

# Negotiations

# UPDATE

## Demystifying the Staffing Issue Reportedly Holding Up Agreement

Five weeks into CWA's strike, Catholic Health hospitals and CWA nearly reached agreement early Sunday morning after a weekend of good faith bargaining. Wages and benefits have been resolved on condition an agreement is reached on the single open staffing issue. The hospitals and union have been discussing staffing for months and have conceptually reached agreement on many related concepts. On Sunday, however, talks broke down around 6 am over staffing numbers for medical-surgical units with telemetry (electronic monitoring) capabilities.

We have proposed the following staffing grids for our inpatient medical-surgical and telemetry units:

Mercy Hospital				
	Charge Nurse	RN	AS*	Clerical
Medical-Surgical (No baseline telemetry)	1	1:5	1:5	1 (where applicable)
Medical-Surgical (Units less than 50% baseline telemetry capacity)	1	1:5	1:5	1 (where applicable)
Telemetry	1	1:4	1:8	1 (where applicable)
Kenmore Mercy Hospital				
	Charge Nurse	RN	AS	Clerical or Unit Clerk/Monitor Tech
Medical-Surgical	1	1:5	1:5	1 (7am – 7 pm)
Telemetry	1	1:4	1:8	1 (on dedicated telemetry unit)

The sticking point is that our hospitals' current staffing grids feature 1:4 nurse-to-patient staffing (and 1:8 up to 1:12 for nursing assistants). In reality, a patient's care delivery team includes more than registered nurses. Nursing assistants and other caregivers are valued, necessary members of our team.

Over the course of negotiations with CWA, the hospitals and union agreed to consider all members of the care team in developing new staffing grids. What this means is that with these added staff resources, a grid of one (1) registered nurse to five (5) patients ensures our hospitals will provide safe, high-quality care. A 1:5 ratio for med-surg will help registered nurses operate at the top of their licenses and collaborate with other members of the care team.

CWA continues to ask for additional staffing and to maintain 1:4 RN-to-patient staffing. With the national staffing shortage, particularly with registered nurses, as well as the additional resources we agreed to add to the staffing grids, we will not agree to new staffing goals that would be impossible to achieve.

\* Ancillary Staff (Nurse Assistants, Immediate Treatment Assistants)

The union likes to point to California’s staffing law as a model. Our staffing grids are aligned with the legislation CWA presents as a high standard. California’s legislatively mandated registered nurse-to-patient ratios – which do not even factor in other members of the care team – are:

California Legislation	
Medical-Surgical	1:5
Telemetry	1:4

At the core of the hospitals’ staffing proposal has always been the need to be flexible and collaborative in finding solutions to the current staffing challenges. After the pandemic, this flexibility and collaboration is more important than ever to the long-term stability of all healthcare organizations. We want to operate our hospitals with staffing models that will best serve patients. Our position on providing high-quality care in a safe environment has not changed. We will affirm our commitment to ensuring safe staffing levels that will provide the highest quality care at our facilities.

In addition to these commitments to staffing, our 13-page staffing proposal presents a strong, long-term solution to address staffing challenges at our hospitals, the same challenges facing healthcare systems across New York and our country.

The staffing model we have proposed is the most progressive approach to address staffing shortages of any hospital in our region. Not only does it comply fully with the New York State Safe Staffing law set to go into effect in January 2022, but it goes far beyond.

Our proposal:

- Increases staffing to achieve agreed-upon ratios;
- Commits to staffing 10% above core departmental staffing, which means adding more than 250 new positions;
- Provides an additional incentive for associates to pick up shifts if staffing goals aren’t met in a quarter; and
- Commits to implement the American Association of Critical Care Nurses model of a Healthy Work Environment and hire a subject-matter expert to assist with implementation.

### Associates’ Rights

CWA is continuing its strike (and the accompanying financial and patient care access issues) and preventing a tentative agreement from being reached for 2,500 Kenmore Mercy, Mercy Hospital and Sisters of Charity, St. Joseph Campus associates. We’ve addressed the issues CWA has reported are priorities for our associates. Only CWA has the ability to end its strike. Associates have the right to ask their union representatives to settle negotiations and to end the strike.

CWA Local 1133 can be reached at (716) 828-1133.

CWA Local 1168 can be reached at (716) 639-1168.

**Because it’s important to have the facts regarding bargaining, we will share regular *Negotiations Updates* with you. You may visit [www.chsbuffalo.org/negotiations](http://www.chsbuffalo.org/negotiations) at any time for the latest news and information related to bargaining and to review copies of these updates and other FAQs.**