TITLE:	**Clinical Staffing Guidelines and Committee Charter**		
Department or Hospital-Wide Section Name:	**7A Nursing Standards of Practice Includes Staffing Adjustment Policy**	Revision Date: **6/5/2024**	**Revision #15**
Committee approvals – see meta data information		Original Effective Date: 1/1/2022	

CLINCIAL STAFFING COMMITTEE CHARTER Drafted 12/13/2021

Final Approval 3/28/2022

Reviewed and updated 7/1/2024

I. Purpose

Pursuant to New York Public Health Law Section 2805-t, chapter 422 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.

II. Objectives

1. To focus on the provision of safe, high quality patient care and to insure sufficient numbers of qualified nursing staff to meet the nursing care needs of the patients.
2. To develop a clinical staffing plan by July 1, 2022 (and annually thereafter) for Olean General Hospital which must include specific staffing for each patient care unit and work shift based on the needs of patients. The Plan must be implemented by January 1, 2023.
3. To oversee the implementation of the hospital's annual clinical staffing plan. This includes conducting a semiannual review of the adopted plan and handling any employee complaints concerning violations of the plan.
4. Monitor the compliance with New York Public Health Law Section 2805-t, resolve complaints forwarded to the committee.

III. Clinical Staffing Plan

1. The attached grids contain specific ratios indicating how many patients are assigned to each RN and the number of nurses and ancillary staff who must be present on each unit and shift.
2. The staffing mix (licensed and non-licensed personnel) assigned to patient care areas is initially determined by budgeted hours of care and pre-determined skill mix patterns. Orientees' are not included in the budgeted hours of care. Adjustments to the staffing mix will be made according to patient care needs.

3. See attachments for the following units staffing guidelines and grids:
    i. Med/Surg 2nd Floor/Pediatric
    ii. ICCU/PCU
    iii. BHU
    iv. L&D/Nursery/Obstetrics
    v. Surgical Services (OR)
    vi. Emergency Department
    vii. Dialysis
    viii. Subacute Rehab 3E
    ix. Procedural Lab

4. **Clinical Staffing Plan Factors -** The clinical staffing committee will consider numerous factors in developing its clinical staffing plan, including but not limited to:
    i. Census including total number of patients on the unit on each shift and activity such as patient discharges, admissions and transfers;
    ii. Measures of acuity and intensity of all patients and the nature of care to be delivered on each unit and shift; Skill mix;
    iii. The availability, level of experience, and specialty certification or training of nursing personnel providing patient care including charge nurses on each unit and shift;
    iv. The need for specialized or intensive equipment;
    v. The architecture and geography of the patient care unit including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparations areas and equipment;
    vi. Mechanisms and procedures to provide for one-to-one patient observation, when needed, for patients on psychiatric or other units as appropriate;
    vii. Other special characteristics of the unit or community patient population including age, culture and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors;
    viii. Measures to increase worker and patient safety which would include measures to improve patient throughput;
    ix. Staffing guidelines adopted or published by other states or local jurisdictions, national nursing professional associations, specialty nursing organizations, and other health professional organizations;
    x. Availability of other personnel supporting nursing services on the unit;
    xi. Waiver of plan requirements in the case of unforeseeable emergency circumstances as defined in subdivision fourteen of the law;
    xii. Coverage to enable RNs, LPNs, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseen as required by the law or the terms of an applicable collect bargaining agreement;
    xiii. The nursing quality indicators defined in subdivision seventeen of the law;
    xiv. Hospital finances and resources; and
    xv. Provision for limited short-term adjustments, made by appropriate hospital personnel overseeing patient care operations to the staffing levels required by the plan necessary to account for unexpected changes in circumstances that

are to be limited duration.

IV. Membership

1. Committee Membership will include:
    i. At least one-half registered nurses (RNs), licensed practical nurses (LPNs), and ancillary members of the frontline team providing or supporting direct patient care. See Committee listing of members.
    ii. Up to one-half hospital administration employees or their designees, including the:
        1. Vice President of Human Recourses,
        2. Chief nursing officer (CNO), and
        3. Patient care unit directors or managers.
    iii. Current Committee list is available and is subject to change.

V. Roles and Responsibilities of Membership

1. One management and one Union member of the committee serve as co-chairs.
2. Co-Chairs will assure input has been received from all members.
3. Communication with colleagues in designated units/specialties.
4. Sub-Committees may be formed at the request of the Staffing Committee.
5. Follow through with action items, including deliverables from Sub-Committees.
6. Orientation will be provided to all new members of the clinical staffing committee both direct patient care and administration

VI. Handling of Complaints

1. Complaints will continue to be handled through the Nurse Practice Committee meeting and Clinical Staffing Committee

2. Direct patient care members may report any variation where the personnel assignment in a patient care unit is not in accordance with the adopted staffing plan and may make a complaint to the committee based on the variation.

3. They will then inform the manager of the unit or designee their concerns and provide an opportunity for the complaint to be rectified. If the complaint cannot be resolved the direct patient care members fills out the complaint form and provides it to management or designee

4. Complaint forms are reviewed during clinical staffing committee monthly

5. After complaints are reviewed by the committee a response form is filled out by the committee and returned to the complaint if name provided within 60 days of complaint

VII. Special Considerations

Olean General Hospital has Sole Community Hospital status within NYS and the law recognizes the unique circumstances for this. NYS will ensure that these facilities do not face unreasonable burdens. Flexibility is provided with regard to how best to achieve compliance.

VIII. Meeting Dates and Times and Protocol:

1. **Location**
    i. Clinical Staffing Committee sessions will be held at Olean General Hospital and/or made available via WebEx monthly and as needed

IX. Scheduling and Paid Time

1. Direct patient care members of the Clinical Staffing Committee will participate in committee functions on scheduled work time, during which time they will be fully relieved of other job duties. All time spent on committee functions will be paid.
2. If employees come in for committee meetings on their own time, they will be paid for all time spent in the meeting in accordance with the contract.

IIX. Quality Metric Review

1. The following quality metrics will be reviewed quarterly
    a. Falls
    b. Pressure Injuries
    c. Medication Events

X. Record Keeping

1. Committee documents will be posted in a centralized location for all members to access. Information will be available in Human Resources if needed.

XI. Authority

1. The Committee has authority to gather data, to make recommendations on a consensus basis.
2. The management members of the committee and the employee members of the committee, in the aggregate, have one vote each (regardless of the actual number of members on either side), and each group shall determine its own method of casting its vote to adopt all or part of the clinical staffing plan.
3. If there is no consensus among the committee members on a full or partial plan, the hospital's chief executive officer (CEO) may exercise discretion to adopt a plan or partial plan. In this case, the CEO shall provide a written explanation of the elements of the clinical staffing plan that the committee was unable to agree on, including the final written proposals from the two parties and their rationale**.**

XII. Staffing Grids / Adjustments

1. Patient care units will assign personnel based upon budgeted hours of care and nurse to patient ratios, patient need and staffing grids.
    i. The hospital will schedule an unassigned charge nurse for medical surgical, ICU and Emergency Departments. In cases where resources have been exhausted, an assigned charge nurse will agree to take an assignment in consultation with the nurse manager/designee.
2. Staffing needs will be determined each shift by the Manager of Hospital Operations (MHO), Nurse Manager, and/or clinical supervisor.
3. When periods of low census occur and the scheduled staff is in the excess of need, the following will occur:
    i. The required skill level of staff will be determined for each unit.
    ii. Staff allocations will be adjusted based upon overall department/unit need.
        1. Staff will be re-assigned based upon need, their demonstrated

competency, and their ability to perform in the specified area.
2. Staff re-assigned to other units can utilize the Charge Nurse as a resource person.

iii. Relocation/re-assignment of staff shall be in accordance with hospital policy and the collective bargaining unit agreement.
iv. Employees who are called off will have the option of using benefit time in lieu of work time. Use of benefit time must be communicated to the respective nurse manager within the pay period during which the call off occurred.

XIII. REFERENCES

1. NYS Public Health Law, Clinical Staffing Committee, Chapter 422 of the Laws of 2009, updated 2021.
XIV. Clinical Staffing Committee, Frequently Asked Questions, HANYS.

OLEAN GENERAL HOSPITAL

MEDICAL SURGICAL UNITS STAFFING GRID

2ND FLOOR – ADC 30 3rd Floor (3A & 3B) ADC 36

Census	Shift	RN	NA	UC	Charge Nurse
43 - 48	0700-1500	9	4	1	1
	1500-2300	9	4	1	1
	2300-0700	8	3	0	0
38 - 42	0700-1500	8	3	1	1
	1500-2300	8	3	1	1
	2300-0700	7	3	0	0
33 - 37	0700-1500	7	3	1	1
	1500-2300	7	3	1	1
	2300-0700	6	2	0	0
28 - 32	0700-1500	6	3	1	1
	1500-2300	6	3	1	1
	2300-0700	5	2	0	0
23 - 27	0700-1500	5	2	1	1
	1500-2300	5	2	1	1
	2300-0700	4	2	0	0
17 - 22	0700-1500	4	2	1	1
	1500-2300	4	2	1	1
	2300-0700	3	1	0	0
15 - 16	0700-1500	3	2	1	1
	1500-2300	3	1	1	1
	2300-0700	3	1	0	0

This model did not reach consensus as committee asked for straight 1 to 5 nurse to patient ratios as final plan.

If there are pediatric patients on 2nd floor the nurse caring for the pediatric patient will be 1:4

7/2024

OLEAN GENERAL HOSPITAL - ICU

Staffing Grid

ADC - 7

Census	Shift	RN	NA	Charge RN
13 - 14	0700-1500	7	1	1
	1500-2300	7	1	1
	2300-0700	7	0	1
12	0700-1500	6	1	1
	1500-2300	6	1	1
	2300-0700	6	0	1
11	0700-1500	6	1	1
	1500-2300	6	0	1
	2300-0700	6	0	1
10	0700-1500	5	1	1
	1500-2300	5	1	1
	2300-0700	5	0	1
9	0700-1500	5	0	1
	1500-2300	5	0	1
	2300-0700	5	0	1
7 - 8	0700-1500	4	0	1
	1500-2300	4	0	1
	2300-0700	4	0	1
5 - 6	0700-1500	3	0	1
	1500-2300	3	0	1
	2300-0700	3	0	1
3 - 4	0700-1500	2	0	1
	1500-2300	2	0	1
	2300-0700	2	0	1
2	0700-1500	2	0	1
	1500-2300	2	0	1
	2300-0700	2	0	1
1	0700-1500	2	0	1
	1500-2300	2	0	1
	2300-0700	2	0	1

RN to Patient ratio: 1 to 2 for ICU patients. 1 to 4 for Med Surg Patients holding in ICU and 1 to 4 for PCU patients in ICU

Support staff in the ICU includes a centralized monitor technician for telemetry

Drafted approval March 28, 2022

Final Approval June 27, 2022

7/2024

OLEAN GENERAL HOSPITAL BEHAVIORAL HEALTH UNIT

STAFFING GUIDELINES ADC 12.2

Census	Shift	RN	Safey NA	MHCounselor
9 - 14	0700-1500	2	1	1
	1500-2300	2	1	1
	2300-0700	1	1	1
8	0700-1500	2	1	1
	1500-2300	2	1	1
	2300-0700	1	1	1
1 - 7	0700-1500	1	1	1
	1500-2300	1	1	1
	2300-0700	1	1	1

Draft approved March 28, 2022
2nd draft approval (addition of ER MH Tech) June 13, 2022
Final approval June 27, 2022

7/2024

OLEAN GENERAL HOSPITAL OBSTETRICS
Staffing Guidelines

	7a-3p staffing	3p-11p staffing	11p-7a staffing	ADC
RN PP	2	2	2	6.8 includes newborns
RN L&D	2	2	2	2.0
RN/LPN Transition	1	1	1	
CLERK	1	0	0	
MGT	1	0	0	

Antepartum:	**Summary of guidelines from Perinatal Guidelines, 8th edition**
1 to 1	Woman presenting for intial obstetric triage
1 to 2-3	Women in obstetric triage after intitial assessment and in stable condition
1 to 3	Women with antepartum complications in stable condition.
1 to 1	Woman with antepartum complications who is unstable.
1 to 1	Woman receiving IV magnesium sulfate for the first hour of administration for preterm labor prophylaxis and no more than one additional couplet or woman receiving IV mag in a maintenance dose.
1 to 2	Woman receiving pharmacologic agens for cervical ripening.

Intrapartum care:	**Summary of guidelines from Perinatal Guidelines, 8th edition**
1 to 1	Patients with medical or obstetric complications
1 to 1	Woman receiving oxytocin during labor
1 to 1	Woman receiving IV magnesium sulfate for the first hour of administration. One nurse to one woman ratio during labor and until at least 2 hours postpartum and no moe than one additional couplet or woman in the patient assignment for a nurse caring for a woman receiving IV magnesium sulfate during post partum.
1 to 1	Bedside nursing attendance during initiation of regional anesthesia until condition is stable (at least for the first 30 minutes after intial dose).
1 to 1	Woman during the active pushing phase of 2nd stage labor.
1 to 2	Patients in labor without complications

Postpartum and Newborn care: Summary of guidelines from Perinatal Guidelines, 8th edition	
1 to 1	Woman in the immediate postoperative recovery period (for at least 2 hours)
1 to 3	Mother-baby couplets after the first 2-hour recovery period (with consideration for assignments with mixed acuity rather than all recent post C-section cases.
1 to 2	Women on the immediate PP day who are recovering from C-section birth as part of the nurse-to-patient ratio of one nurse to 3 mother-baby couplets.
1 to 3	Women postpartum with complications who are stable
1 to 1	Unstable newborns requiring complex critical care , newborns requiring intubation and prep for transfer
1 to 1-2	Newborns requiring intensive care
1 to 2-3	Newborns requiring intermediate care (oxygen, IV antibiotics, etc)
1 to 6	Healthy newborns in the nursery requiring only routine care whose mothers cannot or do not desire to keep at bedside.

Drafted approval June 13, 2022
Final approval June 27, 2022

7/2024

OLEAN GENERAL HOSPITAL SURGICAL SERVICES

Staffing Guidelines

Hours of Operation MON. - FRI. 6 am - 6 pm

RN Circulator	**1:1 at all times**	**Surgical Scrub (RN / OR Tech) 1:1 at all times**
	Nurse to patient ratio	
PACU RN	**1 to 1 with critical care patients and pediatrics** **1 to 2 with stable patients**	At no time will the PACU nurse be left alone in the department when a patient is present. Anesthesiologist will determine if patient meets critical care.
Pre op RN	**1 to 4**	
Post op RN	**1 to 4**	
Endo RN	**1 to 4**	
Anesthesia Tech	**1 to 2**	
Infusion RN	**1 to 4**	
Scheduler	**1 for department**	
Nurse Asst.	**1 for department**	

Draft approval April 18, 2022

2nd draft approval (hours of operation changed) June 13, 2022

Approved June 27, 2022

7/2024

Olean General Hospital

Emergency Department – Based on goal of 80 visits per day.

SHIFT	CHARGE RN	TRIAGE RN	STAFF RN	Transition LPN If available	ED TECH	UNIT CLERK
7a-11a	1	1	4	0	1	1
11a-11p	1	1	6	1	1	1
11p-3a	1	1	4	0	1	1
3a-7a	1	1	3	0	1	1

Final approval June 27, 2022

7/2024

OLEAN GENERAL HOSPITAL - Sub Acute Rehab

Staffing Grid ADC = 13.7

Census	Shift	RN	NA	PT/OT
16 - 17	0700-1900	2	2	1.5
	1900-0700	2	1	0
14 - 15	0700-1900	2	1	1.5
	1900-0700	2	1	0
12 - 13	0700-1900	2	1	1.5
	1900-2300	2	1	0
	1900-0700	1	1	0
10 - 11	0700-1900	2	1	1.5
	1900-0700	1	1	0
6 - 9	0700-1900	1	1	1.5
	1900-0700	1	1	0
1 - 5	0700-1900	1	1	1
	1900-0700	1	1	0

Draft Approval April 18, 2022
Final Approval June 27, 2022
7/2024

Olean General Hospital Dialysis Unit

Staffing Guidelines

Hours of Operation MON. – Sat. 530 am - 7 pm The Dialysis

Center will be closed on the following Holidays: New Year's Day, Thanksgiving Day, and Christmas Day. Patient swill be rescheduled for treatments. There are twelve stations for outpatient treatments at the Dialysis Center

RN to Patient Ratios	**1:3**

Final approved 7/2024

OLEAN GENERAL HOSPITAL Cardiac Catheterization/Radiology Procedural

Staffing Guidelines

Hours of Operation MON. - FRI. 7 am - 5 pm on call for STEMI cases 24/7/365

RN Circulator	**1:1 at all times**

Final approved 7/2024