ROCHESTER UNION OF NURSES & ALLIED PROFESSIONALS

Rochester General Hospital Staffing Report

January 2025 - March 2026

Support RGH Staff & Patients

The attached report summarizes our analysis of understaffing at RGH between January 2025 - March 2026 and the impact it has on patients and workers.

Healthcare workers are sounding the alarm because we believe Chip Davis, CEO of Rochester Regional Health, and the Board & Administration of Rochester General Hospital are hurting nurses, patients, and our city by denying safe staffing levels to an essential part of the hospital's workforce – the nurses who provide patient care.

We're asking you to contact the RRH Board of Directors and CEO Richard "Chip" Davis and call on them to staff the hospital and honor our union contract.

Patients deserve better. Workers deserve better. Rochester deserves better!

Report Outline:

Introduction

When we formed the Rochester Union of Nurses and Allied Professionals in July 2022, the number of staff Registered Nurses (RNs) at RGH had reached a low point of 838. Since settling our union contract with significant improvements to working conditions in October 2023, recruitment and retention have turned around and now that number is close to 1100 staff RNs.

While we are moving in the right direction, we continue to spend precious time and energy enforcing basic elements of our union contract and pleading with administrators to invest in staffing and maintain appropriate ratios of staff to patients.

How Does RGH Compare?

Staffing a hospital is a logistical challenge and our community's patient care needs are increasingly acute and complex. However, it's possible to appropriately staff hospitals when it's made a priority. California mandates minimum RN-to-patient ratios to ensure safety, with a 1:4 ratio strictly required in specific units like Emergency Departments, specialty care, and some pediatrics.

In 2023, RGH got a "D" from a leading safety grading system ; in 2025, the same safety grading system gave RGH a "C" overall and included a "worse than average" rating on patient falls and dangerous bed sores.[1] In federal quality reports in 2023[2] and 2025[3], RGH got only one star, the lowest possible rating. RGH performed worse than the national average on serious patient care issues, including a higher rate of return and readmission from patients discharged after a heart attack or heart failure and longer waits in the Emergency Department.

It's time to bring RGH up to an A grade, the standards that patients and workers deserve. RGH must do better - and that starts with listening to the people who do the vital work of direct patient care.

Safe Staffing Saves Lives

Nurses know that safe staffing levels save lives — and the research agrees. Clinical and academic studies show that safe staffing improves patient outcomes and even saves money. In practical terms, when hospitals refuse to prioritize meeting their own staffing minimums, nurses

[1] https://ratings.leapfroggroup.org/facility/details/33-0125/rochester-general-hospital-rochester-ny#return:facility=rochester+general&by=facility&sort=relevance&showdeclined=0
[2] https://www.yahoo.com/news/ny-hospitals-quality-ratings-lag-070516443.html
[3] https://www.medicare.gov/care-compare/details/hospital/330125?city=Irondequoit&state=NY&zipcode=14617

may have to take more patients than is safe for the level of care, and many studies have shown that patient outcomes worsen when nurses are understaffed.

Lower Ratios Are Cost Effective. One study estimated that there would have been 4,370 fewer in-hospital deaths in a 2-year period among Medicare patients if NYS hospitals had implemented safe staffing during the time of the study and that hospitals would have saved $720 million due to shorter lengths of stay and avoided readmissions.[4]

Safe Staffing Reduces Adverse Outcomes. For patients admitted with sepsis, each additional patient per nurse is associated with 12% higher odds of in-hospital death, 7% higher odds of death within 60 days, 7% higher odds of 60-day readmission, and longer lengths of stay[5]

Summary: Data Shows Chronic Understaffing at RGH

RGH provides RUNAP with a monthly report that shows the number of patients and number of RNs in 4-hour time blocks. Article 11 of our contract states that the financial penalty will be assessed on the basis of 12-hour shifts. If understaffed, we calculated whether the shift was understaffed for all 12-hours (the first column) or for at least 4 hours (the second column):

	Number of 12-hour shifts	% of 12-hour shifts scheduled below the grid for **all** 12-hours	% of 12-hour shifts scheduled below the grid for **at least** 4 hours
Q1 2025 (January - March)	180	90%	100%
Q2 2025 (April - June)	182	96.7%	100%
Q3 2025: (July - September)	184	63%	90.7%
Q4 2025: (October - December)	182	33.44%	69.89%
Q1 2026 (January - March)	180	28.2%	66%

Clinical Staffing Plans Set Nurse: Patient Ratios

Each hospital unit covered by the clinical staffing plan[6] has a “staffing grid,” which sets

[4] Is Hospital Nurse Staffing Legislation in the Public's Interest?: An Observational Study in New York State. Medical Care. Lasater, Karen & Aiken, Linda & Sloane, Douglas & French, Rachel & Anusiewicz, Colleen & Martin, Brendan & Reneau, Kyrani & Alexander, Maryann & McHugh, Matthew. (2021).
[5] Evaluation of hospital nurse-to-patient staffing ratios and sepsis bundles on patient outcomes. American Journal of Infection Control. Lasater, Karen & Sloane, Douglas & McHugh, Matthew & Cimiotti, Jeannie & Connell, Kathryn & Martin, Brendan & Alexander, Maryann & Aiken, Linda. (2020).
[6] https://www.health.ny.gov/facilities/hospital/staffing_plans/

the appropriate number of RNs and other staff according to the census (number of patients) on the unit during that shift. For example, if there are 50 patients in the Emergency Department at 7 am, there should be 14 RNs working. If the patient population increases to 51, there should be an additional RN working (or 15 RNs total). Patient census can fluctuate frequently and unexpectedly, which puts the onus on hospital administration to establish back-up systems to ensure that there are sufficient RNs and bedside staff to provide safe patient care.

The clinical staffing plan is set, and can be amended, by the clinical staffing committee[7], a joint labor/management committee created by the 2021 New York State hospital staffing law , Public Health Law Section 2805-t. Half of the committee is made up of bedside staff and half is made up by management. This report uses the existing clinical staffing plan which has been submitted by the committee to the New York State Department of Health, and which the hospital is both legally and contractually obligated to follow.

The following units have clinical staffing plans and are, therefore, included in our analysis:

2000 (Pediatric), 2800 (Surgical), 3600 (Labor & Delivery), 3800 (Orthopedic/Surgical), 4400 (Cardiac/Surgical), 4500 (Medical/Surgical Overflow), 4800 (Medical/Surgical), 5100 (Cardiac), 5200 (Cardiac), 5400 (Medical/Surgical), 5500 (Medical/Surgical), 5800 (Medical/Surgical), 6800 (Medical/Surgical/ALC), 7800 (Acute Stroke), Adult Emergency Department, CICU (Cardiac ICU), CTICU (Cardiothoracic ICU), G1-BH (Psychiatric), MICU (Medical ICU), MSDU (Medical Stepdown), MSU (Medical Short Stay/Observation), NICU (Neonatal ICU), Pediatric Emergency Department, Sands 300 (Postpartum), Sands 600 (Oncology), SICU (Surgical ICU), SSDU (Surgical Stepdown)

This report does not account for units and departments without clinical staffing plans, like Wound Care and the Rapid Response Team - though they too suffer with high workloads and increasingly acute and complex patients. The RN contract only covers RNs so this does not reflect the impact of understaffing in other job titles, including LPNs and PCTs. Simply put, while this report demonstrates a dire and severe pattern of understaffing RNs, it is only part of the picture of the conditions at RGH.

Our Method of Analysis

All data was provided to the union by RGH administration, pursuant to the RUNAP contract. The analysis was performed by a computer program commissioned by RUNAP and compares the actual nurse and patient numbers on a given shift against the minimums set by that unit's clinical staffing plan.

[7] https://regs.health.ny.gov/sites/default/files/pdf/recently_adopted_regulations/Clinical%20Staffing%20in%20General%20Hospitals.pdf

Same Day Call Outs (RN Sick Days)

During negotiations, and since then, RGH has tried to blame understaffing on RNs who call out sick. The hospital has an obligation to account for sick calls and should build coverage into the schedules - nurses get sick too! The enforcement mechanism in our contract regarding the financial penalty states that sick calls exceeding 3% of scheduled RNs hospital-wide will not count towards calculating the penalty. For example, if 100 RNs are scheduled and 5 call out sick, we counted that as 97 RNs working because RGH should have planned for 3% call outs (which would be 3 RNs out of 100 scheduled).

Our analysis shows that sufficient nurses were not even scheduled - even if zero RNs called out sick in 2025, there still would not have been enough RNs to meet the staffing minimums.

Detail: Quarterly Data Analysis

Q1: January - March 2025

The day before a scheduled arbitration in October 2025, RGH agreed to pay the penalty for understaffing in the first calendar quarter of 2025. A $100,000 was disbursed equally to staff RNs who worked in March 2025. There was not a single full 12-hour shift between January 1 and March 31 in which RGH had enough RNs for the number of patients hospital-wide. Only on the night shift on January 20th were (barely) enough nurses scheduled, but sick calls brought the actual number below the minimum. On all other shifts on all other days, sufficient nurses were not even scheduled.

Q2: April - June 2025

Arbitration completed on Tuesday, March 10, 2026. We expect to receive the arbitrator's decision in May 2026. RUNAP analyzed the data provided by RGH and presented detailed spreadsheets that can be viewed on our website.[8]

There were 182 12-hour shifts in April, May, and June. Hospital-wide,182 (100%) of 12-hour shifts were staffed below the clinical staffing plan for at least 4 hours and 176 (96.7%) of 12-hour shifts were staffed below the clinical staffing plan for the entire 12-hour period. There was not a single 12-hour shift between April 1 - June 30 that had enough RNs for the number of patients hospital-wide for the entire 12-hour period. On six 12-hour shifts there were enough RNs for the number of patients, but only for 8 hours or less.

[8] (https://www.runap.org/rnsr-4-6-25/)

Q3: July - September 2025

RUNAP filed for arbitration after RGH denied a grievance owing the financial penalty for the third quarter. We are currently scheduling arbitration after presenting data that there were 184 12-hour shifts in July, August, and September. 167 (90.7%) of 12-hour shifts were staffed below the clinical staffing plan at least 4 hours and 116 (63%) of 12-hour shifts were staffed below the clinical staffing plan for the entire 12-hour period

Q4: October - December 2025

RUNAP filed for arbitration after RGH failed to respond to the grievance calling for the financial penalty to be paid out. We presented data that of the 182 12-hour shifts in October, November, and December (69.89%) were staffed below the clinical staffing plan for at least 4 hours (33.44%) of were staffed below the clinical staffing plan for the entire 12-hour period.

Q1: January - March 2026

RUNAP recently submitted notice that the penalty is owed, again, for the first calendar quarter of 2026 and will hold a grievance meeting if the hospital disagrees. Of the 180 12-hour shifts in January, February, and March, 66%were staffed below the clinical staffing plan at least 4 hours 28.2% were staffed below the clinical staffing plan for the entire 12-hour period.

We're Fighting For Accountability & Safe Staffing

We formed a union partly to demand a seat at the table and to utilize our collective voice as working RNs to advocate for safe staffing levels to improve outcomes for patients and workers. Article 11 of our contract established a financial penalty of $100,000 for every calendar quarter that the hospital falls below clinical staffing plans on more than 10% of 12-hour shifts. The contract provision establishing the financial penalty for staffing below the clinical staffing plan went into effect for the first time in 2025 (a little over a year into the life of the contract). During negotiations, management insisted that they needed at least a year to work on staffing before being subject to a financial penalty. Instead of fixing the underlying issues, understaffing persists across the hospital.

As of April 2026, we've presented data to RGH that shows that understaffing triggered the financial penalty in all four (4) calendar quarters in 2025 and the first calendar quarter of 2026. This report summarizes the data we've presented to administrators. To be clear - we do not want the financial penalty to continue to be paid out, we want this hospital to take staffing seriously. It's time for RGH to stop denying the reality of what we experience coming to work every day and work with their employees to improve staffing.

What Does RGH Say?

On March 10, 2026, we completed arbitration and laid out a clear case that RGH owes the financial penalty for understaffing in Q2 2025. RGH presented a simplistic and misleading argument that compared the average daily census (number of patients in a 24-hour period) to RN hours worked. The clinical staffing plans are not based on averages or estimates - they set minimum staffing levels based on the actual number of patients and RNs during specific periods of time.

Patients aren't average and staffing minimums aren't theoretical - RGH submitted clear parameters for staffing ratios to the NYS DOH Rather than following those plans, or working with staff on much needed improvements, RGH continues to deny the extent of the problem.

The Way Forward

We are proud to serve our patients and our community. We love our jobs, our coworkers, our patients, and the work that we do. We believe that Rochester Regional Health should be adequately supporting bedside staff and ensuring that patients receive quality care.

Please stand with patients and workers by calling on RRH CEO Richard "Chip" Davis and every member of the RRH Board of Directors to treat these staffing conditions as the emergency that they are. It's time for leadership to sit down with us and commit to real solutions and stop wasting time and resources diminishing or denying the extent of this problem.

RGH must prioritize scheduling and staffing to meet the clinical staffing plans.