

SWOT Analysis



What Does the Law Do?

1. Each Hospital has a **permanent staffing committee** with frontline healthcare workers and management
2. Every year, the committees create a **staffing plan** for all direct care titles on each unit and for each shift.

The plans must specify how many patients each worker can be assigned

3. Create meaningful enforcement which allows the DOH to investigate and impose stiff civil penalties against any hospital that fails to
 - a. Form a staffing committee and create a staffing plan
 - b. Resolve violations of the plan

SECTION 2805-T

Clinical staffing committees and disclosure of nursing quality indicators

Public Health (PBH) CHAPTER 45, ARTICLE 28

§ 2805-t. Clinical staffing committees and disclosure of nursing quality indicators. 1. Legislative intent. The legislature hereby finds and declares:

(a) Research demonstrates that nurses play a critical role in improving patient safety and quality of care;

(b) Appropriate staffing of general hospital personnel, including registered nurses available for patient care, assists in reducing errors, complications and adverse patient care events, improves staff safety and satisfaction, and reduces incidences of workplace injuries;

(c) Health care professional, technical, and support staff comprise vital components of the patient care team, bringing their particular skills and services to ensuring quality patient care;

(d) Ensuring sufficient staffing of general hospital personnel, including registered nurses, is an urgent public policy priority in order to protect patients and support greater retention of registered nurses and safer working conditions; and

(e) It is the public policy of the state to promote evidence-based nurse staffing standards and increase transparency of health care data and decision making based on the data.

2. Clinical staffing committee. (a) Each general hospital licensed pursuant to this article shall establish and maintain a clinical staffing committee, either by creating a new committee or assigning the functions of the clinical staffing committee to an existing committee, consisting of not less than five and not more than twenty-five members.

What We Saw

Hospitals explicitly not following the law:

- Denying members paid time for committee duties
- Choosing Labor-side committee members
- Refusing to meet and develop plans in good faith
- Not accounting for all factors required by the law (ie. meal breaks)
- Falsifying information

Hospitals trying to narrow the law:

- Refusing to allow Union rep in the room
- Excluding specific job titles
- Excluding departments and units
- Unilaterally making plans

Hospitals not abiding by staffing plans.

Members fighting for their patients and their coworkers.

Having real conversations with management on what the staffing should be.

Winning ratios in the plan.

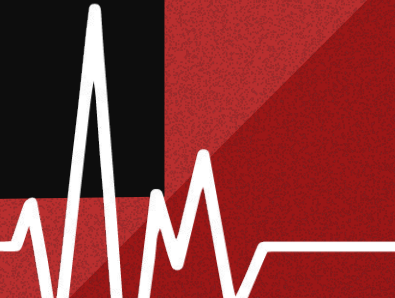
Using the law to win at the bargaining table.

Lessons Learned

The law allows us to fight for (and win!) ratios.
The law helps us win at the bargaining table.

But, the hospitals will not enforce this law themselves. And the law is meaningless without enforcement.

It's up to us to enforce it! And with thousands of complaints just filed at the DOH, this is the first real test of how/if this law will work.



Timeline



**Set Up
Committees**

**Trained
Staffing
Captains**

**Plans Went
Into Effect**

**Passed
the Law**

**Negotiated
Plans**

**Launched
Staffing
Compliant
Form**

**Filing
Complaints**

2021

2023

SWOT Assignment Directions

Get into your committees – by facility.

- **Strengths** – what's going well, what's strong about what we're doing, what's working, etc.
- **Weaknesses** – what's not working, what's weak, what's a problem, etc.
- **Opportunities** – what can we improve on, what's a “low-hanging fruit,” where could we make a big difference, etc.
- **Threats** – what are the main obstacles to us winning and making progress

As you go through this exercise, think about the following questions:

- What can we take away from our analysis and joint discussion?
- What are a few realistic goals for our committee over the next year?
- What resources do we need to be successful in reaching our goals?

Discuss the topics and questions. Use your answers to complete the SWOT analysis.



Relationship with Management

Discuss and answer the following questions. Use your answers, and more, to complete the SWOT analysis:

- *Do you have written agreements on processes the committee uses and decisions made? A charter?*
- *Who controls the agenda, meeting facilitation, and scheduling of committee meetings?*
- *Do you feel management approaches the work collaboratively and with joint interest of improving staffing? Or does it feel like management approaches as an adversary?*



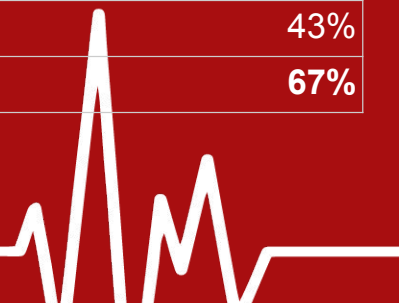
Reaching Consensus

A main responsibility of staffing committees is to create staffing plans. Each title, unit and shift must have specific staffing indicated in staffing plans. In order to approve staffing, **committees must reach consensus** with management. Where committees do not reach consensus, management has the tiebreaker.

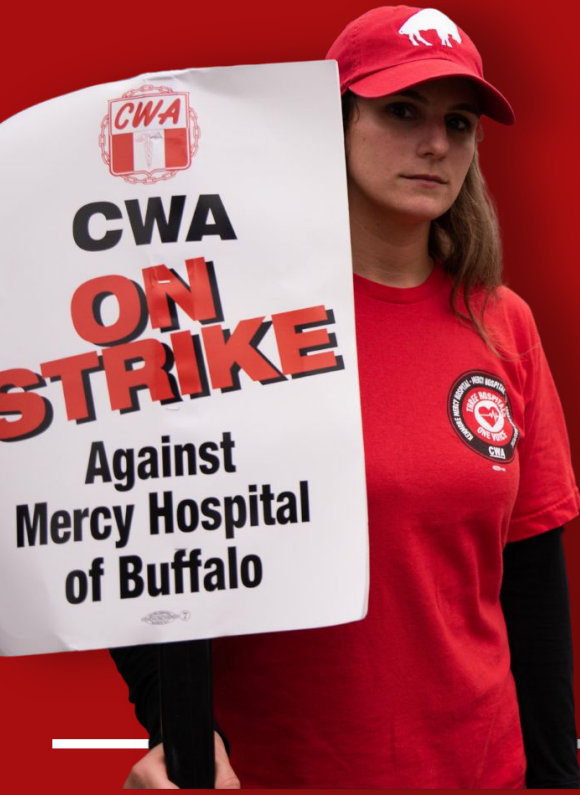


Reaching Consensus

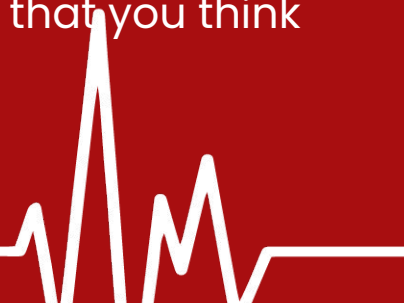
Hospital Name	# of Units	# units submitted by management without consensus	Percentage of units without consensus
New York Presbyterian	12	12	100%
Arnot Ogden Medical Center	4	4	100%
Catholic Health System - Mercy Hospital	27	0	0%
Catholic Health - Kenmore Mercy	15	0	0%
Degraff Hospital - Kaleida	1	1	100%
Kaleida Health - BGMC	57	56	98%
Milard Filmore Suburban Hospital	30	27	90%
Catholic Health - St Joseph	7	3	43%
	153	103	67%



Reaching Consensus



- How often does your committee reach consensus with management?
- What are the main barriers to reaching consensus? Fundamental disagreements, concerns with financial implications, interpersonal dynamics, something else?
- Have you learned any best practices or key strategies to more often or more effectively reach consensus? Are there specific data points or justifications that are helpful here? Or that you think would be helpful?



Staffing Plans

UNIT	*Day shift only	Mercy	Kenmore	NY Presbyterian	Arnot Ogden	BGH	MFSH	St. Joes
ICU	Charge	1	1			1	1	
	RN	1:1 - 1:2	1:1 - 1:2	2:1 - 1:2	1:1	1:1 - 1:2	1:1 - 1:2	
	Ancillary Staff	1:5	1:5	0 - 1	1 - 3	1:5 - 1:6	1:5	
	Clerical	1		1		2		
ER	Charge	1	1			1	1	1
	RN (critical)	1:1 - 1:2	1:1 - 1:2	9		1:1 - 1:3	1 - 4	1:1 - 1:2
	Ancillary Staff (critical)	1:5	3	1		4	1:6 - 1:8	1:5
	Clerical	1.5	1	1		2 - 3	1	1
Operating Room	Charge	1	1			1	1	1
	RN	1:1	1:1	5		2:1 - 1:1	2:1 - 1:1	1:1
	Ancillary Staff	1:1	2	4		1:1	1:1	1
	Clerical	1	1	1				1
L&D	Charge	1					1	
	RN	1:1 - 1:2		10	2 - 5		1:1 - 1:2	
	Ancillary Staff	1		1	0 - 2		1	
	Clerical	1		1			1	
Stepdown	Charge	1				1		
	RN	1:3			1:4 - 1:5	1:3		
	Ancillary Staff	1:6			1:5 - 1:8	1:5 - 1:6		
	Clerical	1				1		
Telemetry	Charge	1	1			1	1	
	RN	1:4	1:4			1:4	1:4	
	Ancillary Staff	1:6 - 1:8	1:6 - 1:8			1:6 - 1:8	1:6 - 1:8	
	Clerical	0	1				1	
Med Surg	Charge	1	1			1	1	
	RN	1:4	1:5	1:4 - 1:5	1:5	1:4 - 1:5	1:5	
	Ancillary Staff	1:8	1:5	1:12	1:5 - 1:7	1:6 - 1:8	1:6 - 1:8	
	Clerical	1	1	1		1	1	
PACU	Charge	1	1:2			1	1	1:2
	RN	1:2 - 1:3	1:1 - 1:2	5		2:1 - 1:5	2:1 - 1:3	1:1 - 1:2
	Ancillary Staff	1	2	1		4		1
	Clerical			1				

The Staffing plans are the cornerstone of this legislation. They are binding, enforceable plans that must indicate specific staffing for each unit and shift for RNs and ancillary titles.

In addition to disagreements on staffing for agreed-upon units, we know there have been many fights with management over which titles and units are covered.



Staffing Plans

UNIT	CALIFORNIA RN Ratio	Mercy	Kenmore	St. Joes	NYP	Arnot Ogden	BGH	MFSH
ICU	1:2	1:2	1:2		1:2	1:2	1:2	1:2
ER (Critical)	1:1	1:2	1:2	1:2	9		1:3	1 - 4
Operating Room	1:1	1:1	1:1	1:1	5		1:1	1:1
L&D	1:2	1:2			10	1:8		1:2
Post Partum	1:3	1:3			1:5			1:3
Stepdown	1:3	1:3				1:5	1:3	
Telemetry	1:3	1:4	1:4				1:4	1:4
Med Surg	1:4	1:4	1:5		1:5	1:5	1:5	1:5
PACU	1:2	1:3	1:2	1:2	5		1:5	1:3

Better than
California

Worse than
California

Unable to
compare



Staffing Plans



- In what ways do you think your staffing plans are strong?
- In what ways - maybe particular units, titles, shifts - are your staffing plans the weakest?
- What are some winnable units/shifts/titles that we want to fight for? (ie "low-hanging fruit")



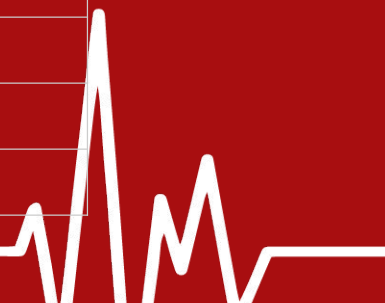
Filing Complaints

While staffing plans are enforceable, we know that hospitals won't police themselves. The mechanism by which workers can enforce the plans is through **the complaint process**. Any healthcare worker can file a complaint when the staffing isn't what it should be.

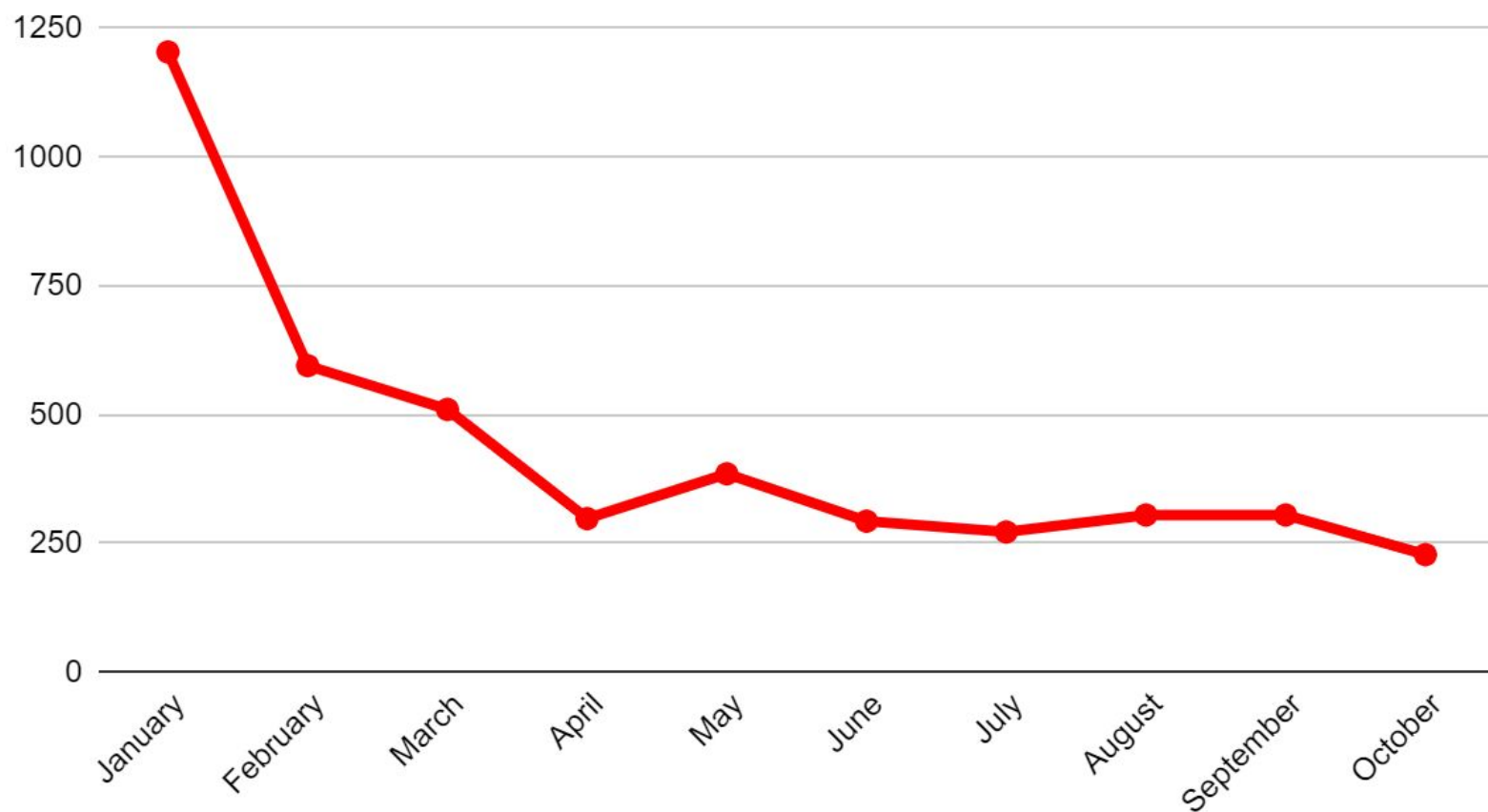
CWA has set up an online form to intake these complaints.

Unit Type	TOTAL
Intensive Care	1297
Medical/Surgical	2835
Telemetry	2530

FACILITY	Total Violations
Arnot Ogden	133
BGH	3137
MFS	2221
NYP	2344
Mercy	100
Grand Total	7935



Staffing Complaints by Month - 2023



Filing Complaints



- How well does the online form work for filing complaints?
- What are the main barriers to filing or getting members to file complaints?
- What units/shifts are most active in filing complaints? Why? Which units/shifts don't file complaints? Why not?



Processing Complaints

Each committee is tasked with intaking and processing complaints. Committees are responsible for resolving, dismissing or keeping complaints unresolved.

Dismissed

- Inaccurate or unsubstantiated: the information contained in the complaint is not accurate based on the information obtained in the investigation.

Unresolved

- The hospital stopped cooperating or responding at any point of the process
- Management and Labor cannot agree
- The complaint violates the law
- How to resolve the complaint
- The Plan to Resolve is implemented, however, it does not fix the staffing violation

Resolved

- The violation has been successfully fixed and it won't happen again
- If the violation is still occurring or could occur, the complaint is NOT resolved.



Processing Complaints

- What is the process for intaking and processing complaints in your committee?
- Who is the main party responsible for undertaking this process?
- What are the main challenges? What works well?

**SAFE STAFFING
SAVES LIVES**



Resolving Complaints

Figuring out how to fix staffing issues can be the most difficult piece. In some cases, we have seen real improvement. But in others, management will often throw out every excuse in the book and say they can't fix it... because.... Or they'll say they are working on it.

- How does your committee approach resolving complaints?
- Think of a time where you actually resolved a staffing issue - what happened, why, etc.
- When you don't resolve a complaint, why? What are the excuses that management gives?
- What would you need to actually fix the staffing issue?
- Process as well as outcome.



Engaging Members

There is no silver bullet to fix staffing. Our strategy can work, but relies on an active, engaged and vigilant membership. Many members have expressed difficulty engaging or sustaining engagement from other members.

- What are the obstacles you are facing when trying to engage members in the staffing work?
- What has worked well?
- How do you reach members?
- How do you stay in touch with members?



Takeaways

- One thing we learned from our analysis and joint discussion?
- Top three goals for our committee over the next year?
- What resources do we need to do this?

