

Negotiations

UPDATE

Exploring Solutions for Staffing

The hospitals and union continued this weekend to discuss how to address staffing. We recognize that many nurses and other healthcare workers are frustrated and fatigued 18 months into the global pandemic. Catholic Health associates are not alone in their exhaustion. Sadly, this story is playing out not only in Buffalo, but across the country. Healthcare leaders, politicians and policy makers, unions, and others are grappling with how to effectively care for patients when staffing is limited and supply chains are constrained.

Through the pandemic, Catholic Health took numerous measures to care for and protect associates. We provided hazard pay longer than any other local health system. We launched a robust resiliency program to support our team. We continue to scour the nation and beyond to make sure we have ample supplies of PPE for associates and medical items to care for patients. Our work is never done.

Nursing Shortage

The hospitals and union are exploring various solutions to address staffing. It's important to understand the backdrop of the nation's nursing shortage and why the hospitals strongly believe certain proposed solutions are not viable. The COVID pandemic magnified our national nursing shortage, which began in 2012 and is expected to last until 2030.¹ Nursing is one of the most in-demand jobs of any profession in the United States,² and the U.S. Department of Health and Human Services projects that another 1 million nurses will be needed by 2030 to meet rising healthcare demands.³

CWA's Staffing Proposal

The union's solution for staffing is to introduce minimum nurse/associate-to-patient ratios. Further, its proposal asks that a nurse, for instance, who works a short staffed unit be paid 1.5 their hourly rate for that shift.

Such an approach may help a nurse or associate feel more appreciated by providing a financial reward for having to care for more patients during a shift, but is not a long-term solution to the staffing shortage. It also does nothing to ensure quality care and patient safety, which should be everyone's top priority.

Further, staffing ratios do not solve staffing challenges. One only needs to consider California's experience. For nearly 20 years, California has had minimum nurse-to-patient staffing ratios, legislation advocated for by the state nurses' union, the California Nurses Association (CNA). Sources report, "Hospitals are struggling to

¹ Behring, S. "Understanding the American Nursing Shortage." *Healthline*. 11 Aug. 2021. <https://www.healthline.com/health/nursing-shortage>.

² "The U.S. Nursing Shortage: A State-by-State Breakdown." *Nurse Journal*. 4 Aug. 2021. <https://nursejournal.org/articles/the-us-nursing-shortage-state-by-state-breakdown/>.

³ Behring, S. "Understanding the American Nursing Shortage." *Healthline*. 11 Aug. 2021. <https://www.healthline.com/health/nursing-shortage>.

comply with the state’s nurse staffing requirements as pandemic-induced burnout has exacerbated an already chronic nursing shortage nationwide.”⁴

A June 2020 memo by the state’s Office of Statewide Health Planning and Development, Healthcare Workforce Development Division noted that only 14 of California’s 72 counties (19 percent) were not experiencing a nursing shortage – despite legislatively mandated minimum nurse-to-patient staffing ratios being in place since 2004. Even prior to the pandemic, nurses in California and around the nation have been making career changes, retiring early or taking less demanding assignments, which has led to staffing shortages in many hospitals.

The American Nurses Association (ANA), the professional organization for nursing, opposes staffing ratios. ANA leaders say, “The number of patients for whom a nurse cares is not a true measure of the work that is involved.... Some patients require lots of time and care; others, much less. Likewise, nurses differ in their skill and experience levels.”⁵ ANA advocates for “a more fluid approach, one that’s able to adjust to changing conditions from day to day, patient to patient, unit to unit.”⁶ The hospitals agree with a more flexible approach that allows for changes based on data.

Another Approach

The hospitals will continue to assess solutions and discuss them with the union. Ultimately, we agree that staffing is an opportunity for improvement where we can better satisfy and retain current staff, help recruit new staff and allow our teams to continue to deliver safe, high quality care and service.

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 at any time for the latest news and information related to bargaining and to review copies of these updates and other FAQs.

⁴ Hwang, K. “Nurse shortages in California reaching crisis point.” *Cal Matters*. 26 Aug. 2021. <https://calmatters.org/health/coronavirus/2021/08/california-nurses-shortage/>.

⁵ Tung, L. “Why mandated nurse-to-patient ratios have become one of the most controversial ideas in health care.” WHYY. 29 Nov. 2019. <https://whyy.org/segments/why-mandated-nurse-to-patient-ratios-have-become-one-of-the-most-controversial-ideas-in-health-care/>.

⁶ Tung, L. “Why mandated nurse-to-patient ratios have become one of the most controversial ideas in health care.” WHYY. 29 Nov. 2019. <https://whyy.org/segments/why-mandated-nurse-to-patient-ratios-have-become-one-of-the-most-controversial-ideas-in-health-care/>.