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 |

| 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 SurgicalUnit 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 5 digits. Ex: 101.50) | Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) |
|---|---|---|
| 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 SurgicalUnit 2 South East | 0 | 0 |

| Medical Surgical Unit 2 East | 0 | 0 |
|------------------------------|---|---|
| Medical Surgical Unit 3 East | 0 | 0 |
| Medical Surgical Unit 3 | • | |
| West | 0 | 0 |
| Adult Medical/Surgical | | |
| Intensive Care Unit | 0 | 0 |

DAY SHIFT ANCILLARY STAFF

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

| Telemetry Unit 2 South | | |
|------------------------------|---|---|
| West | 5 | 8 |
| Medical SurgicalUnit 2 | | |
| South East | 5 | 8 |
| | | |
| Medical Surgical Unit 2 East | 5 | 8 |
| | | |
| Medical Surgical Unit 3 East | 5 | 8 |
| Medical Surgical Unit 3 | | |
| West | 5 | 8 |
| Adult Medical/Surgical | | |
| Intensive Care Unit | 5 | 8 |

DAY SHIFT UNLICENSED STAFFING

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift (Please provide a number with up to 5 digits. Ex: 101.50) |
|---|---|--|
| 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 SurgicalUnit 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

| | 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 |
| Provide a description of | staff, |
| Clinical Unit, including a | admission/discharge |
| description of typical | nurse, and other |
| patient services provided | coverage provided to |
| on the unit and the | registered nurses, |
| unit's location in | licensed practical nurses, |
| the hospital. | and ancillary staff. |
| | Environmental Service, |
| | material handlers, Nursing |
| | Supervisor, and Nursing |
| | Management. (Ancillary |
| | included in number: |
| Procedures: Angio/TEE | Clerical) |
| <u> </u> | |

| | Nursing Supervisor, and |
|------------------------|----------------------------|
| | Nursing Management. |
| | (Ancillary member included |
| Imaging | above in number: Clerical) |
| inagnig | Environmental Services, |
| | Infection Preventionist, |
| | Material Handlers, |
| | · |
| | Providers, Nursing |
| | Supervisor, and Nursing |
| | Management. (Ancillary |
| | member included above in |
| Infusion | numbers: Clerical) |
| | Environmental Services, |
| | Infection Preventionist, |
| | Material Handlers, |
| | Providers, Nursing |
| | Supervisor, and Nursing |
| | Management. (Ancillary |
| | members included above in |
| | numbers: Charge, Surgical |
| Urology | tech) |
| | |
| | Environmental Services, |
| | Infection Preventionist, |
| | Material Handlers, |
| | Providers, Nursing |
| | Supervisor, and Nursing |
| | Management. (Ancillary |
| | members included above in |
| | numbers: Charge, Clerical, |
| Endoscopy | Technical Assist) |
| | Environmental Services, |
| | Infection Preventionist, |
| | Material Handlers, |
| | Providers, Nursing |
| | Supervisor, and Nursing |
| Pre Anesthesia Testing | Management. |

| | · |
|---|---|
| PACU/ASU | Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor, and Nursing Management. (Ancillary members included above in numbers: Charge, Clerical, Respiratory Therapy, Pharmacy) |
| Operating Room | Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor and Nursing Manager (Ancillary members included above in numbers: Charge, Surgical Tech, Pharmacist, Respiratory Therapist) |
| 37 bed full-service community hospital 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) |

| 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) |
| |
| |
| 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 |
| |

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|-------------------------|------------------------------|
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| | |
| | 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 |
| Neonatal Intensive Care | Work, Respiratory Therapy, |
| Unit | Patient Care Coordinator) |
| | |
| | 51 . 5 . 150. |
| | 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 |
| Tolomotry Unit 2 North | Therapy, Patient Care |
| Telemetry Unit 2 North | Coordinator) |

| | 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 |
| Telemetry Unit 2 South | Therapy, Patient Care |
| West | Coordinator) |
| vvest | Coordinatory |
| | |
| | Float Dool DNs and DCAs |
| | 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 |
| Medical SurgicalUnit 2 | Therapy, Patient Care |
| South East | Coordinator) |

| | 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 |
|------------------------------|--|
| Medical Surgical Unit 2 East | Coordinator) |
| | 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 |
| Medical Surgical Unit 3 East | Coordinator) |

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|-------------------------|------------------------------|
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| | 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 |
| Medical Surgical Unit 3 | Therapy, Patient Care |
| West | Coordinator) |
| | |
| | |
| | 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 |
| Adult Medical/Surgical | Therapy, Patient Care |
| Intensive Care Unit | Coordinator) |

DAY SHIFT CONSENSUS INFORMATION

| | | | | Statement by members |
|----------------------------|------------------------------|----------------------------|-----------------------|----------------------------|
| Provide a description of | | | | of clinical staffing |
| Clinical Unit, including a | | | Statement by members | committee that were |
| description of typical | | If no, | of clinical staffing | registered nurses, |
| patient services provided | Our Clinical Staffing | Chief Executive Officer | committee selected by | licensed practical nurses, |
| on the unit and the | Committee reached | Statement in support of | the general hospital | and ancillary members of |
| unit's location in | consensus on the clinical | clinical staffing plan for | administration | the frontline team |
| the hospital. | staffing plan for this unit: | this unit: | (management members): | (employee members): |

| | management and staff at | | |
|----|---------------------------------------|---|---|
| | Millard Fillmore Suburban | | |
| | Hospital met monthly from | | |
| | December 2022 – August | | |
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| | • | | |
| | · · | | |
| | not achieved for certain | | |
| | positions. This submission | | |
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| | | | |
| | _ | | |
| | recommended. For each | | The frontline members of |
| | area lacking consensus, | Agreement: RN 1:1 and if | the CSC disagree with the |
| | _ | conscious sedation 2:1 | Hospital's proposed staffing |
| | are outlined in the | Disagreement: wanted 2 | plan for this unit due to the |
| | Statement by members of | PCAs and wanted titles | exclusion of Cardiovascular |
| | · | included with ratios that do | Radiological Technologists, |
| | | not fit into the submission | Radiology Technicians, as |
| | · · · · · · · · · · · · · · · · · · · | | well as the omission of |
| | administration | · · | specific ratios and |
| | (management members) | ' ' | guidelines for all ancillary |
| No | and statement by members | numbers and narratives. | and support staff. |
| | No | 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) | 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) |

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|----------|-----|---------------------------------|------------------------------|---------------------------------|
| | | 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 | | The frontline members of |
| | | agreement, consensus was | | the CSC disagree with the |
| | | not achieved for certain | | Hospital's proposed staffing |
| | | positions. This submission | | plan for this unit due to the |
| | | lists the positions that were | | exclusion of direct patient |
| | | agreed upon by the MFSH | | care job titles and omission |
| | | clinical staffing committee | | of ratios. Excluded direct |
| | | and are adopted as | | care job titles include CMA, |
| | | recommended. For each | | MRI Technician, Ultrasound |
| | | area lacking consensus, | | Technician, and CT |
| | | those areas of discrepancy | Agreement: RN staffing 1:1, | Technician. Additionally, RN |
| | | are outlined in the | if conscious sedation 2:1 | minimum staffing proposed |
| | | Statement by members of | Disagreement: wanted titles | by management is |
| | | the clinical staffing | included with ratios that do | inadequate for safe patient |
| | | committee selected by the | not fit into the submission | care, specifically in |
| | | general hospital | template. Ancillary and | procedures where safe |
| | | administration | support staff and resources | staffing calls for a 2:1 ratio. |
| | | (management members) | are captured in above | Further detail can be found |
| Imaging | No | and statement by members | numbers and narratives. | within CSC documentation. |
| Infusion | Yes | | | |

| | 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 | | The frontline members of |
| | not achieved for certain | | the CSC are in agreement |
| | positions. This submission | | with the proposal of |
| | lists the positions that were | | Urology by management as |
| | agreed upon by the MFSH | | presented in the CSC held |
| | clinical staffing committee | | on August 14, 2023 pending |
| | and are adopted as | Agreement: Charge without | good-faith discussions |
| | recommended. For each | assignment, RN 1:1 and if | regarding additional PCA's |
| | area lacking consensus, | conscious sedation 2:1, | due to the increasing |
| | those areas of discrepancy | Disagreement: wanted titles | volume of the unit. |
| | are outlined in the | included with ratios that do | However, the members |
| | Statement by members of | not fit into the submission | acknowledge that ratios and |
| | the clinical staffing | template. Ancillary and | other specific staffing |
| | committee selected by the | support staff and resources | guidelines for ancillary |
| | general hospital | are captured in above | support are paramount to |
| | administration | numbers and narratives. | safe patient care and are |
| | (management members) | Would like additional PCA | necessary for an effective |
| No | and statement by members | coverage. | staffing plan. |
| | No | 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) | 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) Mould like additional PCA |

| | | 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 | | The frontline members of |
| | | area lacking consensus, | | the CSC disagree with the |
| | | those areas of discrepancy | Agreement: Charge without | Hospital's proposed staffing |
| | | are outlined in the | assignment and RN staffing. | plan for this unit due to the |
| | | Statement by members of | Disagreement: wanted titles | omission of specific ratios |
| | | the clinical staffing | included with ratios that do | and guidelines for all |
| | | committee selected by the | not fit into the submission | ancillary and support staff |
| | | general hospital | template. Ancillary and | which are paramount to |
| | | administration | support staff and resources | safe patient care and are |
| | | (management members) | are captured in above | necessary for an effective |
| Endoscopy | No | and statement by members | numbers and narratives. | staffing plan. |

| | | 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 | | The frontline members of |
| | | Statement by members of | | the CSC disagree with the |
| | | the clinical staffing | | Hospital's proposed staffing |
| | | committee selected by the | | plan for this unit because |
| | | general hospital | Agreement: RN staffing, | management's staffing |
| | | administration | Disagreement: wanted PCA | proposal for MA's is |
| | | (management members) | of 2 FTE, while current | inadequate for safe patient |
| Pre Anesthesia Testing | No | and statement by members | practice and contract is 1.2 | care. |

| | | - r | 1 | |
|----------|----|---------------------------------|------------------------------|-------------------------------|
| | | 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 | | The frontline members of |
| | | area lacking consensus, | | the CSC disagree with the |
| | | those areas of discrepancy | | Hospital's proposed staffing |
| | | are outlined in the | Agreement: RN ratio, | plan for this unit due to the |
| | | Statement by members of | Disagreement: wanted titles | omission of specific ratios |
| | | the clinical staffing | included with ratios that do | and guidelines for all |
| | | committee selected by the | not fit into the submission | ancillary and support staff |
| | | general hospital | template. Ancillary and | which are paramount to |
| | | administration | support staff and resources | safe patient care and are |
| | | (management members) | are captured in above | necessary for an effective |
| PACU/ASU | No | and statement by members | numbers and narratives. | staffing plan. |

| | 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 | | The frontline members of |
| | agreed upon by the MFSH | | the CSC disagree with the |
| | clinical staffing committee | | Hospital's proposed staffing |
| | and are adopted as | | plan for this unit due to the |
| | recommended. For each | | exclusion of direct patient |
| | area lacking consensus, | Agreement: RN staffing, | care job titles and omission |
| | those areas of discrepancy | Disagreement: wanted PSA | of ratios. Excluded direct |
| | are outlined in the | and anesthesia assistant | care job titles include |
| | Statement by members of | added, also wanted titles | Anesthesia Techs and |
| | the clinical staffing | included with ratios that do | Patient Support Associate. |
| | committee selected by the | not fit into the submission | Further detail, including the |
| | general hospital | template. Ancillary and | CSC frontline member |
| | administration | support staff and resources | staffing minimum proposal, |
| | (management members) | are captured in above | can be found within CSC |
| No | and statement by members | numbers and narrative. | documentation |
| | No | 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) | 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) |

| | | 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 | | The frontline members of |
| | | area lacking consensus, | | the CSC disagree with the |
| | | those areas of discrepancy | | Hospital's proposed staffing |
| | | are outlined in the | Agreement: RN staffing, | plan for this unit due to the |
| | | Statement by members of | Disagreement: wanted titles | omission of specific ratios |
| | | the clinical staffing | included with ratios that do | and guidelines for all |
| | | committee selected by the | not fit into the submission | ancillary and support staff |
| | | general hospital | template. Ancillary and | which are paramount to |
| 37 bed full-service | | administration | support staff and resources | safe patient care and are |
| community hospital | | (management members) | are captured in above | necessary for an effective |
| emergency department | No | and statement by members | numbers and narratives. | staffing plan. |
| Labor and Delivery Unit | Yes | | | |
| Mother Baby Unit 2 West | Yes | | | |

| | | -1 | - | |
|-------------------------|----|----------------------------------|------------------------------|--------------------------|
| | | 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 | Consensus was reached on | |
| | | describes | nurse ratio. We did not | |
| | | management and staff's | reach | |
| | | respective proposal as well | consensus on clerical staff. | |
| | | as | Management proposed a | |
| | | management's rationale for | medical | |
| | | it's proposal. The CEO | assistant Monday through | |
| | | evaluated | Friday 8am-4pm. The unit | |
| | | the enclosed recommended | volume | |
| | | plan and considered the | does not require a medical | |
| Neonatal Intensive Care | | areas of | assistant 24/7 as proposed | Staff proposed a medical |
| Unit | No | disagreement. She adopted | by staff. | assistant 24/7. |

| - | | | | |
|------------------------|----|----------------------------------|-------------------------------------|------------------------------|
| | | management and staff at MFSH met | RN ratio, patient or care assistant | |
| | | weekly from March 21, | ratio. Management | |
| | | • | proposed a 1:4 RN ratio and | |
| | | in | a 1:6/8 patient | |
| | | furtherance of developing a | care assistant ratio. Meets | |
| | | recommended clinical | the regional standard for | |
| | | staffing | nursing | |
| | | plan for the site. While that | ratios and exceeds the | |
| | | process resulted in many | regional standard to have | |
| | | areas of | charge nurses | |
| | | agreement, consensus was | without a patient | |
| | | not achieved for certain | assignment 24/7. A | |
| | | positions. | dedicated charge nurse | |
| | | For each area lacking | gives additional support to | |
| | | consensus, the plan | the bedside nurses as | |
| | | describes | patient needs | |
| | | management and staff's | and acuity change on a shift | |
| | | respective proposal as well | to shift basis. The patient | |
| | | as | care | |
| | | management's rationale for | assistant range desired due | |
| | | it's proposal. The CEO | to the comings and goings | |
| | | evaluated | of | |
| | | the enclosed recommended | patients and the uneven | Their proposal was 1:3 |
| | | plan and considered the | numbers of beds due to the | nurse to patient ratio and a |
| | | areas of | difficulty | 1:5/6 |
| Telemetry Unit 2 North | No | disagreement. She adopted | in filling all semi-private | patient care assistant ratio |

| T | | -p | | |
|------------------------|----|----------------------------------|-------------------------------------|------------------------------|
| | | management and staff at MFSH met | RN ratio, patient or care assistant | |
| | | weekly from March 21, | ratio. Management | |
| | | | proposed a 1:4 RN ratio and | |
| | | in | a 1:6/8 patient | |
| | | furtherance of developing a | care assistant ratio. Meets | |
| | | recommended clinical | the regional standard for | |
| | | staffing | nursing | |
| | | plan for the site. While that | ratios and exceeds the | |
| | | process resulted in many | regional standard to have | |
| | | areas of | charge nurses | |
| | | agreement, consensus was | without a patient | |
| | | not achieved for certain | assignment 24/7. A | |
| | | positions. | dedicated charge nurse | |
| | | For each area lacking | gives additional support to | |
| | | consensus, the plan | the bedside nurses as | |
| | | describes | patient needs | |
| | | management and staff's | and acuity change on a shift | |
| | | respective proposal as well | to shift basis. The patient | |
| | | as | care | |
| | | management's rationale for | assistant range desired due | |
| | | it's proposal. The CEO | to the comings and goings | |
| | | evaluated | of | |
| | | the enclosed recommended | patients and the uneven | Their proposal was 1:3 |
| | | plan and considered the | numbers of beds due to the | nurse to patient ratio and a |
| Telemetry Unit 2 South | | areas of | difficulty | 1:5/6 |
| West | No | disagreement. She adopted | in filling all semi-private | patient care assistant ratio |

| T | | | | |
|------------------------|----|-------------------------------------|-------------------------------------|------------------------------|
| | | management and staff at MFSH met | RN ratio, patient or care assistant | |
| | | weekly from March 21, | ratio. Management | |
| | | 2022 through June 6, 2022 | proposed a 1:5 RN ratio and | |
| | | in | a 1:6/8 patient | |
| | | furtherance of developing a | care assistant ratio. Our | |
| | | recommended clinical | | |
| | | | rational, According to the | |
| | | staffing | Academy of | |
| | | plan for the site. While that | Medical/Surgical nurses, | |
| | | process resulted in many | "The patient ratios should | |
| | | areas of | be based | |
| | | agreement, consensus was | on the ability of the | |
| | | not achieved for certain | medical/surgical nurse to | |
| | | positions. | meet the | |
| | | For each area lacking | individual needs of patients, | |
| | | consensus, the plan | rather than a | |
| | | describes | predetermined or | |
| | | management and staff's | fixed patient to nurse ratio." | |
| | | respective proposal as well | Our plan takes this into | |
| | | as | account | |
| | | management's rationale for | and places Kaleida Health | |
| | | it's proposal. The CEO | between the 50th and 75th | |
| | | evaluated | percentile of New York | |
| | | the enclosed recommended | State for staffing per NDNQI | Their proposal was 1:4 |
| | | plan and considered the | reporting. Meets the | nurse to patient ratio and a |
| Medical SurgicalUnit 2 | | areas of | regional standard for | 1:5/6 |
| South East | No | disagreement. She adopted | nursing ratios. No | patient care assistant ratio |

| | | management and staff at | RN ratio, patient or care | |
|------------------------------|----|-------------------------------|--------------------------------|------------------------------|
| | | MFSH met | assistant | |
| | | weekly from March 21, | ratio. Management | |
| | | 2022 through June 6, 2022 | proposed a 1:5 RN ratio and | |
| | | in | a 1:6/8 patient | |
| | | furtherance of developing a | care assistant ratio. Our | |
| | | recommended clinical | rational, According to the | |
| | | staffing | Academy of | |
| | | plan for the site. While that | Medical/Surgical nurses, | |
| | | process resulted in many | "The patient ratios should | |
| | | areas of | be based | |
| | | agreement, consensus was | on the ability of the | |
| | | not achieved for certain | medical/surgical nurse to | |
| | | positions. | meet the | |
| | | For each area lacking | individual needs of patients, | |
| | | consensus, the plan | rather than a | |
| | | describes | predetermined or | |
| | | management and staff's | fixed patient to nurse ratio." | |
| | | respective proposal as well | Our plan takes this into | |
| | | as | account | |
| | | management's rationale for | and places Kaleida Health | |
| | | it's proposal. The CEO | between the 50th and 75th | |
| | | evaluated | percentile of New York | |
| | | the enclosed recommended | State for staffing per NDNQI | Their proposal was 1:4 |
| | | plan and considered the | reporting. Meets the | nurse to patient ratio and a |
| | | areas of | regional standard for | 1:5/6 |
| Medical Surgical Unit 2 East | No | disagreement. She adopted | nursing ratios. No | patient care assistant ratio |

| | | management and staff at | RN ratio, patient or care | |
|------------------------------|----|-------------------------------|--------------------------------|------------------------------|
| | | MFSH met | assistant | |
| | | weekly from March 21, | ratio. Management | |
| | | 2022 through June 6, 2022 | proposed a 1:5 RN ratio and | |
| | | in | a 1:6/8 patient | |
| | | furtherance of developing a | care assistant ratio. Our | |
| | | recommended clinical | rational, According to the | |
| | | staffing | Academy of | |
| | | plan for the site. While that | Medical/Surgical nurses, | |
| | | process resulted in many | "The patient ratios should | |
| | | areas of | be based | |
| | | agreement, consensus was | on the ability of the | |
| | | not achieved for certain | medical/surgical nurse to | |
| | | positions. | meet the | |
| | | For each area lacking | individual needs of patients, | |
| | | consensus, the plan | rather than a | |
| | | describes | predetermined or | |
| | | management and staff's | fixed patient to nurse ratio." | |
| | | respective proposal as well | Our plan takes this into | |
| | | as | account | |
| | | management's rationale for | and places Kaleida Health | |
| | | it's proposal. The CEO | between the 50th and 75th | |
| | | evaluated | percentile of New York | |
| | | the enclosed recommended | State for staffing per NDNQI | Their proposal was 1:4 |
| | | plan and considered the | reporting. Meets the | nurse to patient ratio and a |
| | | areas of | regional standard for | 1:5/6 |
| Medical Surgical Unit 3 East | No | disagreement. She adopted | nursing ratios. No | patient care assistant ratio |

| | | | | |
|-------------------------|----|-------------------------------------|-------------------------------------|------------------------------|
| | | management and staff at MFSH met | RN ratio, patient or care assistant | |
| | | weekly from March 21, | ratio. Management | |
| | | 2022 through June 6, 2022 | proposed a 1:5 RN ratio and | |
| | | | a 1:6/8 patient | |
| | | furtherance of developing a | care assistant ratio. Our | |
| | | | | |
| | | recommended clinical | rational, According to the | |
| | | staffing | Academy of | |
| | | plan for the site. While that | Medical/Surgical nurses, | |
| | | process resulted in many | "The patient ratios should | |
| | | areas of | be based | |
| | | agreement, consensus was | on the ability of the | |
| | | not achieved for certain | medical/surgical nurse to | |
| | | positions. | meet the | |
| | | For each area lacking | individual needs of patients, | |
| | | consensus, the plan | rather than a | |
| | | describes | predetermined or | |
| | | management and staff's | fixed patient to nurse ratio." | |
| | | respective proposal as well | Our plan takes this into | |
| | | as | account | |
| | | management's rationale for | and places Kaleida Health | |
| | | it's proposal. The CEO | between the 50th and 75th | |
| | | evaluated | percentile of New York | |
| | | the enclosed recommended | State for staffing per NDNQI | Their proposal was 1:4 |
| | | plan and considered the | reporting. Meets the | nurse to patient ratio and a |
| Medical Surgical Unit 3 | | areas of | regional standard for | 1:5/6 |
| West | No | disagreement. She adopted | nursing ratios. No | patient care assistant ratio |

| | | 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 | Consensus reached on RN | |
| | | management and staff's | ratio. Consensus reach on | |
| | | respective proposal as well | unlicensed professionals | |
| | | as | ratio. Consensus not reach | |
| | | management's rationale for | | |
| | | it's proposal. The CEO | secretary. Rationale was the | |
| | | evaluated | medical office assistant may | Members proposed an |
| | | | function as a unit secretary | additional unit secretary |
| | | plan and considered the | and bedside unlicensed | Monday |
| Adult Medical/Surgical | | areas of | professional per their job | through Friday 8 hours per |
| Intensive Care Unit | No | disagreement. She adopted | description | day. |

| | Planned average number of Registered Nurses (RN) on the unit | Planned total hours of | | What is the planned average number of patients for which one |
|--|--|---|--|--|
| Provide a description of | providing direct patient | RN nursing care per | | RN on the unit will |
| Clinical Unit, including a | care per day on the | patient including adjustment for case mix | Planned average number of patients on the unit | provide direct patient care per day on the |
| description of typical patient services provided | Evening Shift? (Please provide a number with | and acuity on the | per day on the Evening | Evening Shift (Please |
| on the unit and the | | • | Shift? (Please provide a | provide a number with |
| unit's location in | up to 5 digits. Ex: 101.50) | Evening Shift (Please provide a number with | number with up to 5 | up to 5 digits. Ex: |
| the hospital. | | up to 5 digits. Ex: 101.50) | · | 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 |

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the | Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Evening Shift? (Please | Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Evening Shift (Please |
|--|---|---|
| unit's location in | provide a number with | provide a number with |
| the hospital. | up to 5 digits. Ex: 101.50) | 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 |

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of ancillary members of the frontline team on the unit per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50) |
|---|---|--|
| 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

| Provide a description of Clinical Unit, including a description of typical patient services provided on the unit and the unit's location in the hospital. | Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Evening Shift? (Please provide a number with up to 5 digits. Ex: 101.50) | Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Evening Shift (Please provide a number with up to 5 digits. Ex: 101.50) |
|---|---|--|
| 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

| | Description of additional |
|----------------------------|--|
| | resources available to |
| | support unit level |
| | patient care on the |
| | Evening Shift. These |
| | resources include but are |
| | not limited to unit |
| Provide a description of | clerical staff, |
| Clinical Unit, including a | admission/discharge |
| description of typical | nurse, and other |
| patient services provided | coverage provided to |
| on the unit and the | registered nurses, |
| unit's location in | licensed practical nurses, |
| the hospital. | and ancillary staff. |
| | Environmental Services, |
| | Infection Preventionist, |
| | Material Handlers, |
| | Providers, Nursing |
| | Supervisor, and Nursing |
| | Management. (Ancillary |
| | members included above in |
| | numbers: Charge, Surgical |
| Urology | tech) |
| | |
| | Environmental Services, |
| | Infection Preventionist, |
| | Material Handlers, |
| | Providers, Nursing Supervisor, and Nursing |
| | Management. (Ancillary |
| | members included above in |
| | numbers: Charge, Clerical, |
| Endoscopy | Technical Assist) |
| глаозсору | reclinical Assisty |

| | · |
|---|---|
| PACU/ASU | Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor, and Nursing Management. (Ancillary members included above in numbers: Charge, Clerical, Respiratory Therapy, Pharmacy) |
| Operating Room | Environmental Services, Infection Preventionist, Material Handlers, Providers, Nursing Supervisor and Nursing Manager (Ancillary members included above in numbers: Charge, Surgical Tech, Pharmacist, Respiratory Therapist) |
| 37 bed full-service community hospital 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) |

| | 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, |
| Labor and Delivery Unit | OB tech, Surg tech) |
| | |
| | |
| | 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 |
| Mother Baby Unit 2 West | Coordinator) |

| Neonatal Intensive Care | 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, |
|---------------------------------|---|
| Neonatal Intensive Care Unit | Patient Care Coordinator) |
| | 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, |
| Telemetry Unit 2 North | Patient Care Coordinator) |

| | 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 |
| Telemetry Unit 2 South | Therapy, Patient Care |
| West | Coordinator) |
| vvest | Coordinatory |
| | |
| | Float Dool DNs and DCAs |
| | 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 |
| Medical Surgical Unit 2 | Therapy, Patient Care |
| South East | Coordinator) |

| | 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 |
|------------------------------|--|
| Medical Surgical Unit 2 East | Coordinator) |
| | 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 |
| Medical Surgical Unit 3 East | Coordinator) |

| Medical Surgical Unit 3 West | 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. |
|---|---|
| Adult Medical/Surgical Intensive Care Unit | 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) |

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): |
|---|---|--|--|---|
| | | 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 | | The frontline members of |
| | | not achieved for certain positions. This submission lists the positions that were agreed upon by the MFSH clinical staffing committee | | the CSC are in agreement with the proposal of Urology by management as presented in the CSC held on August 14, 2023 pending |
| | | and are adopted as recommended. For each area lacking consensus, those areas of discrepancy are outlined in the | Agreement: Charge without assignment, RN 1:1 and if conscious sedation 2:1, Disagreement: wanted titles included with ratios that do | good-faith discussions regarding additional PCA's due to the increasing volume of the unit. However, the members |
| | | Statement by members of the clinical staffing committee selected by the general hospital | template. Ancillary and support staff and resources are captured in above | acknowledge that ratios and other specific staffing guidelines for ancillary support are paramount to |
| Urology | No | administration (management members) and statement by members | numbers and narratives. Would like additional PCA coverage. | safe patient care and are necessary for an effective staffing plan. |

| | | 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 | | The frontline members of |
| | | area lacking consensus, | | the CSC disagree with the |
| | | those areas of discrepancy | Agreement: Charge without | Hospital's proposed staffing |
| | | are outlined in the | assignment and RN staffing. | plan for this unit due to the |
| | | Statement by members of | Disagreement: wanted titles | omission of specific ratios |
| | | the clinical staffing | included with ratios that do | and guidelines for all |
| | | committee selected by the | not fit into the submission | ancillary and support staff |
| | | general hospital | template. Ancillary and | which are paramount to |
| | | administration | support staff and resources | safe patient care and are |
| | | (management members) | are captured in above | necessary for an effective |
| Endoscopy | No | and statement by members | numbers and narratives. | staffing plan. |

| | | - r | 1 | |
|----------|----|---------------------------------|------------------------------|-------------------------------|
| | | 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 | | The frontline members of |
| | | area lacking consensus, | | the CSC disagree with the |
| | | those areas of discrepancy | | Hospital's proposed staffing |
| | | are outlined in the | Agreement: RN ratio, | plan for this unit due to the |
| | | Statement by members of | Disagreement: wanted titles | omission of specific ratios |
| | | the clinical staffing | included with ratios that do | and guidelines for all |
| | | committee selected by the | not fit into the submission | ancillary and support staff |
| | | general hospital | template. Ancillary and | which are paramount to |
| | | administration | support staff and resources | safe patient care and are |
| | | (management members) | are captured in above | necessary for an effective |
| PACU/ASU | No | and statement by members | numbers and narratives. | staffing plan. |

| | | 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 | | The frontline members of |
| | | agreed upon by the MFSH | | the CSC disagree with the |
| | | clinical staffing committee | | Hospital's proposed staffing |
| | | and are adopted as | | plan for this unit due to the |
| | | recommended. For each | | exclusion of direct patient |
| | | area lacking consensus, | Agreement: RN staffing, | care job titles and omission |
| | | those areas of discrepancy | Disagreement: wanted PSA | of ratios. Excluded direct |
| | | are outlined in the | and anesthesia assistant | care job titles include |
| | | Statement by members of | added, also wanted titles | Anesthesia Techs and |
| | | the clinical staffing | included with ratios that do | Patient Support Associate. |
| | | committee selected by the | not fit into the submission | Further detail, including the |
| | | general hospital | template. Ancillary and | CSC frontline member |
| | | administration | support staff and resources | staffing minimum proposal, |
| | | (management members) | are captured in above | can be found within CSC |
| Operating Room | No | and statement by members | numbers and narrative. | documentation |

| | | 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 | | The frontline members of |
| | | area lacking consensus, | | the CSC disagree with the |
| | | those areas of discrepancy | | Hospital's proposed staffing |
| | | are outlined in the | Agreement: RN staffing, | plan for this unit due to the |
| | | Statement by members of | Disagreement: wanted titles | omission of specific ratios |
| | | the clinical staffing | included with ratios that do | and guidelines for all |
| | | committee selected by the | not fit into the submission | ancillary and support staff |
| | | general hospital | template. Ancillary and | which are paramount to |
| 37 bed full-service | | administration | support staff and resources | safe patient care and are |
| community hospital | | (management members) | are captured in above | necessary for an effective |
| emergency department | No | and statement by members | numbers and narratives. | staffing plan. |
| Labor and Delivery Unit | Yes | | | |
| Mother Baby Unit 2 West | Yes | | | |

| | | 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 | Consensus was reached on | |
| | | describes | nurse ratio. We did not | |
| | | management and staff's | reach | |
| | | respective proposal as well | consensus on clerical staff. | |
| | | as | Management proposed a | |
| | | management's rationale for | medical | |
| | | it's proposal. The CEO | assistant Monday through | |
| | | evaluated | Friday 8am-4pm. The unit | |
| | | the enclosed recommended | volume | |
| | | plan and considered the | does not require a medical | |
| Neonatal Intensive Care | | areas of | assistant 24/7 as proposed | Staff proposed a medical |
| Unit | No | disagreement. She adopted | by staff | assistant 24/7. |

| - | | | | |
|------------------------|----|----------------------------------|-------------------------------------|------------------------------|
| | | management and staff at MFSH met | RN ratio, patient or care assistant | |
| | | weekly from March 21, | ratio. Management | |
| | | • | proposed a 1:4 RN ratio and | |
| | | in | a 1:6/8 patient | |
| | | furtherance of developing a | care assistant ratio. Meets | |
| | | recommended clinical | the regional standard for | |
| | | staffing | nursing | |
| | | plan for the site. While that | ratios and exceeds the | |
| | | process resulted in many | regional standard to have | |
| | | areas of | charge nurses | |
| | | agreement, consensus was | without a patient | |
| | | not achieved for certain | assignment 24/7. A | |
| | | positions. | dedicated charge nurse | |
| | | For each area lacking | gives additional support to | |
| | | consensus, the plan | the bedside nurses as | |
| | | describes | patient needs | |
| | | management and staff's | and acuity change on a shift | |
| | | respective proposal as well | to shift basis. The patient | |
| | | as | care | |
| | | management's rationale for | assistant range desired due | |
| | | it's proposal. The CEO | to the comings and goings | |
| | | evaluated | of | |
| | | the enclosed recommended | patients and the uneven | Their proposal was 1:3 |
| | | plan and considered the | numbers of beds due to the | nurse to patient ratio and a |
| | | areas of | difficulty | 1:5/6 |
| Telemetry Unit 2 North | No | disagreement. She adopted | in filling all semi-private | patient care assistant ratio |

| | · · · · · · · · · · · · · · · · · · · | | | |
|------------------------|---------------------------------------|----------------------------------|-------------------------------------|------------------------------|
| | | management and staff at MFSH met | RN ratio, patient or care assistant | |
| | | | | |
| | | weekly from March 21, | ratio. Management | |
| | | 2022 through June 6, 2022 | proposed a 1:4 RN ratio and | |
| | | in | a 1:6/8 patient | |
| | | furtherance of developing a | care assistant ratio. Meets | |
| | | recommended clinical | the regional standard for | |
| | | staffing | nursing | |
| | | plan for the site. While that | ratios and exceeds the | |
| | | process resulted in many | regional standard to have | |
| | | areas of | charge nurses | |
| | | HERDS: 2805-t General | without a patient | |
| | | Hospital Clinical Staffing | assignment 24/7. A | |
| | | Plan | dedicated charge nurse | |
| | | New York State Dept. of | gives additional support to | |
| | | Health | the bedside nurses as | |
| | | Fri, 30 Jun 2023 4:16 PM | patient needs | |
| | | Page 29 | and acuity change on a shift | |
| | | agreement, consensus was | to shift basis. The patient | |
| | | not achieved for certain | care . | |
| | | positions. | assistant range desired due | |
| | | For each area lacking | to the comings and goings | |
| | | consensus, the plan | of | |
| | | describes | patients and the uneven | Their proposal was 1:3 |
| | | management and staff's | numbers of beds due to the | nurse to patient ratio and a |
| Telemetry Unit 2 South | | respective proposal as well | difficulty | 1:5/6 |
| West | No | as | in filling all semi-private | patient care assistant ratio |
| vvest | 140 | us | m ming an semi-private | patient care assistant ratio |

| | | management and staff at MFSH met | RN ratio, patient or care assistant | |
|-------------------------|----|-----------------------------------|-------------------------------------|------------------------------|
| | | | | |
| | | weekly from March 21, | ratio. Management | |
| | | 2022 through June 6, 2022 | proposed a 1:5 RN ratio and | |
| | | in | a 1:6/8 patient | |
| | | furtherance of developing a | | |
| | | recommended clinical | rational, According to the | |
| | | staffing | Academy of | |
| | | plan for the site. While that | | |
| | | process resulted in many | "The patient ratios should | |
| | | areas of | be based | |
| | | agreement, consensus was | on the ability of the | |
| | | not achieved for certain | medical/surgical nurse to | |
| | | positions. | meet the | |
| | | For each area lacking | individual needs of patients, | |
| | | consensus, the plan | rather than a | |
| | | describes | predetermined or | |
| | | management and staff's | HERDS: 2805-t General | |
| | | respective proposal as well | Hospital Clinical Staffing | |
| | | as | Plan | |
| | | management's rationale for | New York State Dept. of | |
| | | it's proposal. The CEO | Health | |
| | | evaluated | fixed patient to nurse ratio." | |
| | | the enclosed recommended | - | Their proposal was 1:4 |
| | | plan and considered the | account | nurse to patient ratio and a |
| Medical Surgical Unit 2 | | areas of | and places Kaleida Health | 1:5/6 |
| South East | No | disagreement. She adopted | between the 50th and 75th | patient care assistant ratio |

| | | management and staff at | RN ratio, patient or care | |
|------------------------------|----|-------------------------------|--------------------------------|------------------------------|
| | | MFSH met | assistant | |
| | | weekly from March 21, | ratio. Management | |
| | | 2022 through June 6, 2022 | proposed a 1:5 RN ratio and | |
| | | in | a 1:6/8 patient | |
| | | furtherance of developing a | care assistant ratio. Our | |
| | | recommended clinical | rational, According to the | |
| | | staffing | Academy of | |
| | | plan for the site. While that | Medical/Surgical nurses, | |
| | | process resulted in many | "The patient ratios should | |
| | | areas of | be based | |
| | | agreement, consensus was | on the ability of the | |
| | | not achieved for certain | medical/surgical nurse to | |
| | | positions. | meet the | |
| | | For each area lacking | individual needs of patients, | |
| | | consensus, the plan | rather than a | |
| | | describes | predetermined or | |
| | | management and staff's | fixed patient to nurse ratio." | |
| | | respective proposal as well | Our plan takes this into | |
| | | as | account | |
| | | management's rationale for | and places Kaleida Health | |
| | | it's proposal. The CEO | between the 50th and 75th | |
| | | evaluated | percentile of New York | |
| | | the enclosed recommended | State for staffing per NDNQI | Their proposal was 1:4 |
| | | plan and considered the | reporting. Meets the | nurse to patient ratio and a |
| | | areas of | regional standard for | 1:5/6 |
| Medical Surgical Unit 2 East | No | disagreement. She adopted | nursing ratios. No | patient care assistant ratio |

| | | management and staff at | RN ratio, patient or care | |
|------------------------------|----|-------------------------------|--------------------------------|------------------------------|
| | | MFSH met | assistant | |
| | | weekly from March 21, | ratio. Management | |
| | | 2022 through June 6, 2022 | proposed a 1:5 RN ratio and | |
| | | in | a 1:6/8 patient | |
| | | furtherance of developing a | care assistant ratio. Our | |
| | | recommended clinical | rational, According to the | |
| | | staffing | Academy of | |
| | | plan for the site. While that | Medical/Surgical nurses, | |
| | | process resulted in many | "The patient ratios should | |
| | | areas of | be based | |
| | | agreement, consensus was | on the ability of the | |
| | | not achieved for certain | medical/surgical nurse to | |
| | | positions. | meet the | |
| | | For each area lacking | individual needs of patients, | |
| | | consensus, the plan | rather than a | |
| | | describes | predetermined or | |
| | | management and staff's | fixed patient to nurse ratio." | |
| | | respective proposal as well | Our plan takes this into | |
| | | as | account | |
| | | management's rationale for | and places Kaleida Health | |
| | | it's proposal. The CEO | between the 50th and 75th | |
| | | evaluated | percentile of New York | |
| | | the enclosed recommended | State for staffing per NDNQI | Their proposal was 1:4 |
| | | plan and considered the | reporting. Meets the | nurse to patient ratio and a |
| | | areas of | regional standard for | 1:5/6 |
| Medical Surgical Unit 3 East | No | disagreement. She adopted | nursing ratios. No | patient care assistant ratio |

| | | | | - |
|-------------------------|----|-------------------------------------|-------------------------------------|------------------------------|
| | | management and staff at MFSH met | RN ratio, patient or care assistant | |
| | | weekly from March 21, | ratio. Management | |
| | | 2022 through June 6, 2022 | proposed a 1:5 RN ratio and | |
| | | | a 1:6/8 patient | |
| | | furtherance of developing a | care assistant ratio. Our | |
| | | | | |
| | | recommended clinical | rational, According to the | |
| | | staffing | Academy of | |
| | | plan for the site. While that | Medical/Surgical nurses, | |
| | | process resulted in many | "The patient ratios should | |
| | | areas of | be based | |
| | | agreement, consensus was | on the ability of the | |
| | | not achieved for certain | medical/surgical nurse to | |
| | | positions. | meet the | |
| | | For each area lacking | individual needs of patients, | |
| | | consensus, the plan | rather than a | |
| | | describes | predetermined or | |
| | | management and staff's | fixed patient to nurse ratio." | |
| | | respective proposal as well | Our plan takes this into | |
| | | as | account | |
| | | management's rationale for | and places Kaleida Health | |
| | | it's proposal. The CEO | between the 50th and 75th | |
| | | evaluated | percentile of New York | |
| | | the enclosed recommended | State for staffing per NDNQI | Their proposal was 1:4 |
| | | plan and considered the | reporting. Meets the | nurse to patient ratio and a |
| Medical Surgical Unit 3 | | areas of | regional standard for | 1:5/6 |
| West | No | disagreement. She adopted | nursing ratios. No | patient care assistant ratio |

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|------------------------|----|-----------------------------------|------------------------------|----------------------------|
| | | 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 | Consensus reached on RN | |
| | | management and staff's | ratio. Consensus reach on | |
| | | respective proposal as well | unlicensed professionals | |
| | | as | ratio. Consensus not reach | |
| | | management's rationale for | | |
| | | it's proposal. The CEO | secretary. Rationale was the | |
| | | evaluated | medical office assistant may | Members proposed an |
| | | the enclosed recommended | function as a unit secretary | additional unit secretary |
| | | plan and considered the | and bedside unlicensed | Monday |
| Adult Medical/Surgical | | areas of | professional per their job | through Friday 8 hours per |
| Intensive Care Unit | No | disagreement. She adopted | description. | day. |

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 |
| | 37 bed full-service community hospital | | | |
| Emergency Department | 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

| Name of Clinical Unit: | What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50)? | Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50) |
|------------------------|--|---|
| Other | 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

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

NIGHT SHIFT UNLICENSED STAFFING

| Name of Clinical Unit: | Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Night Shift (Please provide a number with up to 5 digits. Ex: 101.50) | Planned average number of unlicensed personnel on the unit providing direct patient care per day on the Night Shift? (Please provide a number with up to 5 digits. Ex: 101.50) |
|------------------------|--|---|
| Other | 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 |
| Intensive Care | 1.6 |

NIGHT SHIFT CONSENSUS INFORMATION

| | 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 | Our Clinical Staffing | If no, Chief Executive Officer | Statement by members of clinical staffing committee selected by |
| Name of Clinical Unit: | registered nurses, licensed practical nurses, and ancillary staff. | Committee reached consensus on the clinical staffing plan for this unit: | Statement in support of clinical staffing plan for this unit: | the general hospital administration (management members): |

| | , | | - r | |
|-------|-----------------------------|----|---------------------------------|------------------------------|
| | | | 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 | |
| | OR will be used overnight | | clinical staffing committee | |
| | for emergencies and staffed | | and are adopted as | |
| | with on call nursing. | | recommended. For each | |
| | Environmental Services, | | area lacking consensus, | Agreement: RN staffing, |
| | Infection Preventionist, | | those areas of discrepancy | Disagreement: wanted PSA |
| | Material Handlers, | | are outlined in the | and anesthesia assistant |
| | Providers, Nursing | | Statement by members of | added, also wanted titles |
| | Supervisor and Nursing | | the clinical staffing | included with ratios that do |
| | Manager (Ancillary | | committee selected by the | not fit into the submission |
| | members included above in | | general hospital | template. Ancillary and |
| | numbers: Charge, Surgical | | administration | support staff and resources |
| | Tech, Pharmacist, | | (management members) | are captured in above |
| Other | Respiratory Therapist) | No | and statement by members | numbers and narrative. |

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|-----------------------------|---|---|---|
| | | 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 | |
| Environmental Services, | | and are adopted as | |
| Infection Preventionist, | | recommended. For each | |
| Material Handlers, | | area lacking consensus, | |
| Providers, Float | | those areas of discrepancy | |
| Nurses/PCAs, Nursing | | are outlined in the | Agreement: RN staffing, |
| Supervisor, and Nursing | | Statement by members of | Disagreement: wanted titles |
| Management. (Ancillary | | the clinical staffing | included with ratios that do |
| members included above in | | committee selected by the | not fit into the submission |
| numbers: Charge Clerical, | | general hospital | template. Ancillary and |
| Respiratory Therapy, Social | | administration | support staff and resources |
| Worker, Patient Care | | (management members) | are captured in above |
| Coordinators) | No | and statement by members | numbers and narratives. |
| | 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 | 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 | 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 Aurses/PCAs, Nursing Supervisor, and Nursing Management. (Ancillary members included above in numbers: Charge Clerical, Respiratory Therapy, Social Worker, Patient Care |

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|-----------------------|-------------------------------|-----|--|
| | | | |
| | | | |
| | 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, | | |
| Obstetrics/Gynecology | OB tech, Surg tech) | Yes | |
| | | | |
| | | | |
| | 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 | | |
| Obstetrics/Gynecology | Coordinator) | Yes | |

| | | ı | | |
|----------|------------------------------|----|-------------------------------|-----------------------------|
| | | | 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. | |
| | Maternity Float Pool (RN) | | For each area lacking | |
| | unit medical assistant, | | consensus, the plan | |
| | pharmacy, educators, | | describes | Consensus was reached on |
| | environmental services, | | management and staff's | nurse ratio. We did not |
| | imaging, materials handlers, | | respective proposal as well | reach consensus on clerical |
| | infection prevention, | | as | staff. Management |
| | Advance Practice Providers, | | management's rationale for | proposed a medical |
| | residents, and providers. | | it's proposal. The CEO | assistant Monday through |
| | (Ancillary members | | evaluated | Friday 8am-4pm. The unit |
| | included above in numbers: | | the enclosed recommended | volume |
| | Charge, Clerical, Social | | plan and considered the | does not require a medical |
| | Work, Respiratory Therapy, | | areas of | assistant 24/7 as proposed |
| Neonatal | Patient Care Coordinator) | No | disagreement. She adopted | by staff. |

| | | | -1 | |
|-----------|------------------------------|----|-------------------------------|------------------------------|
| | | | management and staff at | RN ratio, patient or care |
| | | | MFSH met | assistant |
| | | | weekly from March 21, | ratio. Management |
| | | | 2022 through June 6, 2022 | proposed a 1:4 RN ratio and |
| | | | in | a 1:6/8 patient |
| | | | furtherance of developing a | care assistant ratio. Meets |
| | | | recommended clinical | the regional standard for |
| | | | staffing | nursing |
| | | | plan for the site. While that | ratios and exceeds the |
| | | | process resulted in many | regional standard to have |
| | | | areas of | charge nurses |
| | | | agreement, consensus was | without a patient |
| | | | not achieved for certain | assignment 24/7. A |
| | | | positions. | dedicated charge nurse |
| | | | For each area lacking | gives additional support to |
| | Float Pool RNs and PCAs, | | consensus, the plan | the bedside nurses as |
| | educators, imaging, physical | | describes | patient needs |
| | therapy, occupational | | management and staff's | and acuity change on a shift |
| | therapy, speech therapy, | | respective proposal as well | to shift basis. The patient |
| | materials handlers, | | as | care |
| | infection prevention, and | | management's rationale for | assistant range desired due |
| | providers. (Ancillary | | it's proposal. The CEO | to the comings and goings |
| | members included above in | | evaluated | of |
| | numbers: Charge, Clerical, | | the enclosed recommended | patients and the uneven |
| | Social Work, Respiratory | | plan and considered the | numbers of beds due to the |
| | Therapy, Patient Care | | areas of | difficulty |
| Telemetry | Coordinator) | No | disagreement. She adopted | • |

| | | | -1 | |
|-----------|------------------------------|----|-------------------------------|------------------------------|
| | | | management and staff at | RN ratio, patient or care |
| | | | MFSH met | assistant |
| | | | weekly from March 21, | ratio. Management |
| | | | 2022 through June 6, 2022 | proposed a 1:4 RN ratio and |
| | | | in | a 1:6/8 patient |
| | | | furtherance of developing a | care assistant ratio. Meets |
| | | | recommended clinical | the regional standard for |
| | | | staffing | nursing |
| | | | plan for the site. While that | ratios and exceeds the |
| | | | process resulted in many | regional standard to have |
| | | | areas of | charge nurses |
| | | | agreement, consensus was | without a patient |
| | | | not achieved for certain | assignment 24/7. A |
| | | | positions. | dedicated charge nurse |
| | | | For each area lacking | gives additional support to |
| | Float Pool RNs and PCAs, | | consensus, the plan | the bedside nurses as |
| | educators, imaging, physical | | describes | patient needs |
| | therapy, occupational | | management and staff's | and acuity change on a shift |
| | therapy, speech therapy, | | respective proposal as well | to shift basis. The patient |
| | materials handlers, | | as | care |
| | infection prevention, and | | management's rationale for | assistant range desired due |
| | providers. (Ancillary | | it's proposal. The CEO | to the comings and goings |
| | members included above in | | evaluated | of |
| | numbers: Charge, Clerical, | | the enclosed recommended | patients and the uneven |
| | Social Work, Respiratory | | plan and considered the | numbers of beds due to the |
| | Therapy, Patient Care | | areas of | difficulty |
| Telemetry | Coordinator) | No | disagreement. She adopted | • |

| | | | management and staff at | RN ratio, patient or care |
|------------------|------------------------------|----|-------------------------------|--------------------------------|
| | | | MFSH met | assistant |
| | | | | |
| | | | weekly from March 21, | ratio. Management |
| | | | 2022 through June 6, 2022 | proposed a 1:5 RN ratio and |
| | | | in | a 1:6/8 patient |
| | | | furtherance of developing a | care assistant ratio. Our |
| | | | recommended clinical | rational, According to the |
| | | | staffing | Academy of |
| | | | plan for the site. While that | Medical/Surgical nurses, |
| | | | process resulted in many | "The patient ratios should |
| | | | areas of | be based |
| | | | agreement, consensus was | on the ability of the |
| | | | not achieved for certain | medical/surgical nurse to |
| | | | positions. | meet the |
| | | | For each area lacking | individual needs of patients, |
| | Float Pool RNs and PCAs, | | consensus, the plan | rather than a |
| | educators, imaging, physical | | describes | predetermined or |
| | therapy, occupational | | management and staff's | fixed patient to nurse ratio." |
| | therapy, speech therapy, | | respective proposal as well | Our plan takes this into |
| | materials handlers, | | as | account |
| | infection prevention, and | | management's rationale for | and places Kaleida Health |
| | providers. (Ancillary | | it's proposal. The CEO | between the 50th and 75th |
| | members included above in | | evaluated | percentile of New York |
| | numbers: Charge, Clerical, | | the enclosed recommended | State for staffing per NDNQI |
| | Social Work, Respiratory | | plan and considered the | reporting. Meets the |
| | Therapy, Patient Care | | areas of | regional standard for |
| Medical/Surgical | Coordinator) | No | disagreement. She adopted | nursing ratios. No |

| | | | management and staff at | RN ratio, patient or care |
|------------------|------------------------------|----|-------------------------------|--------------------------------|
| | | | MFSH met | assistant |
| | | | weekly from March 21, | ratio. Management |
| | | | 2022 through June 6, 2022 | proposed a 1:5 RN ratio and |
| | | | in | a 1:6/8 patient care |
| | | | furtherance of developing a | assistant ratio. Our rational, |
| | | | recommended clinical | According to the Academy |
| | | | staffing | of |
| | | | plan for the site. While that | Medical/Surgical nurses, |
| | | | process resulted in many | "The patient ratios should |
| | | | areas of | be based |
| | | | agreement, consensus was | on the ability of the |
| | | | not achieved for certain | medical/surgical nurse to |
| | | | positions. | meet the |
| | | | For each area lacking | individual needs of patients, |
| | Float Pool RNs and PCAs, | | consensus, the plan | rather than a |
| | educators, imaging, physical | | describes | predetermined or |
| | therapy, occupational | | management and staff's | fixed patient to nurse ratio." |
| | therapy, speech therapy, | | respective proposal as well | Our plan takes this into |
| | materials handlers, | | as | account |
| | infection prevention, and | | management's rationale for | and places Kaleida Health |
| | providers. (Ancillary | | it's proposal. The CEO | between the 50th and 75th |
| | members included above in | | evaluated | percentile of New York |
| | numbers: Charge, Clerical, | | the enclosed recommended | State for staffing per NDNQI |
| | Social Work, Respiratory | | plan and considered the | reporting. Meets the |
| | Therapy, Patient Care | | areas of | regional standard for |
| Medical/Surgical | Coordinator) | No | disagreement. She adopted | nursing ratios. No |

| | | | management and staff at | RN ratio, patient or care |
|------------------|------------------------------|----|-------------------------------|--------------------------------|
| | | | MFSH met | assistant |
| | | | | |
| | | | weekly from March 21, | ratio. Management |
| | | | 2022 through June 6, 2022 | proposed a 1:5 RN ratio and |
| | | | in | a 1:6/8 patient |
| | | | furtherance of developing a | care assistant ratio. Our |
| | | | recommended clinical | rational, According to the |
| | | | staffing | Academy of |
| | | | plan for the site. While that | Medical/Surgical nurses, |
| | | | process resulted in many | "The patient ratios should |
| | | | areas of | be based |
| | | | agreement, consensus was | on the ability of the |
| | | | not achieved for certain | medical/surgical nurse to |
| | | | positions. | meet the |
| | | | For each area lacking | individual needs of patients, |
| | Float Pool RNs and PCAs, | | consensus, the plan | rather than a |
| | educators, imaging, physical | | describes | predetermined or |
| | therapy, occupational | | management and staff's | fixed patient to nurse ratio." |
| | therapy, speech therapy, | | respective proposal as well | Our plan takes this into |
| | materials handlers, | | as | account |
| | infection prevention, and | | management's rationale for | and places Kaleida Health |
| | providers. (Ancillary | | it's proposal. The CEO | between the 50th and 75th |
| | members included above in | | evaluated | percentile of New York |
| | numbers: Charge, Clerical, | | the enclosed recommended | State for staffing per NDNQI |
| | Social Work, Respiratory | | plan and considered the | reporting. Meets the |
| | Therapy, Patient Care | | areas of | regional standard for |
| Medical/Surgical | Coordinator) | No | disagreement. She adopted | nursing ratios. No |

| | | | management and staff at | RN ratio, patient or care |
|------------------|------------------------------|----|---|--|
| | | | MFSH met | assistant |
| | | | weekly from March 21, | ratio. Management |
| | | | 2022 through June 6, 2022 | proposed a 1:5 RN ratio and |
| | | | in | a 1:6/8 patient |
| | | | furtherance of developing a | care assistant ratio. Our |
| | | | recommended clinical | rational, According to the |
| | | | staffing | · |
| | | | plan for the site. While that | Academy of Medical/Surgical nurses, |
| | | | process resulted in many | · • |
| | | | areas of | "The patient ratios should be based |
| | | | | on the ability of the |
| | | | agreement, consensus was not achieved for certain | · · |
| | | | | medical/surgical nurse to |
| | | | positions. | meet the |
| | Short Book BNIs and BCAs | | For each area lacking | individual needs of patients, |
| | Float Pool RNs and PCAs, | | consensus, the plan | rather than a |
| | educators, imaging, physical | | describes | predetermined or |
| | therapy, occupational | | management and staff's | fixed patient to nurse ratio." |
| | therapy, speech therapy, | | respective proposal as well | Our plan takes this into |
| | materials handlers, | | as | account |
| | infection prevention, and | | management's rationale for | and places Kaleida Health |
| | providers. (Ancillary | | it's proposal. The CEO | between the 50th and 75th |
| | members included above in | | evaluated | percentile of New York |
| | numbers: Charge, Clerical, | | | State for staffing per NDNQI |
| | Social Work, Respiratory | | plan and considered the | reporting. Meets the |
| | Therapy, Patient Care | | areas of | regional standard for |
| Medical/Surgical | Coordinator) | No | disagreement. She adopted | nursing ratios. No |

| - | 7 | | | |
|----------------|------------------------------|----|-------------------------------|------------------------------|
| | | | 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 | |
| | Float Pool RNs and PCAs, | | consensus, the plan | |
| | educators, imaging, physical | | describes | Consensus reached on RN |
| | therapy, occupational | | management and staff's | ratio. Consensus reach on |
| | therapy, speech therapy, | | respective proposal as well | unlicensed professionals |
| | materials handlers, | | as | ratio. Consensus not reach |
| | infection prevention, and | | management's rationale for | on unit |
| | providers. (Ancillary | | it's proposal. The CEO | secretary. Rationale was the |
| | members included above in | | evaluated | medical office assistant may |
| | numbers: Charge, Clerical, | | the enclosed recommended | function as a unit secretary |
| | Social Work, Respiratory | | plan and considered the | and bedside unlicensed |
| | Therapy, Patient Care | | areas of | professional per their job |
| Intensive Care | Coordinator) | No | disagreement. She adopted | description. |

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

| The number of hospital employees represented by SEIU 1199 is: | 0 |
|--|----------------------------|
| Our general hospital's collective bargaining agreement with Communications Workers of America expires on the following date: | 05/31/20 25 12:00 AM |
| The number of hospital employees | AM |
| represented by Communication Workers of America is: | 38 |