



USHS Staff Coverage Plan For 2024-2025

Purpose:

The UHSH staffing plan is a plan developed and reviewed annually to ensure a proactive approach to nursing care delivery centered around ensuring safety in staffing.

The plan is developed taking into consideration Skill Mix, Acuity, and the needs of the nursing unit. Staff coverage planning includes activities that proactively provide structure to the unit scheduling process as well as activities that take place in-the-moment. These activities help to facilitate a balanced schedule that ensures safe staffing levels.

Clinical staffing is composed of both licensed and unlicensed nurses. Registered Nurses and Licensed Professional Nurses must maintain a New York State Professional License. All personnel assigned to patient care are required to be competent in areas of care delivery.

Nursing leaders will provide a review of staffing performance to the Clinical Staffing Committee to include various benchmarks including Hours Per Patient Day, Ratio compliance and productivity.

Definitions:

- a. Schedule or Scheduling refers to act of creating a template for staff attendance over a period. Schedules are the responsibility of the unit Nurse Manager and the Directors of Nursing. Shared scheduling allows for staff participation in the scheduling process. This allows for the opportunity for staff to create a schedule that allows for flexibility.
- b. Staffing is an activity performed within 24 hours of the scheduled shift. Staffing is the responsibility of the Nurse Managers and Directors of Nursing in collaboration with the charge nurses and Clinical Resource Office (CRO). The team will evaluate nursing unit needs and make assignments for staff based on unit staffing levels, skill mix and unit workload.

1. Schedule:

- a. Scheduling begins with establishing holiday schedules and weekend rotations if applicable and concludes 24 hours prior to the scheduled report time.
- b. Managers will maintain unit schedules in Shift Wizard. All unit staff will be scheduled in Shift Wizard including productive and nonproductive staff. Unit schedules will be published 2 weeks prior to the beginning of the schedule period.

- c. Staffing coverage grids will be maintained based on evaluation of unit trends in patient volumes and acuity using patient workload scores and staff/leadership input. Factors considered in establishing staffing patterns include Average Daily Census (ADC), Workload Score, Admissions, Discharges and Transfers (ADT).
- d. Outpatient staffing ratios are determined by the number of providers, types of services rendered, number of procedures, and complexity of patients and allows for staff to perform duties at the peak of their scope of practice.
- e. Nurse Managers will work with Directors of Nursing to ensure schedules are balanced prior to publishing. Balanced schedules providing a starting point to ensure appropriate coverage needs can be met.
- f. Staff will be rotated to ensure balanced unit coverage.
- g. Other factors considered in developing a nursing unit schedule would include nurse sensitive indicators. Certain staffing variables (RN, LPN, NA) may be adjusted based on the needs of the department. Skill mix may be adapted based on performance in nurse staffing indicators.
- h. Each month, Nursing leadership and CRO will review the factors that impact unit staffing including:
 - i. Vacancy
 - ii. Leave of Absence
 - iii. Experience level of nursing unit staff
 - iv. Patterns in staff absenteeism including unscheduled absences, bereavement, and leaves of absence.
- i. Nurses may choose to volunteer to work extra to help cover openings in the schedule. Staff may also choose to participate in one of the incentive pay programs when offered.
 - i. Nursing units shall publish available shifts for volunteers in Shift Wizard.
 - ii. Nursing units shall maintain a record of nurses that volunteer to work extra.

2. Staffing:

- a. Staffing is a collaboration between nursing units, nursing leadership and the CRO.
- b. The CRO will monitor unit staffing numbers, patient volume, and workload for each nursing unit. CRO will evaluate nursing unit staffing needs to established staffing plan.
- c. Staffing will make assignments for personnel to ensure safe staffing. Adjustments will be made based on nursing unit needs. Staffing mix and experience level of staff would be considered when adjusting assignments.
- d. CRO will be responsible for evaluating the current nursing unit schedules including the current shift and the following 16 hours. CRO will be responsible for evaluating and staffing 24 hours of nursing unit schedule.

- e. Meals and rest breaks are covered at the unit level. In the event the unit is unable to cover, escalation should be made to the nurse manager during weekdays and nursing supervisor on off shifts and weekends.
3. Contingent Staffing:
- a. UHSH will maintain contingent staffing plans for times where additional resources are needed. To meet contingent needs CRO will communicate short notice vacant shifts to appropriately credentialed nursing unit staff.
 - b. The CRO will maintain a Nursing Float Pool. CRO will evaluate staffing needs throughout the organization and make assignments based on needs. The float pool will consist of RNs and NAs to help accommodate staffing needs that arise related to unscheduled absences and increase in acuity.
 - c. Part of staffing review will include a 4-hour review of patient 1:1 sitter need with consideration for use of virtual sitter for appropriate patients. See sitter policy: https://pstat-live-media.s3.amazonaws.com/pdf_cache/policy/12623425/a5b74adc-1271-46ff-b831-8aafa7be880d/Sitter%20Program%20Guidelines.pdf
 - d. CRO may also adjust the assignments of RNs and NAs to accommodate changes in nursing unit needs. A registry will be maintained on each unit that captures the adjustment of unit staff assignment (float). The CRO will maintain a log of assignments. Staffing Data includes:
 - i. Unit, credential, and reason for request
 - ii. Unit, credential of staff reassigned to cover request.
 - iii. Date, shift, and duration of assignment.
 - iv. Record of adjustment in time and attendance program
 - e. UHSH will consider contracting with outside agencies to support nursing units when unit vacancy levels rise to an established threshold. Nursing leaders will continuously evaluate staffing vacancy to determine if the threshold is met, and plan accordingly to increase or decrease agency staff based on the needs of the unit.
 - f. CRO, in collaboration with Nursing Leadership, may adjust nursing unit census levels to accommodate resource needs. Adjusting unit census may result in staffing assignment changes. CNO approval is needed for census adjustments.
 - g. Outpatient practice areas maintain a float pool to cover absences in the clinics. A team of remote triage RNs assist with phone triage as necessary.
4. All staff is encouraged to balance scheduled work hours with time away from work. RNs will not work more than 16 consecutive hours. Coverage must be scheduled for handoff communication at the 15th hour. The RN is responsible for notifying the manager and/or CRO office to schedule coverage at the 15th hour.
5. In the event of need to cover a nursing position, due to unscheduled absence, bona fide medical emergency, Government Declaration of Emergency or ongoing medical or surgical

procedure. UHSH will ensure all options have been attempted to fill the need. This process typically includes all or some of the steps listed below:

- a. Offering need to staff to voluntarily cover. This would include offering the opportunity for staff to stay late/come in early as needed based on the circumstances of the vacancy.
 - b. Utilize on call staffing plan if applicable to nursing unit.
 - c. Solicit per diem staff to cover needs.
 - d. Utilize contract/ agency staff.
 - e. Utilize reassigned staff from an additional nursing unit.
 - f. CRO will communicate needs to message groups.
 - g. Manage unit census on one or several nursing units to gain necessary resources.
 - h. Enlist support of nursing unit leadership to fill gap in coverage.
 - i. CRO will communicate with staff individually to help facilitate coverage.
 - j. When the above has been completed, CRO, and/ or Nursing Supervisor will escalate to On-Call Director of Nursing.
6. In the event the activities in section 5 above have been unsuccessful in covering the needs, The DON and CRO will confirm all actions have been taken to fill the need.
 7. Mandatory overtime shall not be used to cover routine openings on the schedule unless all reasonable efforts to find volunteers have been exhausted. No employee shall be mandated to work overtime if it results in working more than sixteen (16) hours.
 8. If there are insufficient volunteers to cover the need, the least senior appropriately credentialed employee in the nursing unit working may be required to work additional hours and such mandatory assignment shall be rotated based on unit seniority. The decision to make a mandatory assignment will need the approval of the Chief Nursing Officer. The mandatory assignment should be rotated within the nursing unit. A listing of mandatory assignments should be captured in the nursing unit and the CRO. A review should occur of previous assignments to ensure that the assignment is rotated.
 9. CRO will maintain documentation of all activities completed to fill needs. When making a mandatory assignment, Nursing supervisor will complete the Nurse Coverage Plan Standard Checklist for all mandatory assignments.
 10. Staffing Ratios: Each hospital has an assigned nursing staffing ratio based on the unit type and level of care.

a. Inpatient
Wilson Medical Center

RN Unit	Targets		
	Day	Eve	Night
CVICU	1:2		1:2
EXU	1:6		1:6
ICU	1:2		1:2
MATY (couplets)	1:3	1:3	1:3
NICU	1:3	1:3	1:3

NA Unit	Targets		
	Day	Eve	Night
CVICU	1/shift	1/shift	1/shift
EXU	1:8	1:8	1:12
ICU	1/shift		1/shift
MATY (couplets)	1:8	1:8	1:8
NICU	1:14	1:14	0

MT3 NSS	1:3	1:3	1:3
MT4 SSU	1:3	1:3	1:3
NT2 Surge	1:6	1:6	1:6
MT3	1:5	1:5	1:5
MT4	1:5	1:5	1:5
MT5	1:5 [#]	1:5 [#]	1:5 [#]
MT6	1:5 [^]	1:5 [^]	1:5
NT3	1:5		1:5
NT4	1:6	1:6	1:6
NW4	1:5*	1:5*	1:5*
ST3	1:5 [^]		1:5

MT3 NSS	1:8	1:8	1:12
MT4 SSU	1:8	1:8	1:12
NT2 Surge	1:8	1:8	1:12
MT3	1:8	1:8	1:12
MT4	1:8	1:8	1:12
MT5	1:8	1:8	1:12
MT6	1:8	1:8	1:12
NT3	1:8	1:8	1:12
NT4	1:8	1:8	1:12
NW4	1:8	1:8	1:12
ST3	1:8	1:8	1:12

Binghamton General Hospital

RN	Targets		
Unit	Day	Eve	Night
CPEP	1:5	1:5	1:5
EOB	1:5	1:5	1:5
ICU	1:2		1:2
K3	1:6	1:7	1:11
K4	1:6	1:6	1:6
K5	1:6	1:6	1:9
K6	1:6	1:6	1:6
M3	1:6	1:6	1:6
M4	1:7	1:7	1:11
M5	1:6	1:6	1:9
M6	1:8	1:8	1:8
M6 (LPN)	1:8	1:8	1:16

NA	Targets		
Unit	Day	Eve	Night
CPEP	1:5	1:5	1:5
EOB	1:5	1:5	1:5
ICU	1/shift		1/shift
K3	1:6	1:6	1:11
K4	1:9	1:9	1:10
K5	1:6	1:6	1:12
K6	1:6	1:6	1:12
M3	1:8	1:8	1:12
M4	1:20	1:20	1:20
M5	1:6	1:6	1:12
M6	1:8	1:8	1:16

* NW4 ratios are 1:4 for pediatric med/surg and 1:6 for adult med/surg

MT5 ratios are 1:6 adult med/surg and 1:4 adult med/surg requiring IV chemotherapy

[^] MT6 and ST3 have free charge on day shift and half of evening shift (7a-7p)

b. Emergency Departments

ED RN Ratio 1:4 unless caring for critical care in which case the ratio is 1:2 and adjusted further for acuity.

Wilson Medical Center ED

RN	7a-11a	11a-3p	3p-7p	7p-11p	11p-3a	3a-7a
Charge	1	1	1	1	1	1
Triage RN	1	2	2	2	2	1
Direct Care RNs	10	12	12	12	11	9
Total	12	15	15	15	14	11

Binghamton General Hospital ED

RN	7a-11a	11a-3p	3p-7p	7p-11p	11p-3a	3a-7a
Charge	1	1	1	1	1	1
Triage RN	1	1	1	1	1	1
Direct Care RNs	4	4	4	4	4	4
Total	6	6	6	6	6	6

LPN	7a-11a	11a-3p	3p-7p	7p-11p	11p-3a	3a-7a
Direct Care LPNs	1	2	2	1	0	0
Total	1	2	2	1	0	0

NA	7a-11a	11a-3p	3p-7p	7p-11p	11p-3a	3a-7a
Unit Secretary NA	1	1	1	1	1	1
Triage NA	0	1	1	1	0	0
Direct Care NAs	2	2	2	2	2	2
Total	3	4	4	4	3	3

Binghamton General Hospital CPEP

	7a-11a	11a-3p	3p-7p	7p-11p	11p-3a	3a-7a
RN	1	1	1	1	1	1
MHT	1	1	1	1	1	1

c. Procedural Areas

Wilson Medical Center

RN	Targets		
	Day	Eve	Night
CACU pre-procedure	1:4		
Cath Lab intra-procedure	2:1		
EP Lab intra-procedure	1:1		
CACU post-procedure	1:4		
GI pre-procedure	1:4		
GI intra-procedure	1:1		
GI post-procedure	1:3		
Operating Room	1:1	1:1	1:1
PACU*	1:2	1:2	1:2
ASC/SW2 pre-procedure	1:6	1:6	
SW2 Phase 2	1:4	1:4	
ASC Phase 2	1:4	1:4	
ASC OR	1:1	1:1	

NA	Targets		
	Day	Eve	Night
GI Lab (pre- and post-procedure)	1:8		
PACU	1:12		

CACU	1/shift		
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Binghamton General Hospital

RN	Targets		
Unit	Day	Eve	Night
GI pre-procedure	1:4		
GI Intra-procedure	1:1		
GI post-procedure	1:3		
OR	1:1		
PACU	1:2*		

NA	Targets		
Unit	Day	Eve	Night
GI Lab (pre- and post-procedure)	1:16		

*PACU ratio for pediatrics is 1:1

d. Outpatient Clinics

Clinic	RN	LPN	MOA
Perinatal Center	3	0	3
Binghamton Pediatrics	2	4	1
Plastics	1	1	4
Nephrology	1	1	3
Wound Care	3	1	0
Infusion Center	3 (ratio = 1:3)	0	2