Department	Service	location	Functional Service	Bed Count	ADC 2026	RN	LPN	Techs	M/S & CC Aide/ Techs	Consensus
						Staff: patient				
Medical ICU South	Critical Care	12 zone 1	Medical CC	11	8.6	1:2			1 CCT	Yes
Medical ICU North	Critical Care	12 zone 4	Medical CC	11	8.3	1:2			1 CCT	Yes
Trauma ICU	Critical Care	First floor	Trauma/ Surgical CC	18	14.9	1:2			1 CCT	Yes
Burn Unit	Burn treatment	First floor	Burn CC	6	4.1	1:2			1 Burn Tech	Yes
12 z 3	Medical -Surgical	12 zone 3	medical -surgical post cc ventilators Telemetry	15	14.5	1:3	1:4		1:15	Yes
12z2	Medical -Surgical	12 zone 2	Medical Surgical Telemetry	20	19.2	1:4	1:4		1:20	Yes
10 North	Medical -Surgical	10 zone 3 &4	Medical Surgical telemetry	22	20	1:4 / 1:3 if assigned patient on chemotherapy	1:4		1:11	Yes
9z2 Forensic unit	Medical -Surgical	9zone 2	Forensic medical care telemetry (2 behavioral health beds)	20	7.3	1:4 / 1:3 if assigned patient on chemotherapy	1:4		1:20	Yes
9z1 ALC	Alternate level of care	9 zone 1	Medical await discharge	15	15	1:5	1:6		1:15	Yes
MRU	medical rehab	8 zone 4	acute medical rehab	20	13.1	1:5	1:4	1 Rehab Tech	1:20	Yes
8z3	Medical -Surgical	8 zone 3	Medical Surgical Telemetry	20	18.3	1:4	1:4		1:20	Yes
8z2	Medical -Surgical	8 zone 2	Medical Surgical Telemetry	19	17.8	1:4	1:4		1:19	Yes
8z1	Medical -Surgical	8 zone 1	Medical Surgical Telemetry	20	18.4	1:4	1:4		1:20	Yes
7z4	Medical -Surgical	7 zone 4	Medical Surgical Telemetry	20	19.4	1:4	1:4		1:20	Yes
7z3	Medical -Surgical	7 zone3	Med Surg ALC	15	14.7	1:5	1:4		1:15	Yes
7z2	Medical -Surgical	7 zone 2	Surgical care post TICU telemetry	20	18.6	1:3	1:4		1:20	Yes
7z1	Medical -Surgical	7zone 1	Medical Surgical	20	19.4	1:5	1:4		1:20	Yes

Department	Service	location	Functional Service	Bed Count	ADC 2026	RN	LPN	Techs	M/S & CC Aide/ Techs	Consensus
6 North	Medical -Surgical	6 zone 3 & 4	Surgical Unit Orthopedics Telemetry	22	19.2	1:4	1:4		1:11	Yes
6 z2	Medical Unit	6 zone 2	Medical unit Palliative care	15	14.5	1:5	1:4		1:15	Yes
6z1	Medical - Surgical	6 zone 1	Medical Surgical Unit Telemetry	18	17	1:4	1:4		1:18	Yes
9 North	Medical Detox	9 zone 3& 4	Medical detox	32	23.7	1:5	1:6		1:16	Yes
5 North	Psychiatric	5 zone 3 & 4	Behavioral Health	36	35.5	1:5	1:6	1 CMHT per zone	1:18	Yes
5 South	Psychiatric	5 zone 2	Behavioral Health	18	17.7	1:5	1:6	1 CMHT		Yes
		5 zone 1	Geriatric Psychiatric/ medical unit	18	17.7	1:4	1:6	1 CMHT	1:18	Yes
4 South	Psychiatric	4 zone 1 & 2	Behavioral Health	36	35	1:5	1:6	1 CMHT per zone	1:18	Yes
4z3	Psychiatric	4 zone 3	Intensive Behavioral Care	10	6.8	1:3	1:6	1 CMHT		Yes
4z4	Psychiatric	4 zone 4	Adolescent psychiatric	16	8.8	1:5	1:6	1 CMHT		Yes
Observation Unit	Med-Surg Observation	1st floor	Observation patients, telemetry	20	19.7	1:4	1:4		1 HA	Yes
Emergency Department	Emergency Services	ED Building	Emergency	variable volumes	150 visit per day	1:1 Trauma, 1:2 Critical Care, 1:4 General	1:4	5 ED Tech	1:15	Yes
CPEP	Emergency Psych	BH building	Emergency Psych	variable volumes	29 visits per day	1:3	1:5	3 CMHT	1 HA	Yes
Dialysis	inpatient	10th floor	dialysis	6		1:2				Yes
	out patient	Snyder building	out pt dialysis	36	30	1:12 with ancillary staff/ RN assignment 1:4	1:3		1 HA	Yes
Surgical Services	Surgical	1st floor & Snyder	Surgical services	variable volumes		1:1		1:1 ST		Yes

Department	Service	location	Functional Service	Bed Count	ADC 2026	RN	LPN	Techs	M/S & CC Aide/ Techs	Consensus
	PACU	1st floor & Snyder	post procedure	variable volumes		1:2 - If assigned at least one Phase 1 Pt. (Phase 1 is defined as immediate post-op to anesthesia sign-out), 1:3 - If assigned a combination of Phase 2 and/or Extended Care Pts. No Phase 1 pts will be included. (Phase 2 is defined as anesthesia sign-out to discharge), 1:4 - If assigned all Extended Care pts (Extended Care is defined as pts awaiting transportation longer than thirty (30) minutes to go home or pts who have had procedures requiring extended observation/intervention and patients being held for an in-patient bed)				
	IR/GI /VAC/Pain Management	1st floor & 10th	Procedural areas	variable volumes		1:1 with anesthesia present. In cases where there is bedside sedation- require an additional ancillary or nurse				Yes
	IR/GI /VAC/Pain Management	1st floor & 10th	Procedural areas post procedure	variable volumes		1:2 Anesthesia/MAC cases 1:3 Moderate sedation cases				Yes

Job Titles:
CMHT - Community Mental Health Technician
CCT - Critical Care Technician
MS Tech - Med-Surg Technician
ED Tech - Emergency Room Technician
GDN - General Duty Nurse (RN)
HA - Hospital Aide
LPN - Licensed Practical Nurse
RN -Registered Nurse
ST - Surgical Technician

Appendix A:

Clinical Staffing Committee Members:

AFSCME	CSEA	NYSNA	ECMC - MGT
Kevin Randle	Ebony Rose	Jessica Simone - RN	Charlene Ludlow - RN
Rich Canazzi	Bill Wilkinson - LPN	Catherine Panicali - RN	Jon Swiatkowski
Paul Mason – CNA	Sharon Ivey	Victoria Daniels - RN	Phyllis Murawski RN
Demetris Graham - CNA	Michelle Dycha	Taneca Smith - RN	Sean Beiter
Moricia Miller	Nichelle Moore - Tech	Jennifer Brinkworth - RN	Lisa Highway
	Aleeyah Chestnut - CMHT	Bailey Peters – RN	Marc Labelle - RN
	Sabrina Wells – CMOA	Crystal Knihinicki - RN	Kasey Jonmaire
	Lagayette Washington - Tech	Lona DeNisco - RN	
	Michelle Bollman	Christina Campbell - RN	
	John Reedy - OTR/L	Marinella Carnivale - RN	
	Stephanie Alexander	Ariana Shapiro	

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Owner	Charlene Ludlow: Senior Vice President of Nursing
Area	Nursing
Applicability	Erie County Medical Center
References	NUR-137

Staffing Plan Guidelines and Charter

PURPOSE, STATEMENT OF GUIDELINES, AND GOALS:

Purpose:

Pursuant to New York Public Health Law Section 2805-t, the Clinical Staffing Committee (CSC) is responsible for developing, overseeing implementation of, monitoring, evaluating, and modifying as needed, a hospital-wide staffing plan for nursing services. Furthermore, the CSC will be responsible for review, assessment and response to complaints regarding potential violations of the adopted staffing plan, staffing variations or other concerns regarding the implementation of the staffing plan.

The purpose of this Committee is to help ensure patient and staff safety, alignment with the organization's strategic goals, support greater retention, and promote evidence-based staffing by establishing a mechanism whereby direct care staff and hospital management can participate in a joint process regarding decisions about staffing.

GOALS:

Tasks and Functions:

a. Develop and oversee the establishment and implementation of an annual patient care unit- and shift-based staffing plan and staffing plan modifications based on the needs of patients and use this plan as the primary component of the staffing budget

b. The clinical staffing committee will consider numerous factors in developing its clinical staffing plan, including but not limited to:
    - Census and activity (admissions/discharges/transfers)
    - Acuity measures and nature of care of each unit, shift
    - Skill mix
    - Availability, experience, training of nursing personnel, incl. charge RN
    - Specialized or intensive equipment
    - Layout of unit
    - Mechanisms to provide for 1:1
    - Special characteristics of patient population (e.g. age, communication skills, socioeconomic factors)
    - Measures to increase worker and patient safety
    - Staffing guidelines adopted
    - Availability of other personnel supporting nurses
    - Waiver of plan requirements in case of unforeseen emergencies
    - Coverage for meals/breaks, planned time off, and reasonably foreseeable unplanned absences
    - Nursing quality indicators
    - General hospital finances and resources
    - Provisions for short-term adjustments for unexpected changes that are of limited duration

c. Semiannual review of the staffing plan against patient needs and known evidence-based staffing information, including the nursing sensitive quality indicators collected by the general hospital.

d. Hospitals must ensure that the clinical staffing plans are posted in a publicly conspicuous area on each patient care unit for each shift on that unit and the actual daily staffing for that shift on the unit as well as the relevant clinical staffing.

e. Review, assess, and respond to complaints regarding potential violations of the adopted staffing plan, staffing variations, or other concerns regarding the implementation of the staffing plan and within the purview of the committee.
    - The clinical staffing committee shall develop a process to examine, respond to, and track complaints. The clinical staffing committee may by consensus determine a complaint resolved, unresolved or dismissed.
    - Hospitals should respond to each complaint in writing. An electronic notice is acceptable as long as the hospital maintains a copy of the electronic response. Hospitals must maintain an electronic log of all clinical staffing complaints.

f. A patient care emergency cannot be established in a particular circumstance if that circumstance is the result of routine nurse staffing needs due to typical staffing patterns, typical levels of absenteeism, and time off typically approved by the employer for vacation,

holidays, sick leave, and personal leave, unless a nurse coverage plan which meets the requirements of section 177.4 of this Part is in place, has been fully implemented and utilized, and has failed to produce staffing to meet the particular patient care emergency..

g. Examine trends and make changes if necessary.

h. General Hospital Finances and Resources

- Implement strategies that respond to fluctuations in census
- Oversee the use of overtime and agency personnel
- Optimize utilization of personnel
- Manage personnel resources in a fiscally responsible manner
- Minimize staff turnover

Access to relevant data

The clinical staffing committee has readily available access to organizational data essential for staffing analysis, which may encompass but is not limited to:

- The numbers of registered nurses, licensed practical nurses and unlicensed personnel providing direct care and the ratios of patients. This information shall be expressed in actual numbers, in terms of total hours of nursing care per patient, including adjustment for case mix and acuity, and as a percentage of patient care staff, and shall be broken down in terms of the total patient care staff, each unit, and each shift.
- Incidence of adverse patient care, including incidents such as medication errors, patient injury, pressure injury, and nosocomial infections.
- Methods used for determining and adjusting staffing levels and patient care needs and the facility's compliance with these methods.
- Data regarding complaints filed with any state or federal regulatory agency, or an accrediting agency, and data regarding investigations and findings as a result of those complaints, degree of compliance with acceptable standards, and the findings of scheduled inspection visits.
- The number of complaints relating to the plan and their disposition
- Trends of unresolved complaints.

Membership

At least one-half of the members of the clinical staffing committee shall be registered nurses, licensed practical nurses, and ancillary members of the frontline team currently providing or supporting direct patient care and up to one-half of the members shall be selected by the general hospital administration. On an ad hoc basis, changes in employment or positions will warrant review of committee members to ensure adequate representation.

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. Co-chairs will be selected every two years by the Clinical Staffing Committee. Registered nurses, licensed practical nurses and ancillary support staff committee members will be selected by their peers. New Staffing committee members will receive education/orientation upon

joining the committee by one of the committee co-chairs.

Meeting Management

Record-keeping/Minutes

- Meeting agendas will be distributed to all committee members in advance of each meeting
- The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting. Meeting minutes will be shared via email to allow for all staff to review.
- A master copy of all agendas and meeting minutes from the clinical staffing committee will be maintained and available for review on request.

Scheduling

- The Clinical Staffing Committee will meet quarterly or as often as necessary, as agreed upon by the co-chairs. Meeting dates and times will be agreed upon by the co-chairs. Notices of meeting dates and times will be distributed in advance. Clinical staffing committee members shall be fully relieved of all other work duties during meetings of the committee and shall not have work duties added or displaced to other times as a result of their committee responsibilities.
- Clinical staffing committee by employees will be on scheduled work time and the employee will be fully relieved of all work duties during meetings of the committee. Where participation cannot be on scheduled work time, employees will be compensated for their time at the meeting in accordance with their collective bargaining agreement.
  Decision-making
- Clinical staffing plans shall be developed and adopted by consensus of the clinical staffing committee. For the purpose of determining whether there is a consensus, the management members of the committee shall have one vote, and the employee members shall have one vote, regardless of the actual number of members of the committee.
- If there is no consensus on the staffing plan or specific areas covered by staffing plan (individual unit/department), the hospital CEO shall use discretion to adopt the plan, or partial plan based on the information provided and provide a written explanation of this determination. This will include the final written proposals from both the management and employee members and their rationales.

Criteria for Staffing Levels

Staffing levels are based on regulatory requirements, benchmarking, fiscal considerations, and expert opinion.

Staffing Mix

Staffing titles that are included in the Nursing Hours are Team Leader, Charge Nurse, Registered Nurse, Licensed Practical Nurse, Hospital Aide, and Technician, if included in staffing mix and assigned to the patient care units. Unit Managers are required to work a minimum of sixteen clinical hours per month. When Unit Managers are working clinical days, they are also included in the Nursing Hours.

Administrative Control Clerks are not included in the Model Nursing Hours. Quality Management Nurses,

Case Managers, Administrative Nursing Care Coordinators, Nurse Clinicians, Clinical Nurse Specialists, Clinical Managers, Wound Ostomy NP, Burn Unit NP Manager, NIED RNs and Assistant Vice Presidents of Nursing are not included in the Model Nursing Hours unless they have completed the required competencies and are assigned a direct care staffing assignment

For staffing ratios, please see appendix B

UNIT CLUSTERS

Behavioral Health	Medical/Surgical	Critical Care	Surgical Services	Ambulatory Services
Chemical Dependency - 9z3, 9z4	6z1, 6z2, 6z3, 6z4, 7z1, 7z2, 7z3, 7z4, 8z1, 8z2, 8z3, 8z4, 9Z1, 9z2, 10z3, 10z4, 12z2, 12z3, First Floor Observation Unit	MICU-North, MICU-South, TICU, Burn Unit,	Pre-admission Testing	ECMC Family Health Clinic
4z1, 4z2, 4z3, 4z4, 5z1. 5z2. 5z3, 5z4			Inpatient & Outpatient Hemodialysis	Internal Medicine Clinic
CPEP, EOB		Emergency Department	OR & Cysto Suite *	Ortho Clinic
Behavioral Health Outpatient Clinics			PACU	Specialty Clinics
			GI Lab	You Center for Wellness
			Cath Lab Non-Invasive Cardiology	Hematology/ Oncology, Grider Family, Dr. Sperry, Dental, Dental/Oncology, Wound, Transfusion
			Ambulatory Surgical Center	
			Vascular Access Unit	

- OR Staff may work in Cysto, but Cysto staff can only work in the OR with appropriate competencies

The Ambulatory Care Clinics are staffed with Registered Nurses, Licensed Practical Nurses and Medical Office Assistants. Each outpatient area has a designated charge nurse and/or team leader to oversee the staff and daily operations of their center. The number of staff scheduled and assigned is based on the daily patient census, acuity of patients, and consideration of providers scheduled each day (Physicians, NP's, PA's and Residents).

Specialty clinics include:

A. Surgery, Cardiology, Pulmonology and Sleep Clinic, GI/Hepatology, Podiatry, Neurology, Neurosurgery, Anticoagulation/Coumadin, OMFS (Oral MaxilloFacial Surgery, Otolaryngology (Ear Nose and Throat), Urology, Center for Cardiovascular Care, Environmental & Occupational Health, Employee Health, Pulmonary Function Testing Lab, Rheumatology & Cardio-Thoracic. Staff may be reassigned within the patient care areas noted above to meet patient care needs, and/or may be assigned to assist/complete care that is within their scope of practice, based upon training and capabilities outlined by licensure.

B. Outpatient departments may function without a Registered Nurse (RN) present.
Criteria for a department to function without an RN may include:
· The standard of practice and services provided.
· Staff must work within the scope of their licensure, and follow the standard of practice for services delivered.
· In the event of a medical emergency the staff must follow the Adult Medical Emergency/ Pediatric Medical Emergency policy
· Staffing and alternative staffing plans for these departments must meet the needs of the services rendered.

Nursing Care Hours (NCH)

Nursing Care Hours are statistical figures which reflect the hours of nursing care, per patient, delivered on a nursing unit.

The Unit Manager and NCC or Nurse Staffing Office Specialist will assure that work schedules are current and correct so as nursing care hours will be computed accurately. The Unit Manager, NCC & Nurse Staffing Office Specialist will ensure staffing sheets accurately reflect shift activity.

The Nursing Care Hour Reports generated are reviewed by the respective Unit Managers, the Senior Vice President of Clinical Service, Vice Presidents and Assistant Vice Presidents of Nursing.

CRITICAL CARE

The following Critical Care Units are staffed with Registered Nurse, ICU Technician: TICU, TICU Overflow BTU, MICU North, and MICU South. Both titles will be computed in the aggregate model hours with RN minimum NCHs as noted below for each level of assessed patient care required.

Model nursing hours are:

TICU	15.80 Nursing Hours Per Patient Day (NHPPD)	
BTU	14.00 Nursing Hours Per Patient Day	
MICU-North	15.00 Nursing Hours Per Patient Day	
MICU-South	15.00 Nursing Hours Per Patient Day	
Intermediate level patients in the Critical Care Units will receive 9.00 Nursing Hours per Patient Day.		

MEDICAL/SURGICAL/REHABILITATION

Medical/Surgical/Rehabilitation Units are staffed with Registered Nurses, Licensed Practical Nurses, Hospital Aides.

Model nursing hours are:

6z1	8.0 Nursing Hours Per Patient Day
6z2	7.5 Nursing Hours Per Patient Day
6z3	8.5 Nursing Hours Per Patient Day
6z4	8.5 Nursing Hours Per Patient Day
7z1	7.5 Nursing Hours Per Patient Day
7z2	9.0 Nursing Hours Per Patient Day
7z3	7.5 Nursing Hours Per Patient Day
7z4	8.0 Nursing Hours Per Patient Day
8z1	8.0 Nursing Hours Per Patient Day
8z2	8.0 Nursing Hours Per Patient Day
8z3	8.0 Nursing Hours Per Patient Day
8z4	7.5 Nursing Hours Per Patient Day
9Z1	7.5 Nursing Hours Per Patient Day
9z2	8.0 Nursing Hours Per Patient Day
10z3	8.5 Nursing Hours Per Patient Day
10z4	8.5 Nursing Hours Per Patient Day
12z2	8.0 Nursing Hours Per Patient Day
12z3	9.0 Nursing Hours Per Patient Day
First Floor Med-Surg Observation	8.0 Nursing Hours Per Patient Day

FIRST FLOOR OBSERVATION UNIT

Observation patients will be cohorted in the First floor Observation Unit. Staffing levels will include Registered nurses. Model Nursing Care Hours are 8.0.

BEHAVIORAL HEALTH

Behavioral Health Units and CPEP are staffed with Registered Nurses, Licensed Practical Nurses, Mental Health Technicians, Psychiatric Case Manager (for purposes of NDNQI measurement), Clinical Case Managers, and Hospital Aides.

Model Nursing Hours are:

4z1	5.0 Nursing Hours Per Patient Day

4z2	5.0 Nursing Hours Per Patient Day
4z3	9.0 Nursing Hours Per Patient Day
4z4 Adolescent	6.0 Nursing Hours Per Patient Day
9z3	8.0 Nursing Hours Per Patient Day
9z4	8.0 Nursing Hours Per Patient Day
5z1	5.0 Nursing Hours Per Patient Day
5z2	5.0 Nursing Hours Per Patient Day
5z3	5.0 Nursing Hours Per Patient Day
5z4	5.0 Nursing Hours Per Patient Day

CPEP

The CPEP is staffed with Team Leaders, Clinical Nurse Specialists, Registered Nurses, Licensed Practical Nurses, Mental Health Technicians, Psychiatric Case Managers (for purposes of NDNQI measurement) and Hospital Aides. Patient Census and patient acuity are utilized in determining numbers of staff needed. Staffing levels vary by day of the week and time of day. Variable volume data is utilized to determine staff scheduling.

EMERGENCY DEPARTMENT

The Emergency Department is staffed with Registered Nurses, Licensed Practical Nurses and Emergency Room Technicians. The New York State Department of Health 405.19 regulation, the Level 1 Trauma Center, as well as patient census, are utilized in determining numbers of staff needed. Staffing levels vary by days of the week and time of day based upon historical Emergency Department activity.

SURGICAL SERVICES

Surgical Services Unit Clusters of GI, Cath Lab/Non-Invasive Cardiology/Interventional Radiology, Prep & Pack, Urology, Surgery Center, Pain Management, PACU, and Radiology follow the guidelines and goals

A Minimum of 1 RN and 1 OR Technician are required per Operating Room.

NURSE COVERAGE PLAN

The following indicates alternative staffing methods and patient assignment interventions available to ensure adequate staffing that may be leveraged by managers/Nursing Care Coordinators (NCC) who oversee nursing units/patient care areas:

- Facilitation of transfers/discharges to decrease staffing requirements
- Reassignment through floating or staff from float pool
- Reassignment to a competent RN/LPN completing an indirect care assignment (i.e. Unit Manager, RN in a BLS class)

- Recruitment of voluntary overtime
- Recruitment of per diem nurses
- Agency RN/LPN contracts (extended or per diem)
- Reassignment of scheduled shifts to cover staffing needs in accordance with contractual obligations
- Non-acceptance of inter-institutional transfers with authorization from the Chief Medical Officer
  Documentation of all attempts to avoid the use of mandatory overtime during a patient care emergency is to be completed by management staff/designee and forwarded to the Staffing Office/Management staff of relative Clinical Department for attachment to staffing sheet(s).

Nursing staffing varies based on acuity, volumes and staffing titles.

Staff are scheduled by Nursing areas with adjustment made to flex staff based on needs of each shift.

- Registered Nurses staffing:
  - Critical Care 1:2 patients
  - 12 z3, 7z2 and 4z4 is 1:3 patients
  - Telemetry Patients 1:4 patients
  - Acute Medical care, MRU, ALC and BH units 1:5

Licensed practical Nurses, Tech's and Nurses Aides are scheduled per unit based on volumes and acuity of care. In accordance with the ratios established pursuant to Public Health Law 2805-t

Signatures

Labor (clinical staff member representatives) signature:

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Committee Chair (management representative) signature

Name: _____ Date_____

Reference:

1. Restrictions on Consecutive Hours of Work for Nurses. 12 NYCRR PART 177
2. NY State Labor Law, Section 167
3. NYS Regulation Parts 400 405 of Title 10 Clinical Staffing in General Hospitals
4. The New York Public Health Law 2805-t

ECMCC has developed these policies and procedures in conjunction with administrative and clinical departments. These documents were designed to aid the qualified health care team in making clinical

decisions about patient care. These policies and procedures should not be construed as dictating exclusive courses of treatment and/or procedures. No health care team member should view these documents and their bibliographic references as a final authority on patient care. Variations from these policies and procedures may be warranted in actual practice based upon individual patient characteristics and clinical judgment in unique care circumstances.

Attachments

- Appendix A - Clinical Staffing Committee Membership.docx
- Appendix B - Staffing ratios.pdf

Approval Signatures

Step Description	Approver	Date
	Charlene Ludlow: Senior Vice President of Nursing	04/2026
	Sean Beiter: Director of Labor and Employee Relations	04/2026
	Charlene Ludlow: Senior Vice President of Nursing	03/2026

Applicability

Erie County Medical Center