



1199SEIU
United Healthcare Workers East



New York State
NURSES
ASSOCIATION

JOINT UNION STAFFING COMMITTEE PRINCIPLES/GROUND RULES

A Joint Union Staffing Implementation Committee – comprised of members of DC37, 1199SEIU, Communications Workers of America, the New York State Public Employees Federation, and the New York State Nurses Association – has been established to help guide all unions in the implementation of the new Clinical Staffing Committee Law in New York.

These committees are responsible for creating and implementing staffing plans that indicate the number of staff per patient, for each unit, and each shift. These committees are also responsible for the implementation and compliance of staffing plans, responding to complaints regarding staffing, and ensuring plans stay up to date with the needs of the patients, staff, and hospital.

The Joint Union Staffing Implementation Committee has formulated these Principles and Ground Rules to share with all union committee members:

OVERARCHING GOALS & COLLABORATION

1. Implement the new staffing law in a way that best represents the interests of ALL frontline health care workers, across all unions, and their patients.
2. Communicate respectfully and refer to all titles by either their names or as frontline health care workers. All workers have value and are integral to the staffing plans.
3. Respect each other's member-leadership infrastructures and decision-making processes and share such with each other so that all stakeholders understand the different cultures and structures within each union.
4. The unions agree to exclusively represent frontline health care workers in their plans as outlined by the Staffing Law.
5. The unions have established a Joint Steering Committee to help implement this law statewide over the next few years. The Joint Steering Committee will continue to assist all committees that are having difficulty on any topic related to this law's implementation. All committees will immediately escalate such issues for advice and guidance.

CREATING COMMITTEES

1. If there is an existing committee in the union's CBA that governs staffing, that committee will be included in the Clinical Staffing Committee on the union's side. If this situation exists, the unions will jointly demand the same number of representatives for the fellow union(s). *For example, if NYSNA has six Staffing Committee members in the CBA to include, 1199 and NYSNA will demand six 1199 members as well.*
2. Where there aren't existing committees in the CBA, the unions agree to create a committee based on proportional representation of the frontline health care worker titles.

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3. The unions agree that they all comprise one labor voice and vote on the Clinical Staffing Committee. All disagreements and debate will occur in the union caucus for resolution and consensus, never in the presence of management.
4. By law, committee member selection will be made by the unions via their processes for their representatives, and management will choose their side.
5. The law requires that labor chooses committee members to represent labor. In the absence of a collective bargaining agent, the labor representatives on the clinical staffing committee should be chosen by their peers. It is against the law for management to choose the labor side committee members.
6. The law requires clinical staffing committees to be made up of at least 50% labor and up to 50% management. The labor side of the clinical staffing committees shall consist of RNs, LPNs, or other frontline healthcare workers providing or supporting direct patient care, including but not limited to patient care technicians, certified nursing assistants, and other non-licensed staff assisting with nursing or clerical tasks, and unit clerks.
7. While keeping committees a reasonable size is important to facilitate efficient work, labor shall support labor in ensuring each union has sufficient representation from their respective titles and departments.

HOW COMMITTEES WORK?

1. Clinical staffing committees should be jointly chaired by labor and management. Each union should appoint a labor co-chair and rotate who is responsible for being the spokesperson to management. Management should also appoint a chair. Duties of labor chairs can include, but are not limited to, scheduling meetings, setting agendas, communicating with management and facilitating labor caucus work.

2. All clinical staffing committee work shall be done on work time. The law states that committee members shall be compensated at the appropriate rate of pay and fully relieved of all work duties. Work duties cannot be added to other times.

CREATING STAFFING PLANS

1. Ensure all frontline health care workers providing direct care to patients under the facility's Article 28 license are included in new staffing plans.
2. All plans will be different for each facility and unit, but they should be in uniform format and easily understood statewide.
3. Craft, endorse, and propose joint new staffing plans for all frontline health care worker titles, for each unit and each shift based on the needs of patients.
4. All proposals will be presented as one union proposal to the management side of the Clinical Staffing Committee.
5. The Unions agree to never propose new staffing levels that are less than those outlined in the existing CBAs (if any) at that facility or in New York State law.

MEMBER EDUCATION

1. Educate members on the main tenets of the new Clinical Staffing Committee law, the role of the committee, the collaborative goals of the unions, and the joint proposals that will be presented.
 2. Create unified "branding" and communication infrastructures (flyers, e-blasts, social media, etc.) to demonstrate solidarity to all members.
 3. Share information across all unions regarding current staffing patterns, complaints, violations, existing CBA staffing levels (if any), and other relevant staffing items.
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