	2
39	3	3	2	2
38	3	3	2	2
37	3	3	2	2

CLEARVIEW 4th FLOOR

DAYS		NIGHTS	
RN (12hrs)	TOTAL STAFF	RN(12hrs)	TOTAL STAFF
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
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3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3
3	3	3	3

36	3	3	2	2	3	3	3	3
35	3	3	2	2	3	3	3	3
34	3	3	2	2	3	3	3	3
33	3	3	2	2	3	3	3	3
32	3	3	2	2	3	3	3	3
31	3	3	2	2	3	3	3	3
30	3	3	2	2	3	3	3	3
29	3	3	2	2	3	3	3	3
28	3	3	2	2	3	3	3	3
27	3	3	2	2	3	3	3	3
26	3	3	2	2	3	3	3	3
25	3	3	2	2	3	3	3	3
24	3	3	2	2	3	3	3	3
23	3	3	2	2	3	3	3	3
22	3	3	2	2	3	3	3	3
21	3	3	2	2	3	3	3	3
20	3	3	2	2	3	3	3	3
19	3	3	2	2	3	3	3	3
18	3	3	2	2	3	3	3	3
17	3	3	2	2	3	3	3	3
16	3	3	2	2	3	3	3	3
15	3	3	2	2	3	3	3	3
14	3	3	2	2	3	3	3	3
13	3	3	2	2	3	3	3	3
12	3	3	2	2	3	3	3	3
11	3	3	2	2	3	3	3	3
10	3	3	2	2	3	3	3	3
9	3	3	2	2	3	3	3	3
8	3	3	2	2	3	3	3	3
7	3	3	2	2	3	3	3	3
6	3	3	2	2	3	3	3	3
5	3	3	2	2	3	3	3	3
4	3	3	2	2	3	3	3	3
3	3	3	2	2	3	3	3	3
2	3	3	2	2	3	3	3	3
1	3	3	2	2	3	3	3	3

IXR	
DAYS M-F	**TOTAL STAFF**
RN(8hrs)	
3 Days MWF	3
2 Days TTH *	2

*lower scheduled by volume

MSMH Interventional Radiology