

**KALEIDA HEALTH  
1199/SEIU UNITED HEALTHCARE WORKERS EAST  
COMMUNICATIONS WORKERS OF AMERICA**

**2022 CONTRACT NEGOTIATIONS**

**Employer Counter Proposal  
Date Presented: 8/2/22**

**Memorandum of Understanding # 26  
Adult Site RN & Surgical Technologist & Ancillary Staff Floating Grid**

~~Effective January 1, 2017, w~~ When RNs, Surgical Technologists, or Ancillary Staff are floated (via Article 15 or Article 18, using the process outlined in Article 19) at the adult sites (BGMC, Millard Fillmore Suburban Hospital and DeGraff ~~Medical Park Memorial Hospital~~), it will be done within the groupings listed below. RN's and Surgical Technologists who have the competency to float to areas other than those listed below are encouraged to do so on a voluntary basis.

Section 1. BGMC

a). Medical Surgical Grouping

(1.) 16 N/S, 15 N

b). Medical Telemetry Grouping

(1.) 15S, 13N, 13S

(2.) 12S, 9N/S

c). Neuro Cardiac Telemetry Grouping

(1.) 10N/S, 14N/S

- a. Within sixty (60) days following ratification, a work group will be developed to support the 10<sup>th</sup> floor and 14<sup>th</sup> floor float zone trial. The purpose of this workgroup will be to develop an education plan, review staff feedback and evaluate the trial. The duration of this trial will be nine (9) months.

~~At the end of the trial period a mutual decision as to the appropriateness of this grouping will be made regarding the sustainability of this float pairing, the outcome will be mutually agreed upon. determined.~~ In the event it is determined that the

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**grouping is not appropriate the workgroup will collaboratively determine the appropriate group for each unit to be placed in.**

- (2.) **4N(Progressive Care Unit) can float to 14N/S**
  - a. **One year post ratification, there will be a meeting between management and the union to discuss the potential of 4N becoming a closed unit.**

e.) **Critical Care Grouping**

- (1.) MICU, SICU, CVICU, NSICU
- (2.) MICU, SICU, CVICU, NSICU can float to the ILCU
- (3.) ILCU does not float to MICU, SICU, CVICU, or NSICU
- ~~(4.) NSICU can float to 4N (Progressive Care Unit)~~

f.) **Closed Units – No floating**

- (1.) **VIS**
  - a. **One year post ratification, there will be a meeting between management and the union to discuss the potential of the VIS CMAs becoming a closed unit.**
- (2.) **Medical Rehab Unit**

g.) **Specialty Areas**

- (1.) **OR – Registered Nurses and Surgical Technologists will float within the 3 cost centers (GVI/BGMC OR/Ortho) to their specific level of trained competency. Registered Nurses can also float to the holding area.**
- (2.) **Special Procedure RN's in the OR can float to the GI Lab and the OR holding area and GI can float to the Urology area pre/post procedure.**
- (3.) **The Staff on the Critical Care units can float to the ED to take care of Critical Care Patients waiting for beds.**
- (5.) **The following departments typically do not float due to their specialty nature and are not considered a closed unit: ED, CT/MRI, Procedure Labs, PACU/ASU.**

h.) **CAPD**

**CAPD Patients as it relates to the above groupings (a-f)**

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- (1.) The parties acknowledge that time will be needed to comply with the process listed below (hiring and education). To that extent, the current practice of the 9<sup>th</sup> floor staff performing CAPD outside of their unit will continue only when the patient can't be transferred to the 9<sup>th</sup> floor, float pool staff aren't available to assume the assignment, or MICU, MRU or ED charge nurse can't yet perform CAPD within their unit. This hiring and education process will be expedited and will not exceed one year post ratification.
- (2.) If an RN is competent to perform CAPD on any unit, the RN's assignment will include the CAPD patient.
- (3.) Non-Critical Care – All efforts will be made to assign non-critical care patients who require CAPD to the 9<sup>th</sup> floor. If the patient requires CAPD on another unit and cannot be moved to the 9<sup>th</sup> floor, a float pool nurse will be assigned the CAPD patient within their assignment if available unless there is an RN competent to perform CAPD on the unit.
- (4.) MRU – All charge RNs in MRU will be trained to perform CAPD for MRU patients only. In the event that there is not a CAPD competent RN working on the MRU a float will be assigned to perform the CAPD. MRU is a closed unit and their CAPD competent RN's will not be used to cover CAPD on another unit.
- (5.) Critical Care – All efforts will be made to cohort Critical Care patients requiring CAPD in the MICU. All charge RNs in MICU will be trained to perform CAPD. If a float pool nurse is available to send to the MICU or one of the other ICUs, they will assume the CAPD patient within their assignment unless there is an RN competent to perform CAPD on the unit.
- (6.) ED – All efforts will be made to ensure all charge RNs are competent to perform CAPD on patients in the ED. The ED charge RN will not be responsible for performing CAPD when they have other duties or responsibilities other than the role of charge nurse. If a float pool nurse is available to send to the ED, they will assume the CAPD patient within their assignment if competent. If they are unable to assume the pt within their assignment, they will perform the CAPD and take an assignment within their competency.

Section 2. Millard Fillmore Suburban Hospital:

a.) Medical Surgical Grouping

- (1.) 2E, 3E, 3W, 2SE, Med Surg Overflow

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- b.) Telemetry Grouping
  - (1.) 2 N - 2 SW, Telemetry Overflow
- c.) Maternity Grouping
  - (1.) NICU/Neonatal ICU can float to Mother Baby, and Labor and Delivery and Overflow **Mother Baby and Delivery** but will not have an independent patient assignment or be counted on the staffing grid.
- d.) Closed Units
  - (1.) Mother Baby and Maternity Overflow
  - (2.) Labor and Delivery
  - (3.) ICU
- e.) The following departments typically do not float due to their specialty nature and are not considered a closed unit: ED, GI, Urology, Imaging, PAT, SCU, Infusion Center and OR.

Section 3. DeGraff **Medical Park Memorial Hospital**

- a.) The following departments typically do not float due to their specialty nature and are not considered a closed unit: Clinics (Geriatrics, Wound), Infusion Center, and ED.
- b.) Should new units be added during the life of this contract to DeGraff, the parties agree to meet to determine appropriate floating assignments.

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**Section 4. Adult Ancillary Floating Grid**

Division	Units	Primary Float Grouping	Secondary Float Grouping	Tertiary Float Grouping <i>*assignment based upon competency &amp; patient mix*</i>
BGMC CMA/MA	MICU SICU CVICU NSICU ILCU OBS 10N/S ED VIS	MICU, SICU, CVICU, NSICU, ILCU, OBS, 10N/S, ED (blue/green/orange)	Sitter: CMA/MA Unit  VIS	Sitter on PCA Unit: 16N/S, 15N, 15S, 14N/S, 13N, 13S, 12S, 9, 4N  NSICU: Non-stroke patient assignment
BGMC PCA	16 15N 15S 13N 13S 12S 9	16, 15N, 15S, 13N, 13S, 12S, 9	Sitter: PCA Unit  MRU	NSICU, 14N/S, 4N: Non-stroke patient assignment  VIS: Support inpatient pod  Sitter on CMA/MA unit: MICU, SICU, CVICU, ILCU, OBS, 10N/S, ED (blue/green/orange)
	NSICU 14N/S 4N	NSICU, 14N/S, 4N	Sitter: PCA Unit	15N, 15S, 14N/S, 13N, 13S, 12S, 9  16N/S: Non-Ortho patient assignment Sitter on CMA/MA unit: MICU, SICU, CVICU, ILCU, OBS, 10N/S, ED (blue/green/orange)
	MRU	Sitter		
MFSH PCA	ER	Sitter		
	MBU-2W	Sitter	2E	***
	ICU	Sitter, ER	2N, 2SW	2E, 2SE, 3E, 3W, Overflow area
	2N 2SW 2E	2SW ICU ED	2E(2SE) 3E, 3W ***	2W, Overflow area
	2SE 3E 3W	2N ICU ED	2E(2SE) 3E, 3W ***	2W, Overflow area
	2SE*** 3E 3W	2SE*** ICU ED	2N, 2SW, ICU, ED	2W, Overflow area
	2E 3E 3W	2E ICU ED	2N, 2SW, ICU, ED	2W, Overflow area
	3W 2E 2SE***	3W ICU ED	2N, 2SW, ICU, ED	2W, Overflow area
	3E 2E 2SE***	3E ICU ED	2N, 2SW, ICU, ED	Overflow area
MFSH MOA	ICU	Sitter Secretary		

\*\*\*When floated to 2SE fresh post-op Ortho patients will be assigned to 2SE staff or a float pool PCA

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**Section 5. In the event that a unit is moved or patient population changes the Employer and Unions will meet to discuss appropriate float zones.**

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