



ST PETER'S HEALTH
PARTNERS

St. Peter's Health Partners

Samaritan Hospital – Albany Memorial Campus

PFI: 0004

600 Northern Boulevard, Albany, NY 12204

Clinical Staffing Plan

2024-2025

NYSDOH DHDTTC DAL #22-05 (June 23rd, 2022)

NYSDOH DHDTTC DAL #23-16 (October 25th, 2023)

NYSDOH DHDTTC DAL #24-04 (June 12th, 2024)

NYS Public Health Law, Section 2805-t

Initial HERDS Submission: 07/01/2022

Rev. 08/20/2023, 11/07/2023, 06/28/2024

Emergency Department – 1 West Wing - Unit Detail

Average Daily Patient Census: 31

Emergency Department – 1 West Wing

Albany Memorial Emergency Dept																										
Grid based on 107 pts/per day - Flexed down / staff shifted to other sites when census below 95.																										
Hours	7 AM	8 AM	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM	12 AM	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	Daily totals - hours per day	FTEs
RN	4	4	6	6	7	7	8	8	9	9	9	9	9	9	7	7	6	6	5	5	4	4	4	4	156	27.30
Charge RN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	24	4.20
PCT	1	2	2	2	3	3	3	3	4	4	4	4	4	4	4	4	3	2	2	2	1	1	1	1	64	11.20
LPN	0	0	0	0	2	2	3	3	3	3	3	3	3	3	3	3	3	1	1	0	0	0	0	0	12	2.10
RN evening supervisor	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	12	2.10
Total hours	5	6	8	8	11	11	12	12	15	15	15	15	16	16	14	14	11	10	9	9	6	6	6	6	268	
Nurse Manager	40 hour work week																									1.00
Nurse Supervisor -day lead	40 hour work week																									1.00
Program Liasion																										0.19
Patients	20	20	30	30	35	35	40	40	45	45	45	45	45	45	35	35	30	30	25	25	20	20	20	20	Total	49.09

Outpatient Services - Unit Detail

Average Daily Patient Census:

1. Albany Memorial Infusion Center – 4 West Wing: 25
2. Albany Memorial Wound Care Center– 6 Main: 65.93
3. Albany Memorial Hyperbaric Therapy – 6 Main: 8
4. Samaritan Ostomy Services: 2

Outpatient Services

DAY SHIFT		2024	2024	2024	2024
		AMAL Infusion Center	AMAL Wound Care Center	AMAL Hyperbaric Therapy	SNTR Ostomy Services
1	Planned average number of Registered Nurses (RN) on the unit providing direct patient care per day on the Day Shift? * (Please provide a number with up to 4 digits. Ex: 10.50)	5	7.739	1	1.5
2	Planned total hours of RN nursing care per patient including adjustment for case mix and acuity on the Day Shift? * (Please provide a number with up to 4 digits. Ex: 10.50)	5	0.85	2.5	4
3	Planned average number of patients on the unit per day on the Day Shift? * (Please provide a number with up to 4 digits. Ex: 10.50)	25	65.93	8	2
4	What is the planned average number of patients for which one RN on the unit will provide direct patient care per day on the Day Shift (Please provide a number with up to 4 digits. Ex: 10.50) ? *	5	8.519	4	2
5	Planned average number of Licensed Practical Nurses (LPN) on the unit providing direct patient care per day on the Day Shift? * (Please provide a number with up to 4 digits. Ex: 10.50)	0	0	1	0
6	Planned total hours of LPN care per patient including adjustment for case mix and acuity on the Day Shift?*(Please provide a number with up to 4 digits. Ex: 10.50)	0	0	2.5	0
7	Planned average number of ancillary members of the frontline team on the unit per day on the Day Shift? * (Please provide a number with up to 4 digits. Ex: 10.50)	1.00	1.00	0.00	0.00
7a	Other ancillary	0	0	0	0
7b	PT	0	0	0	0
7c	OT	0	0	0	0
7d	Speech	0	0	0	0
7e	Resp Ther	0	0	0	0
7f	MD	1	1	0	0
7g	NPP	N/A	N/A	N/A	N/A
7h	CLINICIANS	N/A	N/A	N/A	N/A
8	Planned total hours of ancillary members of the frontline team including adjustment for case mix and acuity on the Day Shift?*(Please provide a number with up to 4 digits. Ex: 10.50)	0	0	0	0
9	Planned average number of unlicensed personnel (e.g., patient care technicians) on the unit providing direct patient care per day on the Day Shift? *	1	2	0	0
10	Planned total hours of unlicensed personnel care per patient including adjustment for case mix and acuity on the Day Shift?*(Please provide a number with up to 4 digits. Ex: 10.50)	8	0.15	0	0
11	Describe additional resources on Day Shift. (IA = Unit Secretary)(Please provide a number with up to 4 digits. Ex: 10.50)	1 Information Associate (IA)	2.6 Information Associates (IAs)	0	0

Proof of HERDS Survey Submission



HERDS Survey Data Submission

Thank you for your submission of your HERDS survey.

Activity Summary	
Activity	General Hospital Clinical Staffing Plan Supplement
Form	2805-t General Hospital Clinical Staffing Plan
Organization	Samaritan Hospital - Albany Memorial Campus (0004)
Data Entity Type	Hospital (pfi)
Data Entity Name	Samaritan Hospital - Albany Memorial Campus (0004)
Time Period	Custom : 06/28/2024 12:00 AM
Submitted User	Kwang-seok Kang
Submitted Date	June 28, 2024 12:02:33 PM EDT

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