

HOSPITAL INFORMATION

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

RN DAY SHIFT STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50) ?
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

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
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

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
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 UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50)
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

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.	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.
Labor and Delivery Unit	OB Surgical Technicians, unit secretary, maternity float pool nurses, respiratory therapist, pharmacist, social worker (MSW), discharge planner, educators, imaging, environmental service aides, material handlers/stockers, infection prevention, advanced practice providers, residents, providers

Mother Baby Unit 2 West	Maternity Float pool nurses, respiratory therapist, lactation consultants, pharmacist, social worker (MSW), discharge planner, educator, imaging, environmental services aides, material handlers/stockers, unit secretary, infection prevention, advanced practice provider, residents, and providers
Neonatal Intensive Care Unit	Maternity Float Pool (RN) unit medical assistant, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, materials handlers, infection prevention, Advance Practice Providers, residents, and providers.

Telemetry Unit 2 North	Float Pool (RN, patient care assistant, secretary) unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.
Telemetry Unit 2 South West	Float Pool (RN, patient care assistant, secretary) unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.
Medical Surgical Unit 2 South East	Float Pool (RN, patient care assistant, secretary) unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.

Medical Surgical Unit 2 East	Float Pool (RN, patient care assistant, secretary) unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.
Medical Surgical Unit 3 East	Float Pool (RN, patient care assistant, secretary)unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.

Medical Surgical Unit 3 West	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.
Adult Medical/Surgical Intensive Care Unit	Float Pool (RN, patient care associate, unit secretary) pharmacy, respiratory therapy, social worker, educators, environmental service workers, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.

DAY 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):
Labor and Delivery Unit	Yes			
Mother Baby Unit 2 West	Yes			

<p>Neonatal Intensive Care Unit</p>	<p>No</p>	<p>Representatives of 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 the management plan recommended for MFSH, accepting the rationale stated therein</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>	<p>Staff proposed a medical assistant 24/7.</p>
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Telemetry Unit 2 North	No	<p>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 rooms (gender/isolation/bariatric). This staffing model places Kaleida Health between the 75th and 90th percentile in New York State staffing per</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>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 rooms (gender/isolation/bariatric). This staffing model places Kaleida Health between the 75th and 90th percentile in New York State staffing per</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 SurgicalUnit 2 South East</p>	<p>No</p>	<p>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 telemetry on this unit. The patient care assistant range desired due to the comings and goings of patients and uneven numbers of beds</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>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 telemetry on this unit. The patient care assistant range desired due to the comings and goings of patients and uneven numbers of beds</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>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 telemetry on this unit. The patient care assistant range desired due to the comings and goings of patients and uneven numbers of beds</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>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 telemetry on this unit. The patient care assistant range desired due to the comings and goings of patients and uneven numbers of beds</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>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)?
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 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
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

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
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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 UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 4 digits. Ex: 10.50)
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>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Evening Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
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Labor and Delivery Unit	OB Surgical Technicians, unit secretary, maternity float pool nurses, respiratory therapist, pharmacist, social worker (MSW), discharge planner, educators, imaging, environmental service aides, material handlers/stockers, infection prevention, advanced practice providers, residents, providers
Mother Baby Unit 2 West	Maternity Float pool nurses, respiratory therapist, lactation consultants, pharmacist, social worker (MSW), discharge planner, educator, imaging, environmental services aides, material handlers/stockers, unit secretary, infection prevention, advanced practice provider, residents, and providers

<p>Neonatal Intensive Care Unit</p>	<p>Maternity Float Pool (RN) unit medical assistant, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, materials handlers, infection prevention, Advance Practice Providers, residents, and providers.</p>
<p>Telemetry Unit 2 North</p>	<p>Float Pool (RN, patient care assistant, secretary) unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.</p>
<p>Telemetry Unit 2 South West</p>	<p>Float Pool (RN, patient care assistant, secretary) unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.</p>

Medical Surgical Unit 2 South East	Float Pool (RN, patient care assistant, secretary) unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.
Medical Surgical Unit 2 East	Float Pool (RN, patient care assistant, secretary) unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.
Medical Surgical Unit 3 East	Float Pool (RN, patient care assistant, secretary) unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.

<p>Medical Surgical Unit 3 West</p>	<p>Float Pool (RN, patient care assistant, secretary) pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.</p>
<p>Adult Medical/Surgical Intensive Care Unit</p>	<p>Float Pool (RN, patient care associate, unit secretary) pharmacy, respiratory therapy, social worker, educators, environmental service workers, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.</p>

EVENING SHIFT CONSENSUS INFORMATION

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Our Clinical Staffing Committee reached consensus on the clinical staffing plan for this unit:</p>	<p>If no, Chief Executive Officer Statement in support of clinical staffing plan for this unit:</p>	<p>Statement by members of clinical staffing committee selected by the general hospital administration (management members):</p>	
<p>Labor and Delivery Unit</p>	<p>Yes</p>			
<p>Mother Baby Unit 2 West</p>	<p>Yes</p>			

Neonatal Intensive Care Unit	No	<p>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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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<p>Telemetry Unit 2 North</p>	<p>No</p>	<p>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 rooms (gender/isolation/bariatric). This staffing model places Kaleida Health between the 75th and 90th percentile in New York State staffing per</p>	
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<p>Telemetry Unit 2 South West</p>	<p>No</p>	<p>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 rooms (gender/isolation/bariatric). This staffing model places Kaleida Health between the 75th and 90th percentile in New York State staffing per</p>	
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<p>Medical Surgical Unit 2 South East</p>	<p>No</p>	<p>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 telemetry on this unit. The patient care assistant range desired due to the comings and goings of patients and uneven numbers of beds</p>	
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<p>Medical Surgical Unit 2 East</p>	<p>No</p>	<p>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 telemetry on this unit. The patient care assistant range desired due to the comings and goings of patients and uneven numbers of beds</p>	
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<p>Medical Surgical Unit 3 East</p>	<p>No</p>	<p>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 telemetry on this unit. The patient care assistant range desired due to the comings and goings of patients and uneven numbers of beds</p>	
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<p>Medical Surgical Unit 3 West</p>	<p>No</p>	<p>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 telemetry on this unit. The patient care assistant range desired due to the comings and goings of patients and uneven numbers of beds</p>	
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Adult Medical/Surgical Intensive Care Unit	No	<p>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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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RN NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)	Planned average number of patients on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 4 digits. Ex: 10.50)?
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 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 NIGHT 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 Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
Labor and Delivery Unit	0	0
Mother Baby Unit 2 West	0	0
Neonatal Intensive Care Unit	0	0
Telemetry 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

NIGHT SHIFT ANCILLARY STAFF

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of ancillary members of the frontline team on the unit per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
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Labor and Delivery Unit	0	0
Mother Baby Unit 2 West	0	0
Neonatal Intensive Care Unit	0	0
Telemetry 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

NIGHT SHIFT UNLICENSED STAFFING

Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.	Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 4 digits. Ex: 10.50)	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 4 digits. Ex: 10.50)
Labor and Delivery Unit	0	0
Mother Baby Unit 2 West	2	0.53
Neonatal Intensive Care Unit	0	0
Telemetry 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

NIGHT SHIFT ADDITIONAL RESOURCES

<p>Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital.</p>	<p>Description of additional resources available to support unit level patient care on the Night Shift. These resources include but are not limited to unit clerical staff, admission/discharge nurse, and other coverage provided to registered nurses, licensed practical nurses, and ancillary staff.</p>
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Labor and Delivery Unit	OB Surgical Technicians, unit secretary, maternity float pool nurses, respiratory therapist, pharmacist, social worker (MSW), discharge planner, educators, imaging, environmental service aides, material handlers/stockers, infection prevention, advanced practice providers, residents, providers
Mother Baby Unit 2 West	Maternity Float pool nurses, respiratory therapist, lactation consultants, pharmacist, social worker (MSW), discharge planner, educator, imaging, environmental services aides, material handlers/stockers, unit secretary, infection prevention, advanced practice provider, residents, and providers

Neonatal Intensive Care Unit	Maternity Float Pool (RN) unit medical assistant, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, materials handlers, infection prevention, Advance Practice Providers, residents, and providers.
Telemetry 2 North	Float Pool (RN, patient care assistant, secretary) unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.
Telemetry Unit 2 South West	Float Pool (RN, patient care assistant, secretary) unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.

Medical Surgical Unit 2 South East	Float Pool (RN, patient care assistant, secretary) unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.
Medical Surgical Unit 2 East	Float Pool (RN, patient care assistant, secretary) unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.
Medical Surgical Unit 3 East	Float Pool (RN, patient care assistant, secretary) unit secretary, pharmacy, respiratory therapy, patient car coordinator, discharge planner, social worker, educators, environmental services, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.

Medical Surgical Unit 3 West	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.
Adult Medical/Surgical Intensive Care Unit	Float Pool (RN, patient care associate, unit secretary) pharmacy, respiratory therapy, social worker, educators, environmental service workers, imaging, physical therapy, occupational therapy, speech therapy, materials handlers, infection prevention, and providers.

NIGHT 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):
Labor and Delivery Unit	Yes			
Mother Baby Unit 2 West	Yes			

<p>Neonatal Intensive Care Unit</p>	<p>No</p>	<p>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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>	<p>Staff proposed a medical assistant 24/7.</p>
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<p>Telemetry 2 North</p>	<p>No</p>	<p>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 rooms (gender/isolation/bariatric). This staffing model places Kaleida Health between the 75th and 90th percentile in New York State staffing per</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>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 rooms (gender/isolation/bariatric). This staffing model places Kaleida Health between the 75th and 90th percentile in New York State staffing per</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>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 telemetry on this unit. The patient care assistant range desired due to the comings and goings of patients and uneven numbers of beds</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>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 telemetry on this unit. The patient care assistant range desired due to the comings and goings of patients and uneven numbers of beds</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>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 telemetry on this unit. The patient care assistant range desired due to the comings and goings of patients and uneven numbers of beds</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>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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 telemetry on this unit. The patient care assistant range desired due to the comings and goings of patients and uneven numbers of beds</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>Representatives of management and staff at MFSH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for the site. While that process resulted in many areas of agreement, consensus was not achieved for certain positions. For each area lacking consensus, the plan describes management and staff's respective proposal as well as management's rationale for it's proposal. The CEO evaluated the enclosed recommended plan and considered the areas of disagreement. She adopted management's plan recommended for MFSH, accepting the rationale stated therein</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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CBA INFORMATION

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

Our general hospital's collective bargaining agreement with SEIU 1199 expires on the following date:	05/31/20 25 12:00 AM
The number of hospital employees represented by SEIU 1199 is:	159
Our general hospital's collective bargaining agreement with Communications Workers of America expires on the following date:	05/31/20 25 12:00 AM

<p>The number of hospital employees represented by Communication Workers of America is:</p>	<p>665</p>
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