

# RUNAP NEWSLETTER

July/August  
2025

SUBMIT



If you are working below the grid or without proper equipment, fill out an **unsafe staffing/objection of assignment form**. This information is immediately sent to the CNO. Documenting unsafe assignments can help protect your license in case of an adverse event.

Scan code or visit [runap.org/unsafe-staffing](https://runap.org/unsafe-staffing)



## FINANCIAL PENALTY FOR UNDERSTAFFING

The RUNAP contract created a financial penalty for each calendar quarter where inpatient and emergency units are understaffed more than 10% of shifts. On July 10, we filed a notice with RGH that RUNAP believes that the staffing data provided for the second quarter (April, May, and June) of 2025 demonstrates the penalty has been triggered. RGH responded they do not agree with RUNAP's assessment. While we shared our calculations and data, we have not received RGH's analysis used to inform their position. The understaffing analysis is based on data RGH provides to RUNAP that includes patient census and RNs working on each unit.

We will hold a grievance meeting with RGH to explain our analysis of the second quarter's data. If they do not agree to pay the penalty, we file for arbitration. Arbitration is the final step in the grievance process laid out in the contract. An arbitrator (a neutral third-party who does not work for RGH or RUNAP) will hear evidence from both sides and can make a binding determination. Arbitration for the first financial penalty is scheduled for October 28.

### Spotlight on Staffing Data (April – June 2025)

- April: 100% of shifts were fully understaffed and 100% were partially understaffed.
- May: 96.77% of shifts were fully understaffed and 100% were partially understaffed.
- June: 91.67% shifts were fully understaffed and 100% were partially understaffed.

On any given shift, there could have been some units that had the appropriate level of staffing and others that did not, but, in the aggregate, there were never a sufficient number of nurses hospital-wide to provide safe patient care for the full duration of a twelve-hour shift according to the RGH clinical staffing plan filed with the New York State Department of Health. "Fully understaffed" means that all three 4-hour timeblocks in a 12-hour were understaffed; "partially understaffed" means that one or two of the 4-hour timeblocks in a 12-hour shift were understaffed.

- **How was data analyzed?** RUNAP contracted with a vendor to develop the computer program to analyze the data.
- **Where did the data come from?** The data is provided by RGH to RUNAP on a monthly basis (it is not based on unsafe staffing forms or anecdotal reports).
- **Who is included?** The penalty applies to RN staffing levels on the following units: 2000, 2800, 3600, 3800, 4400, 4800, 5100, 5200, 5400, 5800, 6800, 7800, Adult ED, CICU, CTICU, GI, – Psych MICU, MSDU, OBS/MSU, NICU, Peds ED, SICU, SSDU, Sands 300, Sands 600. Only RN staffing is covered under the RUNAP contract, but we know that conditions are often even worse for non-union groups at RGH and that lack of appropriate support staff impacts safe patient care.

Scan to review staffing and census data  
provided by RGH and all of RUNAP's  
calculations



The following charts show the monthly calculations that compare clinical staffing plans on each unit to patient census and number of RNs scheduled.

April 2025

Same-day call-outs less than 3% of scheduled RNs are excluded from the numbers, per the contract. Any call-outs exceeding 3% are counted as if they were working for the purposes of calculating the financial penalty. This is the “3% rule” applied in the last two columns, and it means that actual staffing (the real number of RNs actually working) was often even worse than what’s listed, because RGH refuses to account for the actual rate of call-outs.

The contract states that the financial penalty will be paid if more than 10% of shifts in the calendar quarter are understaffed. While a few units were understaffed less than 10% in one of more of the calendar months (counting only RNs), the high degree of understaffing in almost every other unit shows that the hospital was understaffed and the financial penalty must be paid out.

The full language of the staffing penalty can be reviewed in Article 11, Section of the RUNAP contract.

Stop by office hours to pick up a copy of the contract or download PDF at: [www.runap.org](http://www.runap.org)

Unit	Understaffed 4-hour shifts	Total 4-hour shifts	% 4-hour shifts understaffed	Fully understaffed 12-hour shifts	Partially understaffed 12-hour shifts	Total 12-hour shifts	% fully understaffed 12-hour shifts	% partially understaffed 12-hour shifts	% fully understaffed 12-hour shifts (3% rule applied)	% partially understaffed 12-hour shifts (3% rule applied)
Hospital-Wide	180	180	100.00%	60	60	60	100.00%	100.00%	100.00%	100.00%
Hospital-Wide (total shifts)	2381	4500	52.91%	579	991	1500	38.60%	66.07%	46.47%	74.80%
2000	11	180	6.11%	3	5	60	5.00%	8.33%	8.33%	13.33%
2800	68	180	37.78%	11	32	60	18.33%	53.33%	33.33%	66.67%
3600	64	180	35.56%	14	29	60	23.33%	48.33%	65%	78.33%
3800	124	180	68.89%	37	47	60	61.67%	78.33%	75%	90%
4400	114	180	63.33%	26	47	60	43.33%	78.33%	48.33%	86.67%
4800	79	180	43.89%	16	35	60	26.67%	58.33%	31.67%	68.33%
5100	107	180	59.44%	30	45	60	50.00%	75.00%	50%	83.33%
5200	136	180	75.56%	36	54	60	60.00%	90.00%	63.33%	96.67%
5400	145	180	80.56%	42	56	60	70.00%	93.33%	75%	93.33%
5800	122	180	67.78%	36	45	60	60.00%	75.00%	68.33%	80%
6800	176	180	97.78%	57	60	60	95.00%	100.00%	96.67%	100%
7800	161	180	89.44%	45	60	60	75.00%	100.00%	85%	100%
Adult ED	165	180	91.67%	47	60	60	78.33%	100.00%	90%	100%
CICU	3	180	1.67%	0	3	60	0.00%	5.00%	1.67%	11.67%
CTICU	60	180	33.33%	7	31	60	11.67%	51.67%	20%	66.67%
G1-BH	28	180	15.56%	2	19	60	3.33%	31.67%	3.33%	46.67%
MICU	150	180	83.33%	44	55	60	73.33%	91.67%	80%	96.67%
MSDU	35	180	19.44%	7	18	60	11.67%	30.00%	20%	48.33%
MSU	65	180	36.11%	6	31	60	10.00%	51.67%	15%	73.33%
NICU	45	180	25.00%	10	20	60	16.67%	33.33%	18.33%	35%
Peds ED	96	180	53.33%	3	60	60	5.00%	100.00%	15%	100%
SICU	125	180	69.44%	27	52	60	45.00%	86.67%	55%	93.33%
SSDU	143	180	79.44%	40	54	60	66.67%	90.00%	71.67%	96.67%
Sands 300	29	180	16.11%	3	17	60	5.00%	28.33%	11.67%	48.33%
Sands 600	130	180	72.22%	30	56	60	50.00%	93.33%	60%	96.67%

May 2025

Unit	Understaffed 4-hour shifts	Total 4-hour shifts	% 4-hour shifts understaffed	Fully understaffed 12-hour shifts	Partially understaffed 12-hour shifts	Total 12-hour shifts	% fully understaffed 12-hour shifts	% partially understaffed 12-hour shifts	% fully understaffed 12-hour shifts (3% rule applied)	% partially understaffed 12-hour shifts (3% rule applied)
Hospital-Wide	173	186	93.01%	52	61	62	83.87%	98.39%	96.77%	100.00%
Hospital-Wide (total shifts)	2019	4650	43.42%	450	900	1550	29.03%	58.06%	35.36%	67.86%
2000	4	186	2.15%	1	2	62	1.61%	3.23%	6.45%	14.52%
2800	30	186	16.13%	3	21	62	4.84%	33.87%	8.06%	43.55%
3600	91	186	48.92%	25	35	62	40.32%	56.45%	56.45%	72.58%
3800	134	186	72.04%	37	49	62	59.68%	79.03%	70.97%	93.55%
4400	51	186	27.42%	9	24	62	14.52%	38.71%	19.35%	51.61%
4800	107	186	57.53%	24	45	62	38.71%	72.58%	40.32%	75.81%
5100	129	186	69.35%	34	54	62	54.84%	87.10%	58.06%	88.71%
5200	101	186	54.30%	24	44	62	38.71%	70.97%	41.94%	82.26%
5400	134	186	72.04%	39	55	62	62.90%	88.71%	64.52%	88.71%
5800	107	186	57.53%	28	43	62	45.16%	69.35%	58.06%	77.42%
6800	183	186	98.39%	60	62	62	96.77%	100.00%	98.39%	100%
7800	125	186	67.20%	29	52	62	46.77%	83.87%	62.90%	95.16%
Adult ED	150	186	80.65%	37	58	62	59.68%	93.55%	67.74%	98.39%
CICU	1	186	0.54%	0	1	62	0.00%	1.61%	0%	8.06%
CTICU	31	186	16.67%	2	18	62	3.23%	29.03%	5%	40%
G1-BH	45	186	24.19%	3	35	62	4.84%	56.45%	4.84%	64.52%
MICU	128	186	68.82%	33	53	62	53.23%	85.48%	69.35%	95.16%
MSDU	31	186	16.67%	6	18	62	9.68%	29.03%	19.35%	46.77%
MSU	50	186	26.88%	6	27	62	9.68%	43.55%	1.61%	17.74%
NICU	10	186	5.38%	0	6	62	0.00%	9.68%	12.90%	64.52%
Peds ED	89	186	47.85%	0	56	62	0.00%	90.32%	3.23%	98.39%
SICU	92	186	49.46%	16	40	62	25.81%	64.52%	37.10%	79.03%
SSDU	94	186	50.54%	20	45	62	32.26%	72.58%	48.39%	93.55%
Sands 300	31	186	16.67%	3	20	62	4.84%	32.26%	6.45%	37.10%
Sands 600	71	186	38.17%	11	37	62	17.74%	59.68%	22.58%	69.35%

June 2025

Unit	Understaffed 4-hour shifts	Total 4-hour shifts	% 4-hour shifts understaffed	Fully understaffed 12-hour shifts	Partially understaffed 12-hour shifts	Total 12-hour shifts	% Fully understaffed 12-hour shifts (callins not taken out of scheduled #s)	% Partially understaffed 12-hour shifts (callins not taken out of scheduled #s)	% Fully understaffed 12-hour shifts (3% rule applied)	% Partially understaffed 12-hour shifts (3% rule applied)
Hospital-Wide	153	180	85.00%	44	57	60	73.33%	95.00%	91.67%	100.00%
Hospital-Wide (total shifts)	1851	4500	41.13%	390	856	1500	26.00%	57.07%	31.80%	67.87%
2000	9	180	5.00%	3	3	60	5.00%	5.00%	6.67%	13.33%
2800	17	180	9.44%	1	11	60	1.67%	18.33%	1.67%	35%
3600	84	180	46.67%	23	34	60	38.33%	56.67%	53.33%	71.67%
3800	117	180	65.00%	30	45	60	50.00%	75.00%	61.67%	91.67%
4400	95	180	52.78%	21	42	60	35.00%	70.00%	38.33%	81.67%
4800	82	180	45.56%	21	32	60	35.00%	53.33%	40%	58.33%
5100	76	180	42.22%	16	40	60	26.67%	66.67%	26.67%	75%
5200	81	180	45.00%	12	46	60	20.00%	76.67%	25%	81.67%
5400	125	180	69.44%	36	52	60	60.00%	86.67%	60%	90%
5800	90	180	50.00%	22	39	60	36.67%	65.00%	51.67%	80%
6800	157	180	87.22%	49	56	60	81.67%	93.33%	85%	91.67%
7800	102	180	56.67%	25	42	60	41.67%	70.00%	58.33%	90%
Adult ED	134	180	74.44%	28	59	60	46.67%	98.33%	55%	98.33%
CICU	18	180	10.00%	5	8	60	8.33%	13.33%	13.33%	30%
CTICU	40	180	22.22%	2	23	60	3.33%	38.33%	6.67%	48.33%
G1-BH	50	180	27.78%	6	34	60	10.00%	56.67%	13.33%	76.67%
MICU	106	180	58.89%	26	44	60	43.33%	73.33%	53.33%	85%
MSDU	27	180	15.00%	4	15	60	6.67%	25.00%	8.33%	33.33%
MSU	35	180	19.44%	3	20	60	5.00%	33.33%	11.67%	60%
NICU	21	180	11.67%	2	12	60	3.33%	20.00%	6.67%	26.67%
Peds ED	95	180	52.78%	2	58	60	3.33%	96.67%	6.67%	98.33%
SICU	131	180	72.78%	29	56	60	48.33%	93.33%	55%	95%
SSDU	59	180	32.78%	10	31	60	16.67%	51.67%	21.67%	66.67%
Sands 300	38	180	21.11%	6	20	60	10.00%	33.33%	13.33%	48.33%
Sands 600	62	180	34.44%	8	34	60	13.33%	56.67%	21.67%	70%



## Shift Bidding Survey (due by Sun 8/24)

The RUNAP contract includes a joint agreement to reduce mandatory shift rotation (Article 8, Section 7). As straight shifts (days or nights) become available, we need a clear and fair process for current employees to bid into open shifts. Before unionizing, many of these decisions were made inconsistently or informed by favoritism or management's discretion. We've heard from about 15% of the RNs currently working in RUNAP positions about how to award open shifts. **We need your feedback!** Scan code to complete the very brief survey.



Unit reps will make a recommendation about how to award open shifts before we proceed. If you aren't currently impacted by rotating shifts and scheduling questions, you may be in the future. As a union, we have a seat at the table to shape our working conditions, the more people we hear from the more we can move forward as a group.



## Establishing New Committees

### RGH Proposal: Quality Care Committee

In today's meeting (Wed, July 16), RGH proposed a joint "Quality Committee" composed of managers and frontline providers to review evidence based practices and focus on improving patient outcomes at RGH. Ensuring patients receive quality care is a shared priority and we appreciated the interest in implementing best practices in collaboration with RNs.

### RUNAP Proposal: Behavioral Health Committee

RUNAP called for meaningful short- and long-term plans to work with patients presenting with behavioral health issues. As nurses in a large hospital, we know that our duty is to care for and advocate for patients. While that comes with some inherent risks, proper training and protocols keep everyone safer. Recent funding cuts to health care mean that our community and the general public will continue to suffer a lack of appropriate resources.

**What should these committees focus on? > Would you participate or recommend a colleague? Reach out to a unit rep with feedback!**

## Update: RGH Staffing Committee

Management and frontline providers meet regularly as a Staffing Committee, as required by NYS public health law. Only the staffing committee can vote to change grids. The committee met in July and RUNAP members advocated for rigorous data collection, and for that data to be shared with the committee, in order to properly evaluate future grid changes against patient volume, acuity, and unsafe staffing reports. The next regularly scheduled meeting will be in October.

Contact a unit rep or [megan@runap.org](mailto:megan@runap.org) if you don't know who is representing your unit or if you'd like to be more involved!



The RUNAP office is located at 367 Titus Ave. We hold **open office hours every Tuesday between 8 am - noon and 4 - 8 pm**. You can drop by during that time for a t-shirt or to talk with a staff person. If you would like to set up an appointment to meet at another time, contact [megan@runap.org](mailto:megan@runap.org)



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