

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

**2022 CONTRACT NEGOTIATIONS**

**Employer Revised Economic Proposal  
Date Presented: October 2, 2022**

**Article \_\_  
Staffing**

Section 1. The Employer will implement staffing plans at the following facilities as specified below to apply during the term of this Agreement. (~~June 1, 2022 through May 31, 2025~~). ~~New positions will be added during the life of the Agreement.~~ The parties agree that increasing current staffing levels to meet the ratios and FTE amounts below will require significant time and effort for recruitment, hiring and orientation.

Section 2. **Buffalo General Medical Center (BGMC)**

1.) BGMC Staffing Ratios/Grids/Matrices

- a.) 16<sup>th</sup> Floor (N/S) Adult Medical Surgical <sup>+</sup>
- |                        |   |
|------------------------|---|
| Charge Nurse           | 1 without assignment 24/7, (when both sides of the floor are open and the census reaches 36 patients there will be a 2 <sup>nd</sup> charge RN) |
| Registered Nurse       | 1:4 day shift / 1:5 night shift (incorporating mid shift into ratio)  |
| Patient Care Assistant | 1:6-8   |
| Unit Secretary         | 1 Day Shift 12 or 13 hours Monday-Friday  |
- b.) 15 North Adult Medical Surgical <sup>+</sup>
- |                        |  |
|------------------------|--|
| Charge Nurse           | 1 without assignment 24/7                |
| Registered Nurse       | 1:5                                      |
| Patient Care Assistant | 1:6-8                                    |
| Unit Secretary         | 1 Day Shift 12 or 13 hours Monday-Friday |
- c.) 15 South Adult Telemetry <sup>+</sup>
- |                        |  |
|------------------------|--|
| Charge Nurse           | 1 without assignment 24/7                |
| Registered Nurse       | 1:4                                      |
| Patient Care Assistant | 1:6-8                                    |
| Unit Secretary         | 1 Day Shift 12 or 13 hours Monday-Friday |
- d.) 14<sup>th</sup> Floor Adult Telemetry <sup>+</sup>
- |              |                                    |
|--------------|------------------------------------|
| Charge Nurse | 1 per side without assignment 24/7 |
|--------------|------------------------------------|

JA  
10/3/22  
1-30  
Jee

TA  
10/3/22  
1-30  
CJ

- |                        |   |
|------------------------|---|
| Registered Nurse       | 1:4   |
| Patient Care Assistant | 1:6-8   |
| Unit Secretary         | 1 per side Day Shift 12 or 13 hours Monday-Friday |
- e.) 13 North Adult Telemetry <sup>+</sup>
- |                  |  |
|------------------|--|
| Charge Nurse     | 1 without assignment 24/7                |
| Registered Nurse | 1:4                                      |
| PCA/Monitor Tech | 1:6-8                                    |
| Unit Secretary   | 1 Day Shift 12 or 13 hours Monday-Friday |
- f.) 13 South Adult Telemetry <sup>+</sup>
- |                        |  |
|------------------------|--|
| Charge Nurse           | 1 without assignment 24/7                |
| Registered Nurse       | 1:4                                      |
| Patient Care Assistant | 1:6-8                                    |
| Unit Secretary         | 1 Day Shift 12 or 13 hours Monday-Friday |
- g.) Medical Rehab Unit
- |                        |  |
|------------------------|--|
| Charge Nurse           | 1, 24/7 without assignment when all patients are on the same floor.<br>2 <sup>nd</sup> Charge when census is greater than 30 and patients are on two separate floors |
| Registered Nurse       | 1:5  |
| Patient Care Assistant | 1:9 day shift / 1:12 night shift<br>Transporter PCA will be assigned five (5) days per week for 7.5 hours  |
| Unit Secretary         | 1, day shift 7.5 hours Monday – Friday   |
- \*Patients average 3 hours of therapy six days per week either in rehab gym or in room with therapist
- h.) 12 South Adult Telemetry <sup>+</sup>
- |                        |  |
|------------------------|--|
| Charge Nurse           | 1 without assignment 24/7  |
| Registered Nurse       | 1:4<br>*1:1 if a patient is receiving an active infusion of chemotherapy |
| Patient Care Assistant | 1:6-8  |
| Unit Secretary         | 1 Day Shift 12 or 13 hours Monday-Friday                                 |
- i.) 10<sup>th</sup> Floor Adult Telemetry <sup>+</sup>
- |                  |   |
|------------------|---|
| Charge Nurse     | 1 per side without assignment 24/7                |
| Registered Nurse | 1:4   |
| CMA/MA           | 1:6-8   |
| Unit Secretary   | 1 per side Day Shift 12 or 13 hours Monday-Friday |

j.) 9<sup>th</sup> Floor Adult Telemetry <sup>+</sup>

Charge Nurse	1 per side without assignment 24/7
Registered Nurse	1:4 1:4 if one patient is High Flow 1:3 if all patients are High Flow
Patient Care Assistant	1:6-8
Unit Secretary	1 per side Day Shift 12 or 13 hours Monday-Friday

k.) 8 North Adult Intermediate Care <sup>+</sup>

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:3
CMA/MA	1:5-6
Unit Secretary	1 Day Shift, 12 or 13 hours, 7 days per week

l.) 4 North Adult Intermediate Care <sup>+</sup>

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:3
Patient Care Assistant	1:5-6
Unit Secretary	1 Day Shift, 12 or 13 hours, 7 days per week

m.) Medical Intensive Care Unit <sup>+</sup>

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:1 or 1:2 depending on acuity
CMA/MA	1:5-6
Unit Secretary	1 per side Day Shift 12 or 13 hours 7 days per week

n.) Cardiovascular Intensive Care Unit <sup>+</sup>

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:1 or 1:2 depending on acuity
CMA/MA	1:5-6
Unit Secretary	1 Day Shift 12 or 13 hours 7 days per week

o.) Neurosurgical Intensive Care Unit <sup>+</sup>

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:1 or 1:2 depending on acuity
Patient Care Assistant	1:5-6
Unit Secretary	1 Day Shift 12 or 13 hours 7 days per week

p.) Surgical Intensive Care Unit <sup>+</sup>

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:1 or 1:2 depending on acuity
CMA/MA	1:5-6
Unit Secretary	1 Day Shift 12 or 13 hours 7 days per week

- q.) Emergency Department <sup>+</sup>
- |                   |  |
|-------------------|--|
| Charge Nurse      | 1, 24/7 without assignment                 |
| Front Triage      | 1 RN and 1 CMA 24/7                        |
| RN Rover          | 1, 12 hours per day on mid-shift           |
| Green Pod RN      | 1:1 to 1:3 depending on acuity             |
| Purple Pod RN     | 5, 24/7                                    |
| Blue pod RN       | 1:1 to 1:5 depending on acuity             |
| Orange Pod RN     | 1:4, during hours of operation             |
|                   | *hallway beds will be given an assignment  |
| RN EMS Triage     | 1, 24/7 (Rover to assist when high volume) |
| Greeter/CMA       | 1, 24/7                                    |
| PIT RN            | 1, during hours of operation               |
| PIT CMA           | 1, during hours of operation               |
| CMA               | 4 total for Green, Purple and AWR          |
| CMA Blue          | 1, 24/7                                    |
| CMA Orange        | 1, during hours of operation               |
| CMA Rovers        | 1, 12 hours per day on mid-shift           |
| Medical Secretary | 1, Midnight to 10am                        |
|                   | 2, 10am to 12 noon                         |
|                   | 3, 12 noon to 10pm                         |
|                   | 2, 10pm to midnight                        |
- r.) Observation Unit/Outpatient
- |                  |   |
|------------------|---|
| Registered Nurse | 1:6   |
| CMA/MA/Clerical  | 1:6 (one will be designated as a clerical assignment) |
- s.) Operating Rooms <sup>+</sup>
- |                       |   |
|-----------------------|---|
| Charge Nurse          | 2 RNs (1 for GVI and 1 for BGH)                               |
| Registered Nurse      | 1:1 (2:1 for patients who cannot tolerate general anesthesia) |
|                       | Laser Cases 2:1 (Can be RN or ST)                             |
| Surgical Technologist | 1:1   |
|                       | Laser Cases 2:1 (Can be RN or ST)                             |
- t.) Post Anesthesia Care Unit/ASU <sup>+</sup>
- |                   |                                    |
|-------------------|------------------------------------|
| Charge Nurse BGMC | 1 without an assignment 7a-11p M-F |
|                   | 1 7a-3p Saturday                   |
| Registered Nurse  | Follow ASPAN Guidelines Below      |

## 2021-2022 ASPAN Guidelines

Two registered nurses, one of whom is a RN competent in Phase I postanesthesia nursing, are in the same room/unit where the patient is receiving Phase I care. The Phase I RN must have immediate access and direct line of sight when providing patient care. The second RN should be able to directly hear a call for assistance and be immediately available to assist. These staffing recommendations should be maintained during "on call" situations.

## Phase I

<b>RN 2:1</b>	<p>Example may include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>• One critically ill, unstable patient</li> </ul>
<b>RN 1:1</b>	<p>Examples may include, but are not limited to, the following:</p> <p>At the time of admission, until the critical elements are met which include:</p> <ul style="list-style-type: none"> <li>• Report has been received from the anesthesia care provider, questions answered, and the transfer of care has taken place <ul style="list-style-type: none"> <li>○ Patient has a stable/secure airway**</li> <li>○ Patient is hemodynamically stable</li> <li>○ Patient is free from agitation, restlessness, combative behaviors</li> <li>○ Initial assessment is complete</li> <li>○ Report has been received from the anesthesia care provider</li> <li>○ The nurse has accepted the care of the patient</li> </ul> </li> <li>• Airway and/or hemodynamic instability **Examples of an unstable airway include, but are not limited to, the following: <ul style="list-style-type: none"> <li>○ Requiring active interventions to maintain patency such as manual jaw lift or chin lift or an oral airway</li> <li>○ Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc.</li> <li>○ Symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, cyanosis, etc. <ul style="list-style-type: none"> <li>▪ Any unconscious patient 8 years of age and under</li> <li>▪ A second nurse must be available to assist as necessary</li> <li>▪ Patient with isolation precautions until there is sufficient time for donning and removing personal protective equipment (PPE) (e.g., gowns, gloves, masks, eye protection, specialized respiratory protection) and washing hands between patients. Location dependent upon facility guidelines</li> </ul> </li> </ul> </li> </ul>
<b>RN 1:2</b>	<p>Examples may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Two conscious patients, stable and free of complications, but not yet meeting discharge criteria</li> <li>• Two conscious patients, stable, 8 years of age and under, with family or competent support team members present, but not yet meeting discharge criteria</li> <li>• One unconscious patient, hemodynamically stable, with a stable airway, over the age of 8 years and one conscious patient, stable and free of complications</li> </ul>

## Phase II

<b>RN 1:1</b>	<p>Example includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Unstable patient of any age requiring transfer to a higher level of care</li> </ul>
<b>RN 1:2</b>	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• 8 years of age and under without family or support healthcare team members present</li> <li>• Initial admission to Phase II</li> </ul>

<b>RN 1:3</b>	Examples include, but are not limited to: <ul style="list-style-type: none"> <li>• Over 8 years of age</li> <li>• 8 years of age and under with family present</li> </ul>
---------------	---

## 2021-2022 ASPAN Guidelines

The nursing roles, in this phase, focus on providing the ongoing care for those patients requiring extended observation/intervention after transfer/discharge from Phase I and/or Phase II care.

### Extended Phase

<b>RN 1:3-5</b>	Examples of patients that may be cared for in this phase include, but are not limited to: <ul style="list-style-type: none"> <li>• Patients awaiting transportation home</li> <li>• Patients with no caregiver, home, or support system</li> <li>• Patients who have had procedures requiring extended observation/interventions (e.g., potential risk for bleeding, pain management, PONV management, removing drains/lines)</li> <li>• Patients being held for a non-critical care inpatient bed</li> </ul>
-----------------	---

Nurse Assistants                      4 FTEs

u.) Dialysis (during hours of operation)

Charge Nurse	1 with limited assignment
RN Chronic	1:2
RN Acute, Plasmapheresis, Red Cell Exchange	1:1
Clerical	0.6 FTE
PCAs	2 FTE

v.) Endoscopy

Charge Nurse	1 without an assignment
RN Pre Procedure	Minimum of 1 following SGNA Standards
RN in Procedure	1:1 (2:1 if moderate sedation)
LPN	0.6 FTE for second nurse in scrub cases
RN Advanced Procedure	2:1 or 3:1 without anesthesia staff
RN in Recovery	1:3 unless anesthesia in which ASPAN guidelines will be followed as indicated above
Technical Assistant	2, Monday – Friday, 1 on Saturday
Clerical	Minimum of 1

w.) Procedure Lab

Patient Care Assistants	7 FTEs
a. Cardiac	

- |      |  |  |
|------|--|--|
|      | Registered Nurse                             | 1:1 (responsible if conscious sedation is given)   |
|      | Registered Nurse                             | 3:1 for TAVR cases   |
|      | Radiological Technologist                    | 1:1  |
|      | Scrub (where applicable)<br>(RN/RT/CVRT)     | 1:1  |
|      | Charge/Holding Room RN (noninvasive)         | 1 per day  |
| b.   | Interventional Radiology                     |  |
|      | Charge Nurse                                 | 1 without assignment during hours of operation   |
|      | Registered Nurse                             | 1:1 (responsible if conscious sedation is given)   |
|      | Radiological Technologist                    | 1:1  |
|      | Scrub (where applicable)<br>(RN/RT/CVRT)     | 1:1  |
| c.   | Electrophysiology                            |  |
|      | Charge Nurse                                 | 1 without assignment during hours of operation   |
|      | Registered Nurse                             | 2:1  |
|      | Radiological Technologist                    | 1:1  |
| d.   | Neuro  |  |
|      | Charge Nurse                                 | 1 with a limited assignment  |
|      | RN   | 1:1  |
|      | Radiological Technologist                    | 1:1  |
|      | Scrub (where applicable)<br>(RN/RT/CVRT)     | 1:1  |
| x.)  | Stress lab                                   |  |
|      | Dobutamine Stress Echo                       | 1 RN, 1 ECHO Tech  |
|      | All other Stress testing                     | 1 EKG Tech per patient   |
| y.)  | VIS Orange Pod Adult Inpatients <sup>+</sup> |  |
|      | Charge Nurse                                 | 1 with limited assignment on Saturday/Sunday, no assignment Monday-Friday                  |
|      | Registered Nurse                             | 1:4  |
|      | CMA/MA                                       | 1:6-8  |
| z.)  | VIS Outpatient Pods Purple, Blue, Green      |  |
|      | Registered Nurse                             | 1:5 day shift / 1:6 night shift<br>*carotid stents staffed at 1:3 for the first four hours |
|      | CMA/MA                                       | 1, 24/7 when open for each pod   |
|      | CMA/MA Chart Prep                            | 1, Monday – Friday 12 hours  |
|      | CMA/MA Shave Prep/EKG                        | 1, Monday – Friday 12 hours  |
| aa.) | Pre Admission Testing                        |  |

RN/LPN	1:1
CMA	1.6 FTE

2.) BGMC New Positions

- Cardiac Quality Abstractors 1.0 FTE Day Shift
- CT Technologist 1.0 FTE Day Shift  
1.0 FTE Night Shift
- ECHO Technologist 1.0 FTE Second Shift
- Neuro Diagnostic Technologist 1.0 FTE TBD (multi site float pool)
- EKG Technician 0.5 FTE Day Shift (change current  
vacancy from 0.5 FTE to 1.0 FTE)
- Environmental Services Aide (ED) 1.5 FTE Evening Shift
- LPN at Hertle Elmwood 0.60 FTE shift TBD
- Social Worker 1.0 FTE Day Shift
- SPD Technician 1.0 FTE Day Shift  
1.0 FTE Evening Shift  
1.0 FTE Night Shift
- Respiratory Therapist 2.56 FTE Day Shift Assign. TBD  
2.56 FTE Night Shift Assign. TBD
- Clinical Educator 1.0 FTE Unit/Shift TBD
- Clinical Educator 1.0 FTE for the Procedure Lab
- Radiological Technologist .92 FTE day shift  
.92 FTE night shift
- Physical Therapist 1.0 FTE shift TBD
- Occupational Therapist 1.0 FTE shift TBD
- Speech Language Pathologist 1.0 FTE shift TBD
- Patient Support Associate 1.0 FTE night shift

Section 3. **Oishei Children's Hospital (OCH)**

1.) OCH Staffing Ratios/Grids/Matrices

- a.) Pediatric Intensive Care Unit +
- |                   |   |
|-------------------|---|
| Charge Nurse      | 1 RN without an assignment 24/7   |
| Registered Nurse  | 1:1 to 1:2 depending on acuity<br>1:3 if all three patients are designated as an<br>intermediate and/or are designated as transfer level<br>of care which requires a provider order |
| Medical Assistant | 1:9   |

- b.) Neonatal Intensive Care Unit +



Charge Nurse	2 without an assignment 24/7
Registered Nurse	1:1 or 1:2 depending on acuity 1:3 if all three patients are designated as an intermediate care/feeders and growers
Medical Assistant	1 census of 0 – 24 2 census of 25 – 49 3 census of 50 – 64 4 census greater than 64
Unit Secretary	1, 24/7

- c.) Labor and Delivery<sup>+</sup>  
 ~ (Dels RN Included for baby assignment below)  
 1:1 at birth  
 1:3 infant in couplet status

<b>Labor and Delivery AWHONN Standards</b>	
<b>RN Charge</b>	1 without an assignment 24/7
<b>Obstetric Triage</b>	
<b>RN 1:1</b>	The initial triage process (10 to 20) minutes requires 1:1 at presentation
<b>RN 1:2</b>	Once maternal-fetal status is determined to be stable
<b>RN 1:3</b>	<ul style="list-style-type: none"> <li>• Stable extended triage</li> <li>• Nonstress testing</li> </ul>
<b>Antepartum</b>	
<b>RN 1:1</b>	<ul style="list-style-type: none"> <li>• Unstable antepartum</li> <li>• Continuous bedside attendance for woman receiving IV magnesium sulfate for the first hour of administration for preterm labor prophylaxis and no more than 1 additional couplet or woman for a nurse caring for a woman receiving IV magnesium sulfate in a maintenance dose.</li> <li>• A woman who is receiving IV magnesium sulfate should have 1 nurse in continuous beside attendance for the first hour of administration. The ratio of 1 nurse to 1 woman receiving magnesium sulfate should continue until the woman is no longer contracting to the degree that preterm birth is an imminent concern</li> </ul>
<b>RN 1:3</b>	<ul style="list-style-type: none"> <li>• RN 1:3 stable antepartum</li> </ul>
<b>Labor</b>	
<b>RN 1:1</b>	<ul style="list-style-type: none"> <li>• Complications of Labor including but not limited to:               <ul style="list-style-type: none"> <li>○ Fetal demise</li> <li>○ Abnormal FHR</li> <li>○ Etc.</li> </ul> </li> <li>• Initiation of regional anesthesia</li> <li>• Labor with:               <ul style="list-style-type: none"> <li>○ Continuous IV Magnesium Sulfate</li> <li>○ Oxytocin</li> <li>○ Uncontrolled pain<sup>2</sup></li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Auscultation of fetus</li> <li>● Active pushing phase of labor</li> <li>● Birth</li> <li>● TOLAC</li> </ul>
<b>RN 1:2</b>	<ul style="list-style-type: none"> <li>● Labor without complications</li> <li>● Cervical ripening with pharmacologic agents</li> </ul>
<b>Delivery/Infant Post-Birth/Postpartum</b>	
<b>RN 1:1</b>	<ul style="list-style-type: none"> <li>● Infant for at least two (2) hours and until critical elements are met which include: <ul style="list-style-type: none"> <li>○ Report has been received from the baby nurse, questions answered, and transfer of care has taken place</li> <li>○ Initial assessment and care are completed and documented</li> <li>○ ID bracelets applied</li> <li>○ Infant condition stable</li> </ul> </li> <li>● Active recovery of vaginal birth or cesarean birth for at least 2 hours, or longer if complications arise</li> </ul>
<b>RN 1:3</b>	<ul style="list-style-type: none"> <li>● Couplets*</li> </ul> <p>*Couplet is defined as one (1) mother and up to two (2) newborn infant(s)</p>

Medical Assistant 2, 24/7  
OB Technician 3, Day Shift M-F  
2, Day Shift Sa-Su  
2, Night Shift M-F  
2, Night Shift Sa-Su  
Unit Secretary 1, 11a-11:30p, 7 days a week

d.) Mother Baby Unit +  
Charge Nurse 1 without assignment 24/7  
Registered Nurse 1:1 Newborn Undergoing Circumcision  
1:3 Couplets with no more than 2 pp C- Section  
Medical Assistant 1:12 Couplets  
Unit Secretary 1, 7a-7p, 7 days a week

e.) Operating Rooms +  
Charge Nurse OCH 1 without assignment 24/7  
Registered Nurse 1:1 (2:1 for patients who cannot tolerate general anesthesia)  
Surgical Technologist 1:1

f.) Emergency Department +  
Unit Secretary 1, 24/7  
Medical Assistant 3, 24/7  
4, if Kids Express is Open (11a- 11:00p)  
Charge Nurse 1 without assignment 24/7  
Registered Nurse 7:00 am 6 RNs  
(Totals include charge) 11:00 am 12 RNs  
3:00 pm 12 RNs  
7:00 pm 12 RNs

11:00 pm 9 RNs

3:00 am 6 RNs

\*hallway beds will be given an assignment and extra nurse when they are three or greater

g.) Electronic Monitoring Unit (EMU)/Long Term Monitoring Unit +

Registered Nurse 1:4 EMU Patients  
1:5 Observation/Ambulatory Patients  
Unit Secretary 1, 9a-5p Monday through Friday

h.) Pediatric Hematology/Oncology Unit +

Charge Nurse 1, 24/7

- 5 or less patients on the unit, charge has an assignment
- 6 or more patients on the unit, the charge has one patient

Registered Nurse 1:1 during BMT infusion  
1:2 bone marrow transplant or dinutuximab (immunotherapy), Compath, ATG (biological modifiers)  
1:3 (includes charge nurse with assignment)  
1:4 Pediatric Medical  
Unit Secretary 1 Day Shift 9:00a to 5:00p M-F

i.) J10 (Pediatric Medical – Surgical) +

Charge Nurse 1 RN, may take no more than one patient, no assignment when census is greater than 20

Registered Nurse 1:3 Acute Tracheostomy Vent, High Flow greater than 1.5 liters per kilo  
1:4 General Pediatric Patients  
1:5 If all patients in OBS/AMB status in proximate geography inclusive of the following diagnosis: cellulitis, asthmatic on q4, social admit, broken limb (except femur), T&A Bleed, GT Placement, Suicide with sitter, new onset diabetic (not on a drip)

Medical Assistant 2, 24/7  
3, 11:00a - 11:00p if the census is 17 and above

Unit Secretary 1, 7:00a to 7:30p M – F

j.) J 11 (Pediatric Medical – Surgical) +

Charge Nurse 1 RN, 2 patient assignment with census up to 20, if above 20 patients charge nurse has no assignment

Registered Nurse 1:3 Acute Tracheostomy Vent, High Flow greater than 1.5 liters per kilo  
1:4 General Pediatric Patients

Medical Assistant	1:5 If all patients in OBS/AMB status in proximate geography inclusive of the following diagnosis: cellulitis, asthmatic on q4, social admit, broken limb (except femur), T&A Bleed, GT Placement, Suicide with sitter, new onset diabetic (not on a drip)
Unit Secretary	2, 24/7 3, 11:00a - 11:00p if the census is 17 and above 1, 7:00a to 7:30p M – F
k.) Pre-Admission Testing RN/LPN	1:1
l.) Pre-Operative Care + Registered Nurse	1:5
m.) Post Anesthesia Care Unit + Charge Nurse	2 without an assignment on J2, 1 on J3 (based on hours of operations)

### 2021-2022 ASPAN Guidelines

Two registered nurses, one of whom is a RN competent in Phase I postanesthesia nursing, are in the same room/unit where the patient is receiving Phase I care. The Phase I RN must have immediate access and direct line of sight when providing patient care. The second RN should be able to directly hear a call for assistance and be immediately available to assist. These staffing recommendations should be maintained during "on call" situations.

#### Phase I

<b>RN 2:1</b>	<p>Example may include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>• One critically ill, unstable patient</li> </ul>
<b>RN 1:1</b>	<p>Examples may include, but are not limited to, the following:</p> <p>At the time of admission, until the critical elements are met which include:</p> <ul style="list-style-type: none"> <li>• Report has been received from the anesthesia care provider, questions answered, and the transfer of care has taken place <ul style="list-style-type: none"> <li>○ Patient has a stable/secure airway**</li> <li>○ Patient is hemodynamically stable</li> <li>○ Patient is free from agitation, restlessness, combative behaviors</li> <li>○ Initial assessment is complete</li> <li>○ Report has been received from the anesthesia care provider</li> <li>○ The nurse has accepted the care of the patient</li> </ul> </li> <li>• Airway and/or hemodynamic instability **Examples of an unstable airway include, but are not limited to, the following: <ul style="list-style-type: none"> <li>○ Requiring active interventions to maintain patency such as manual jaw lift or chin lift or an oral airway</li> <li>○ Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, cyanosis, etc. <ul style="list-style-type: none"> <li>▪ Any unconscious patient 8 years of age and under</li> <li>▪ A second nurse must be available to assist as necessary</li> <li>▪ Patient with isolation precautions until there is sufficient time for donning and removing personal protective equipment (PPE) (e.g., gowns, gloves, masks, eye protection, specialized respiratory protection) and washing hands between patients. Location dependent upon facility guidelines</li> </ul> </li> </ul>
<b>RN 1:2</b>	<p>Examples may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Two conscious patients, stable and free of complications, but not yet meeting discharge criteria</li> <li>• Two conscious patients, stable, 8 years of age and under, with family or competent support team members present, but not yet meeting discharge criteria</li> <li>• One unconscious patient, hemodynamically stable, with a stable airway, over the age of 8 years and one conscious patient, stable and free of complications</li> </ul>
<b>Phase II</b>	
<b>RN 1:1</b>	<p>Example includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Unstable patient of any age requiring transfer to a higher level of care</li> </ul>
<b>RN 1:2</b>	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• 8 years of age and under without family or support healthcare team members present</li> <li>• Initial admission to Phase II</li> </ul>
<b>RN 1:3</b>	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Over 8 years of age</li> <li>• 8 years of age and under with family present</li> </ul>
<b>2021-2022 ASPAN Guidelines</b>	
<p>The nursing roles, in this phase, focus on providing the ongoing care for those patients requiring extended observation/intervention after transfer/discharge from Phase I and/or Phase II care.</p>	
<b>Extended Phase</b>	
<b>RN 1:3-5</b>	<p>Examples of patients that may be cared for in this phase include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Patients awaiting transportation home</li> <li>• Patients with no caregiver, home, or support system</li> <li>• Patients who have had procedures requiring extended observation/interventions (e.g., potential risk for bleeding, pain management, PONV management, removing drains/lines)</li> </ul>

	• Patients being held for a non-critical care inpatient bed
--	---

Medical Assistant	2, starting at 5:30a 3, in house by 8a 4, in house by 11a 2, in house at 1:30p 1, in house from 4p-7:30a
Unit Secretary	1, 5:30 am to 1:30 pm 1, 11:00 am to 5:00 pm

n.) GI/Interventional Staffing  
Registered Nurse 1:1

o.) Dialysis  
Registered Nurse .96 FTE  
Medical Assistant .92 FTE  
Medical Secretary 1.0 FTE

2.) OCH New Positions

- Audiologist 0.2 FTE Day Shift Per Diem
- Clinical Dietician 1.0 FTE Day Shift
- Environmental Services Aide 1.0 FTE Day Shift  
2.0 FTE Evening Shift
- Child Psychiatry needs space and then can see more patients
- Neuro Diagnostic Technician 0.5 FTE (multi-site float pool)
- CLS 2.0 FTE Shift TBD
- Pharmacists 4.0 FTE
- CT Technologist 0.50 FTE Day Shift
- Social Worker for ED 1.0 FTE Day Shift
- Occupational Therapist Clinics 0.60 FTE Day Shift
- Physical Therapist Clinics 0.60 FTE Day Shift
- Lactation Nurse assignment will include NICU 2.56 FTE
- RN/Clinical Educator for NICU 0.50 FTE Day Shift
- Medical Assistant in Ambulatory Support 1.0 FTE
- Respiratory Therapist Critical Care 1.92 FTE Shift TBD
- Advanced Practice Provider .96 FTE Flex APP shift TBD

Section 4. **Millard Fillmore Suburban Hospital/DeGraff Medical Park (MFSH/DMP)**

1.) MFSH/DMP Staffing Ratios/Matrices/Grids

a.) Intensive Care Unit +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:1 or 1:2 depending on acuity *1:1 if a patient is receiving an active infusion of chemotherapy
PCA/MOA	1:5

b.) MFSH Emergency Department +

Charge Nurse	1 without an assignment 24/7
Triage Nurse	1, 24/7 with 2 <sup>nd</sup> Triage for 12 hours every day
Registered Nurse	1 to 4 depending on acuity 1 circulator 12 hours every day *Hallway beds or x patients will be given an assignment
Patient Care Assistant	1 Greeter 24/7 1 Triage 24/7 1:6-8
Unit Secretary	1, 24/7

c.) DMP Emergency Department +

Charge Nurse	1 with a two patient assignment 24/7
Registered Nurse	1 to 4 depending on acuity
Patient Care Assistant	1:6-8

d.) 2 North Adult Telemetry +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:4 *1:2 if a tracheostomy is 96 hours or less *1:1 if a patient is receiving an active infusion of chemotherapy
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 13 hours Monday-Friday

e.) 2 Southwest Adult Telemetry +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:4 *no more than one 1 CAPD in an assignment *1:1 if a patient is receiving an active infusion of chemotherapy
Patient Care Assistant	1:6-8
Unit Secretary	1 Day Shift 13 hours Monday-Friday

f.) 2 Southeast Adult Medical Surgical +

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:5

\*1:1 if a patient is receiving an active infusion of chemotherapy

Patient Care Assistant 1:6-8  
 Unit Secretary 1 Day Shift 13 hours Monday-Friday

g.) 2 East Adult Medical Surgical <sup>+</sup>

Charge Nurse 1 without assignment 24/7  
 Registered Nurse 1:5

\*1:1 if a patient is receiving an active infusion of chemotherapy

Patient Care Assistant 1:6-8  
 Unit Secretary 1 Day Shift 13 hours Monday-Friday

h.) 3 East Adult Medical Surgical <sup>+</sup>

Charge Nurse 1 without assignment 24/7  
 Registered Nurse 1:5

\*1:1 if a patient is receiving an active infusion of chemotherapy

Patient Care Assistant 1:6-8  
 Unit Secretary 1 Day Shift 13 hours Monday-Friday

i.) 3 West Adult Medical Surgical <sup>+</sup>

Charge Nurse 1 without assignment 24/7  
 Registered Nurse 1:5

\*1:1 if a patient is receiving an active infusion of chemotherapy

Patient Care Assistant 1:6-8  
 Unit Secretary 1 Day Shift 13 hours Monday-Friday

j.) Labor and Delivery <sup>+</sup>

<b>Labor and Delivery AWHONN Standards</b>	
<b>RN Charge</b>	1 without an assignment 24/7
<b>Obstetric Triage</b>	
<b>RN 1:1</b>	The initial triage process (10 to 20) minutes requires 1:1 at presentation
<b>RN 1:2</b>	Once maternal-fetal status is determined to be stable
<b>RN 1:3</b>	<ul style="list-style-type: none"> <li>• Stable extended triage</li> <li>• Nonstress testing</li> </ul>
<b>Antepartum</b>	
<b>RN 1:1</b>	<ul style="list-style-type: none"> <li>• Unstable antepartum</li> <li>• Continuous bedside attendance for woman receiving IV magnesium sulfate for the first hour of administration for preterm labor prophylaxis and no more than 1 additional couplet or woman for a nurse caring for a woman receiving IV magnesium sulfate in a maintenance dose.</li> </ul>



	<ul style="list-style-type: none"> <li>• A woman who is receiving IV magnesium sulfate should have 1 nurse in continuous beside attendance for the first hour of administration. The ratio of 1 nurse to 1 woman receiving magnesium sulfate should continue until the woman is no longer contracting to the degree that preterm birth is an imminent concern</li> </ul>
<b>RN 1:3</b>	<ul style="list-style-type: none"> <li>• RN 1:3 stable antepartum</li> </ul>
<b>Labor</b>	
<b>RN 1:1</b>	<ul style="list-style-type: none"> <li>• Complications of Labor including but not limited to: <ul style="list-style-type: none"> <li>○ Fetal demise</li> <li>○ Abnormal FHR</li> <li>○ Etc.</li> </ul> </li> <li>• Initiation of regional anesthesia</li> <li>• Labor with: <ul style="list-style-type: none"> <li>○ Continuous IV Magnesium Sulfate</li> <li>○ Oxytocin</li> <li>○ Uncontrolled pain<sup>2</sup></li> <li>○ Auscultation of fetus</li> </ul> </li> <li>• Active pushing phase of labor</li> <li>• Birth</li> <li>• TOLAC</li> </ul>
<b>RN 1:2</b>	<ul style="list-style-type: none"> <li>• Labor without complications</li> <li>• Cervical ripening with pharmacologic agents</li> </ul>
<b>Delivery/Infant Post-Birth/Postpartum</b>	
<b>RN 1:1</b>	<ul style="list-style-type: none"> <li>• Infant for at least two (2) hours and until critical elements are met which include: <ul style="list-style-type: none"> <li>○ Report has been received from the baby nurse, questions answered, and transfer of care has taken place</li> <li>○ Initial assessment and care are completed and documented</li> <li>○ ID bracelets applied</li> <li>○ Infant condition stable</li> </ul> </li> <li>• Active recovery of vaginal birth or cesarean birth for at least 2 hours, or longer if complications arise</li> </ul>
<b>RN 1:3</b>	<ul style="list-style-type: none"> <li>• Couplets*</li> </ul> <p>*Couplet is defined as one (1) mother and up to two (2) newborn infant(s)</p>

OB Technician/ST  
Unit Secretary

1, 24/7 with additional 7.5 hours M-F  
1, 24/7

k.) Mother Baby Unit <sup>+</sup>

Charge Nurse  
Registered Nurse

1 without assignment 24/7  
1:1 Newborn Undergoing Circumcision  
1:3 Couplets with no more than 2 pp C- Section

PCA  
Unit Secretary

1:10 Couplets  
1, 7a-7p, 7 days a week

l.) Neonatal Intensive Care Unit <sup>+</sup>

Charge Nurse  
Registered Nurse

1 without an assignment 24/7  
1:1 or 1:2 depending on acuity

MOA 1:3 if all three patients are designated as an intermediate care/feeders and growers (core staff of 2 RN plus a charge RN)  
 1, 8 am to 4pm every day if there are less than three babies, the MOA will be floated within women's services

m.) Operating Rooms +  
 Charge Nurse 1 RN without an assignment 6a-2p and 1:30p-9:30p  
 Registered Nurse 1:1 (2:1 for patients who cannot tolerate general anesthesia)  
 Surgical Technologist Laser Cases 2:1 (Can be RN or ST)  
 1:1  
 Laser Cases 2:1 (Can be RN or ST)

n.) Pre-Operative Care +  
 Charge Nurse 1, 6a-4p M - F  
 Registered Nurse 1:1  
 Patient Care Assistant 2, 6a-2p M - F  
 3, 8a-4p M - F  
 2, 10a-6p M - F  
 1, 11a-7p M - F  
 2, 2p-10p M - F  
 Patient Care Assistant 1, 5:30a-1:30p Saturday  
 1, 9a-5p Saturday  
 Unit Secretary 1, 6a-2p M - F

o.) Post Anesthesia Care Unit +  
 Charge Nurse MFSH 1 without an assignment 6a - 10p

<b>2021-2022 ASPAN Guidelines</b>	
Two registered nurses, one of whom is a RN competent in Phase I postanesthesia nursing, are in the same room/unit where the patient is receiving Phase I care. The Phase I RN must have immediate access and direct line of sight when providing patient care. The second RN should be able to directly hear a call for assistance and be immediately available to assist. These staffing recommendations should be maintained during "on call" situations.	
<b>Phase I</b>	
<b>RN 2:1</b>	Example may include, but is not limited to, the following: <ul style="list-style-type: none"> <li>• One critically ill, unstable patient</li> </ul>
<b>RN 1:1</b>	Examples may include, but are not limited to, the following:  At the time of admission, until the critical elements are met which include: <ul style="list-style-type: none"> <li>• Report has been received from the anesthesia care provider, questions answered, and the transfer of care has taken place</li> </ul>

	<ul style="list-style-type: none"> <li>○ Patient has a stable/secure airway**</li> <li>○ Patient is hemodynamically stable</li> <li>○ Patient is free from agitation, restlessness, combative behaviors</li> <li>○ Initial assessment is complete</li> <li>○ Report has been received from the anesthesia care provider</li> <li>○ The nurse has accepted the care of the patient</li> <li>● Airway and/or hemodynamic instability **Examples of an unstable airway include, but are not limited to, the following: <ul style="list-style-type: none"> <li>○ Requiring active interventions to maintain patency such as manual jaw lift or chin lift or an oral airway</li> <li>○ Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc.</li> <li>○ Symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, cyanosis, etc. <ul style="list-style-type: none"> <li>▪ Any unconscious patient 8 years of age and under</li> <li>▪ A second nurse must be available to assist as necessary</li> <li>▪ Patient with isolation precautions until there is sufficient time for donning and removing personal protective equipment (PPE) (e.g., gowns, gloves, masks, eye protection, specialized respiratory protection) and washing hands between patients. Location dependent upon facility guidelines</li> </ul> </li> </ul> </li> </ul>
<b>RN 1:2</b>	<p>Examples may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>● Two conscious patients, stable and free of complications, but not yet meeting discharge criteria</li> <li>● Two conscious patients, stable, 8 years of age and under, with family or competent support team members present, but not yet meeting discharge criteria</li> <li>● One unconscious patient, hemodynamically stable, with a stable airway, over the age of 8 years and one conscious patient, stable and free of complications</li> </ul>
<b>Phase II</b>	
<b>RN 1:1</b>	<p>Example includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>● Unstable patient of any age requiring transfer to a higher level of care</li> </ul>
<b>RN 1:2</b>	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>● 8 years of age and under without family or support healthcare team members present</li> <li>● Initial admission to Phase II</li> </ul>
<b>RN 1:3</b>	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>● Over 8 years of age</li> <li>● 8 years of age and under with family present</li> </ul>
<b>2021-2022 ASPAN Guidelines</b>	
<p>The nursing roles, in this phase, focus on providing the ongoing care for those patients requiring extended observation/intervention after transfer/discharge from Phase I and/or Phase II care.</p>	

## Extended Phase

<b>RN 1:3-5</b>	<p>Examples of patients that may be cared for in this phase include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Patients awaiting transportation home</li> <li>• Patients with no caregiver, home, or support system</li> <li>• Patients who have had procedures requiring extended observation/interventions (e.g., potential risk for bleeding, pain management, PONV management, removing drains/lines)</li> <li>• Patients being held for a non-critical care inpatient bed</li> </ul>
-----------------	--

p.) Pre-Admission Testing

RN/LPN	1:1
MA	1.2 FTE

q.) Endoscopy

Charge Nurse	1 without an assignment
Registered Nurse Pre Procedure	Minimum of 1 following SGNA Standards
Registered Nurse in Procedure	1:1 (2:1 if moderate sedation)
RN Advanced Procedure	2:1 or 3:1 without anesthesia staff
Registered Nurse in Recovery	1:3 unless anesthesia in which ASPAN guidelines will be followed noted above
Technical Assistant	4, Monday – Friday
Clerical	1

2.) MFSH/DMP New Positions

- Neuro Diagnostic Technologist      1.0 FTE Shift TBD  
(multi site float pool)
- Ultrasound - Obstetrics      0.50 FTE
- Radiology Technologist      1.0 FTE Evening Shift
- Sterile Processing Technician      (2) 0.50 FTE Evening Shift  
1.0 FTE Night Shift
- Ultrasound Technologist      1.0 FTE Evening Shift
- Lactation Consultants (coverage for all maternity services)  
3.0 FTE Shift TBD
- Environmental Service Aide      1.0 Night Shift
- Obstetrics Nurse (L&D)      2.88 FTE Shift TBD
- Cashier at DMP      Per Diem Day Shift
- EVS Aide at DMP      1.5 FTE Night Shift

1.) HPTE/DeGraff SNF Staffing Ratios/Grids/Matrices

a.) DMP SNF 1:

Registered Nurse	3.75 hours on day shift
Licensed Practical Nurse	2, day shift 2, eve shift 1, night shift
Certified Nurse Assistant	5, day shift 5, eve shift 2, night shift
Clerical	.6 FTE

b.) DMP SNF 2:

Registered Nurse	1, day shift 1, eve shift 1, night shift
Licensed Practical Nurse	2, day shift 2, eve shift 1, night shift
Certified Nurse Assistant	5, day shift 5, eve shift 2, night shift
Clerical	1.0 FTE

c.) HPTE Pediatric Pavilion:

Registered Nurse	3, day shift (included in Sec.2) 3, night shift (included in Sec. 2)
Certified Nurse Assistant	3, day shift (plus 4 hours on school days) 2, night shift
Clerical	1.0 FTE shared with Delaware Park

d.) HPTE Delaware Park:

Registered Nurse	2, day shift 2, night shift
Certified Nurse Assistant	2, day shift 2, night shift
Clerical	1.0 FTE shared with Pediatric Pavilion

e.) HPTE Hamlin Park:

Registered Nurse	2, day shift
------------------	--------------

	2, eve shift
	2, night shift
Licensed Practical Nurse	1, day shift
	2, eve shift
	1, night shift
Certified Nurse Assistant	5, day shift
	4, eve shift
	2, night shift
Clerical	1.0 FTE
f.) HPTE Elmwood Village:	
Registered Nurse	2, day shift
	2, evening shift
	1, night shift
Licensed Practical Nurse	2, day shift
	1, eve shift
	2, night shift
Certified Nurse Assistant	5, day shift
	4, eve shift
	2, night shift
Clerical	1.0 FTE
g.) HPTE Cold Springs:	
Registered Nurse	3.75 hours on day shift
Licensed Practical Nurse	2, day shift
	2, eve shift
	1, night shift
Certified Nurse Assistant	5, day shift
	5, eve shift
	2, night shift
Clerical	.6 FTE
h.) HPTE Allentown:	
Registered Nurse	3.75 hours day shift
Licensed Practical Nurse	2, day shift
	2, eve shift
	1, night shift
Certified Nurse Assistant	5, day shift
	5, eve shift
	2, night shift

Clerical	.6 FTE
i.) HPTE Kensington Heights:	
Registered Nurse	3.75 hours day shift
Licensed Practical Nurse	2, day shift
	2, eve shift
	1, night shift
Certified Nurse Assistant	5, day shift
	5, eve shift
	2, night shift
Clerical	.6 FTE
j.) HPTE Kaisertown:	
Registered Nurse	3.75 hours day shift
Licensed Practical Nurse	2, day shift
	2, eve shift
	1, night shift
Certified Nurse Assistant	5, day shift
	5, eve shift
	2, night shift
Clerical	.6 FTE
k.) HPTE University Heights:	
Registered Nurse	3.75 hours day shift
Licensed Practical Nurse	2, day shift
	2, eve shift
	1, night shift
Certified Nurse Assistant	5, day shift
	5, eve shift
	2, night shift
Clerical	.6 FTE
2.) <u>HPTE/DeGraff SNF New Positions</u>	
• Respiratory Therapists	1.92 FTE – Shift TBD based on distribution of ventilated patients
• Child Life Specialist	1.0 Day Shift
• Pediatric RNs	5.12 FTE – Shift TBD
	(The above position are intended to utilized to meet pediatric pavilion staffing plan of 3 RN, 24/7)