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

2025 CONTRACT NEGOTIATIONS

Union Proposal
Date Presented: June 23, 2025

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

When RNs, **LPNs,** 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), it will be done within the groupings listed below. RNs, **LPNs** 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, 15N

b). Medical Telemetry Grouping

(1.) 15S, ~~13N & 13S~~, **12S**

~~(2.) 12S, 9N/S.~~

(2.) 9 N/S, 13 N/S

(3.) 12 S Chemo Certified RN's can float to the Infusion Center

i. If a registered nurse is floated from 12 S to the infusion center, 12 S will not be short staffed below the staffing ratios outlined in article 107, Staffing.

6/23/25
TA EOS
NM
MQB 6/24/25

ii. If a registered nurse is floated from 12 S to the infusion center, when the infusion center closes for the day, the RN will have the option to either downsize or return back to their home unit

(4.) LPN Grouping – 13 N & 9 N

i. LPNs in the Emergency Department will not float

c.) Neuro Cardiac Telemetry Grouping

(1.) 10 S, 14N/S

(2.) **10 N,** 12 N

(a.) ~~Within sixty (60) days following ratification, a work group will be developed to support the 10th floor and 14th 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 decision will be made regarding the sustainability of this float pairing, the outcome will be mutually agreed upon. In the event it is determined that the grouping is not appropriate the workgroup will collaboratively determine the appropriate group for each unit to be placed in.~~

(a.) Within sixty (60) days of ratification, a joint workgroup will be formed to oversee a trial float pairing between 10N and 12N. The group will be responsible for developing a training plan, reviewing staff feedback, and monitoring how the pairing works in practice. The trial will last for nine (9) months. At the end of the trial, the workgroup will reconvene to decide whether the pairing should continue. Any decision must be mutually agreed upon. If it's determined the grouping is not appropriate, the workgroup will identify a more suitable float zone for each unit.

~~**(b.) (insert Obs. Criteria from 12 S LMC committee)**~~

(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.~~

TA 6/23/25
EAS AM 6/24/25
MSB 6/24/25

d.) Critical Care Grouping

(1.) MICU, SICU, CVICU, NSICU

(2.) MICU, SICU, CVICU, NSICU can float to the ILCU & **4N**

(3.) ILCU **& 4N** does not float to MICU, SICU, CVICU or NSICU

a. The implementation of the addition of 4N into the critical care grouping outlined in section 1 d.) (2.) above will not occur until full time dedicated provider coverage is established. Until provider coverage is established, the telemetry float pool will continue to provide coverage for 4N.

b. A 60-day notice will be given to the union prior to the transition of 4N into the critical care grouping.

~~**Delay implementation of 4N in grouping d.) (2.) above until provider coverage is in place. The telemetry float pool will continue to provide coverage for 4N until the plan is in place.~~

e.) Closed Units – No floating

(1.) VIS – **(RN only)**
~~(a.) One year post ratification, there will be a meeting between management and the Union the discuss the potential of the VIS CMAs becoming a closed unit,~~

(2.) Medical Rehab Unit – **(RN only)**

f.) 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 RN²s 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.

TA 6/23/25 ECU NM MWB 6/24/25

(4.) The following departments typically do not float due to their specialty nature and are not considered a closed unit: ED, CT/MRI, PAT, Procedure Labs, PACU/ASU, and Infusion Center.

g.) CAPD

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

(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 9th floor staff performing CAPD outside of their unit will continue only when the patient can't be transferred to the 9th 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.~~

CAPD Coverage Process **(step by step process)**

(1) ~~Non-Critical Care~~ All efforts will be made to assign ~~non-critical patients care~~ patients who require CAPD to the **designated units** ~~floor~~. If **a** ~~the~~ patient requires CAPD on another unit and cannot be moved to **one of the designated units** ~~the 9th floor~~, a float pool nurse will be assigned **to** the CAPD patient within their assignment ~~if available~~ unless there is an RN competent to perform CAPD on the unit.

(2) **If a CAPD Patient remains on a non-CAPD designated unit and a CAPD competent RN is not working, a float RN will be assigned to perform CAPD as well as other duties as designated by the supervisor.**

(3) **The current practice of the 9th floor staff performing CAPD outside of their unit will continue only when the patient cannot be transferred to a designated CAPD unit, float pool staff are not available to assume the assignment or act as CAPD coverage, or MICU, MRU or ED charge nurse cannot yet perform CAPD within their unit.**

(4) If an RN is competent to perform CAPD on any unit, the RN's assignment will include the CAPD patient.

CAPD Designated Units – 9N, 9S, MICU, MRU, ED

6/23/25
TA EHS
NM
MRS 6/24/25

(1) 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.

(2) ~~Critical Care~~ **MICU** – ~~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.~~

(3) 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 patient within their assignment, they will perform the CAPD and take an assignment within their competency.

h. Due to the complex nature of the units within the hospital, specialized patient care, or specialized procedures, New registered nurses will be provided one full day of orientation on one (1) of their sister unit outlined in section 1 of this article. ~~prior to being floated to provide patient care,~~ while on orientation. Current RN²s will be assessed to determine the need for this orientation. If the RN²s have floated previously or picked up on another unit, or feel competent to float without additional orientation, they will not be required to complete the orientation shift.

Section 2. Millard Fillmore Suburban Hospital

a.) Medical Surgical Grouping

(1.) 2E, 3E, 3W, 2SE, Med Surg Overflow,4N

b.) Telemetry Grouping

(1.) 2 N - 2 SW, Telemetry Overflow,4N

TA 6/23/25 EOS AM 6/24/25 MHB

c.) Maternity Grouping

(1.) NICU/Neonatal ICU can float to Mother Baby, Labor and Delivery and Overflow Mother Baby but will not have an independent patient assignment or be counted on the staffing grid.

d.) Closed Units

(1.) Mother Baby and 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

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.

Section 4. Adult Ancillary Floating Grid

Division	**Units**	**Primary Float Grouping**	~~**Secondary Float Grouping**~~	~~**Tertiary**~~ **Secondary Float Grouping** **assignment based upon competency & patient mix**
BGMC CMA/MA	MICU SICU CVICU ILCU ~~OBS~~ 10N/S 12N ED	MICU, SICU, CVICU, ILCU, ~~OBS~~, 10N/S, 12N, ED (blue/green/orange) **Sitter: CMA/MA Unit** **VIS**	~~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

TA 6/23/25
EDS
MRB 6/24/25

	VIS	Sitter		
BGMC PCA	16 15N 15S 13N 13S 12S 9	16, 15N, 15S, 13N, 13S, 12S, 9 **Sitter: PCA Unit** **MRU**	~~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, 12N, ED (blue/green/orange)
	NSICU 14N/S 4N	NSICU, 14N/S, 4N **Sitter: PCA Unit**	~~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,12N, ED (blue/green/orange)
	MRU	Sitter		
MFSH PCA	ER	Sitter		
	2W	Sitter **2E**	~~2E~~	
	ICU	Sitter, ER **2N,** **2SW**	~~2N, 2SW~~	2E, (2SE)***, 3E, 3W, **4N** Overflow area
	2N 2SW 2E 2SE 3E 3W **4N**	2SW ICU ED **2E** **2SE***** **3E** **3W** **4N**	~~2E, (2SE)***, 3E, 3W~~	2W, Overflow area
		2N ICU ED **2E** **2SE***** **3E** **3W** **4N**	~~2E, (2SE)***, 3E, 3W~~	2W, Overflow area

TA 6/23/25
EdS MM
MdB 6/24/25

		2SE*** 3E 3W **2N** **2SW** **4N** **ICU** **ED**	~~2N, 2SW, ICU, ED~~	2W, Overflow area
		2E 3E 3W **2N** **2SW** **4N** **ICU** **ED**	~~2N, 2SW, ICU, ED~~	2W, Overflow area
		3W 2E 2SE*** **2N** **2SW** **4N** **ICU** **ED**	~~2N, 2SW, ICU, ED~~	2W, Overflow area
		3E 2E 2SE*** **2N** **2SW** **4N** **ICU** **ED**	~~2N, 2SW, ICU, ED~~	2W, Overflow area
MFSH ~~MOA~~ MA	ICU **4N**	Sitter Secretary		

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

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.

Section 6. The float pool will be comprised of a proportional number of Patient Care Assistants and Certified Medical Assistants / Medical Assistants.

TA 6/23/25
EHS MM
MQB 6/24/25