BROOKS-TLC HOSPITAL SYSTEM, INC.

Title: **Clinical Staffing Plan - Clinical Staffing Committee**	**Policy #: NUR-ADM-C-003**	
Distribution: Clinical Nursing Units **Department/Category: Nursing**	**Policy Date:** 6/30/2022	**Page** 1 of 9
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Approved by: CEO	**Supersedes Policy # / Date:** NUR-ADM-N-003 09/2015 Revised 11/2020	
Reference: New York (NY) Public Health Law, Chapter 155 of the Laws of 2021 (Section 2805-t), Clinical Staffing Committee Law; section 405.22 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York; Association of periOperative Registered Nurses (AORN); Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN); Guidelines for Perinatal Care, 8th Edition; American College of Obstetrics and Gynecologists (ACOG); Agency for Healthcare Research and Quality (AHRQ) Emergency Severity Index (ESI)		
Keywords: Clinical, Nurse, Staffing		

I. GENERAL STATEMENT OF POLICY/PURPOSE

1. Brooks-TLC Hospital System, Inc. (BTLC) is a sole community hospital in rural western New York with Collective Bargaining Agreements (CBA) with New York State Nurses Association (NYSNA) and 1199SEIU United Healthcare Workers (SEIU). The purpose of the Clinical Staffing Committee and Clinical Staffing Plan is to ensure that the local labor and as well as management representatives at BTLC have support, resources, and encouragement to accomplish the day to day, and ongoing, labor management initiatives necessary to provide safe quality patient care.
   a. BTLC will follow New York State (NYS) Legislation, Section of NY Public Health Law, Chapter 155 of the Laws of 2021 (Section 2805-t), Clinical Staffing Committee Law. This plan addresses the function and maintenance of the following:
      i. Clinical Staffing Committee will be linked to our current committee known as Labor Management Committee which is our CBA committees with NYSNA and SEIU.
      ii. The purpose of the committee will be to:
         1. Develop and oversee the implementation of the annual clinical staffing plan.

2. Review the plan semi-annually (December and June) against patient needs and known evidence-based staffing information, including nursing-sensitive quality indicators collected.
3. Review, assessment, and response to complaints regarding potential violations of the adopted staffing plan, staffing violation, or other concerns regarding the implementation of the staffing plan and within the purview of the committee.

iii. Committee Membership will consist of 50% nurses and other frontline workers and 50% management representatives.

1. Clinical staff representation:
    a. RNs to be determined by NYSNA CBA
    b. Frontline team members currently providing or supporting direct patient care, including PCAs and Unit Clerks, and must represent a range of departments/units.
    c. Guests may be asked to participate by invitation.
2. Management representation:
    a. CNO
    b. Finance leadership
    d. Director of Nursing (DON)
    e. Surgical Services Director
    f. Human Resources Leadership designee
3. The clinical staffing committee will meet at least quarterly, more often as determined by the CNO.
4. Participation in the Clinical Staffing Committee by employees will be on scheduled work time and the employee will be fully relieved of all other 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. It is understood that the employees’ departments/units will not be short-staffed due to participation.

b. Factors to be considered and incorporated into the plan shall include, but are not limited to:

i. Census, including total numbers of patients on the unit on each shift and acuity such as patient discharges, admissions, and transfers;

ii. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift;

iii. Availability of other personnel supporting nursing services on the unit;

iv. Waiver of plan requirements in the case of unforeseeable emergency circumstances;

v. 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.

vi. Hospital Management can adjust the plan for short-term, unexpected changes in circumstances. Any unforeseeable emergency circumstances for the purposes of this section means:

Any unofficially declared national, state, or municipal emergency:
When a general hospital disaster plan is activated
Any unforeseen disaster or other catastrophic event that immediately affects or increases the need for health care services

2. Staffing Guidelines by Nursing Unit – The nurse to patient ratios will assist hospital administration in determining resources needed for nursing care based on changing patient needs.
   a. The attached grids contain specific guidelines indicating how many patients are assigned to each RN and the number of ancillary staffs who must be present on the unit.
   b. See attachments for the following units staffing guidelines and grids:
      i. Medical/Surgical
      ii. Intensive Care Unit
      iii. Surgical Services
      iv. Labor & Delivery (L&D/Nursery/Obstetrics (OB)
      v. Emergency Department

III. SCOPE AND RESPONSIBILITIES

This policy is applicable to the Clinical Nursing Care Units identified within the Staffing Plan.

IV. DEFINITIONS (This list is not intended to be all inclusive)

Average Daily Census (ADC) is the number of inpatients during the year. The ADC multiplied by 365 gives the total number of patient days per year.

Fixed Staffing Model is an approach to staffing that relies on a fixed number of nurses for a particular unit or shift

Flexible (Variable) Staffing Model is an approach to nurse staffing in which the number of nurses can be adjusted (upward or downward) to account for unit and shift level factors including patient condition, complexity or acuity of care, nursing care intensity, or the fluctuation of patient census.

Full Time Equivalent (FTE) is the equivalent of one full-time employee working for one year. It is calculated based upon 40 hours per week for 52 weeks, or 2080 hours. It includes productive and non-productive time. One employee working full time for one year (2080 hours) is one FTE. Two employees, each working 20 hours per week for one year (1040 hours each), are equivalent to one FTE.

Non-Productive (Non-Worked) Hours are hours for which an employee is paid, but are not worked. Examples include vacation, sick time, holidays, jury duty, bereavement pay, etc.

Nursing Care Intensity is defined as the level of patient need for nursing care as determined by the nursing assessment. A “high” intensity patient would generally require frequent and/or long periods of psychosocial, emotional, and hygiene care from nursing staff members. High intensity patients may also generally have an increased need for safety monitoring, familial support, or other needs.

Nursing Hours Per Patient Day (NHPPD) is the number of productive hours worked by nursing staff (RN, PCA, Unit Clerks) with direct patient care responsibilities per patient day for each for each inpatient unit in a calendar month.

Nursing Hours Per Patient Visit (NHPPV) is the number of productive hours worked by nursing staff (RN, PCA, Unit Clerks) with direct patient care responsibilities per patient visit in the Emergency Department in a calendar month.

Patient Acuity is the complexity of patient care needs requiring the skill and care of the nursing staff. In general, acuity is considered the severity of illness, the complexity of the medical interventions, and the necessity for nursing assessment, reassessment, and monitoring. There may be other factors not listed here. As a general matter, a “high” acuity patient would require a high amount of nursing interventions and frequent-to-ongoing nursing assessment.

Patient Day is one patient occupying one bed for one day, and typically counted at midnight.

Productive (Worked) Hours are the actual number of hours worked, including both regular and overtime hours, orientation hours, on-call hours, call-back hours, and training/education hours.

Sole Community Hospital is a designation by the Centers for Medicare and Medicaid services and classified under and Title 42 of the Code of Federal Regulations §412.92.

Skill Mix is the combination or grouping of different categories of workers employed in any field of work related to patient care; in this case, nursing care.

V. PROCEDURES AND MONITORING

a. New York State Requirements to begin July 1, 2022.
b. CNO/DON to submit annual staffing plan to NYS Department of Health (DOH) for posting by July 1, 2022 and then annually thereafter.
c. CNO/DON to submit quarterly reporting to NYS DOH beginning July 2023. Specific information includes total hours of nursing care per patient provided by Registered Nurses (RNs) and the number of unlicensed personnel utilized to provide direct patient care.

V. COMMITTEE MEMBER APPROVAL

Unanimously approval by voting committee members – see original signed document 6/30/22

VI. REVIEW

This policy and procedure will be reviewed semi-annually.

Julie Morton, COO/CNO	6-2023
Julie Morton, COO/CNO	6-2024

Staffing Grids Attachment

Medical/Surgical provides services 24 hours per day. Staffing is based on the hours of care per patient provided on the unit, patient census, the acuity of the patients, and is adjusted each shift to meet the needs of the patients.

The staffing for an average daily census of 15 patients is:

0645 - 1915	1845 - 0715
(1) Charge RN *Per CBA can take an approximate fifty (50%) of a normal RN patient assignment for the unit (patients with the least acuity)*	(1) Charge RN *Per CBA can take an approximate fifty (50%) of a normal RN patient assignment for the unit (patients with the least acuity)*
(3) RNs 1:5	(3) RNs 1:5
(2) PCAs 1:8	(2) PCAs 1:8
(1) Unit Clerk **Scheduled 0830-1700 M-F*	

Intensive Care Unit (ICU) provides services 24 hours per day. ICU staffing shall include a minimum standard of twelve (12) hours of registered nurse care per patient day.

The staffing for an average daily census of 4 patients is:

0700 - 1900	1900 - 0700
(2) RNs 1:2	(2) RNs 1:2
(1) * PCA 1:8	(1) * PCA 1:8

* PCA assigned to ICU may be floated at 4 or less patients per contract language as deemed necessary by in-house Nursing Supervisor.

**When a Charge Nurse is assigned, Per CBA can take an approximate fifty (50%) of a normal RN patient assignment for the unit (patients with the least acuity)

Surgical Services provides coverage 365 days per year. Hours of operation are Monday-Friday 0600-1800. On-call coverage is Monday-Friday 1445-0645, Saturdays, Sundays, and holidays 0700-0700. The on-call team consists of (1) surgical tech/or RN, (1) circulator RN, and (1) RNFA. Four operating rooms, GI lab, minor room, and urology room can be scheduled from 0730-1530. Various shifts are utilized with staggered start times to accommodate the average hourly census based on OR block time. The fixed staffing for Surgical Services is:

Ambulatory Surgery

Ambulatory Surgery-24 beds
Charge RN 1:2 *Per CBA can take an approximate fifty (50%) of a normal RN patient assignment for the unit (patients with the least acuity)*
RNs 1:4
(1) PCA for the Surgical Services Department
(1) Unit Clerk ** scheduled 0800-1600 M-F*

When specialty services are scheduled that include high volume and rapid turnover, staffing and support services are adjusted as needed.

Operating Room (OR)

Operating Room and PACU
RNFA 1:1
RNs OR 1:1 PACU 1:2
Surgical Tech 1:1
(1) Scheduling Specialist ** scheduled 0630-1430 M-F*

PACU staffing will be determined via the PACU census, standards, patient classification, and room activity. (2) staff members are the minimum, requiring at least (1) RN at all times when patients are present.

**Following AORN best-practice guidelines for Surgical Services staffing*

Labor & Delivery (L&D)/Nursery/Obstetrics (OB) fixed staffing of (3) RNs present at all times. When census requires, a PCA (1:8) will be assigned when annual deliveries exceed 325.

L&D • First Stage of Labor *(Cervix dilation and effacement)* RN 1:2 or 1:1 unstable mom • Second Stage of Labor *(Actual birth of baby)* RN 1:1 • Third Stage of Labor *(Delivery of placenta)* RN 1:1 • Post-Partum Recovery *(First 2 hours after delivery when both mom and baby are stable)* RN 1:1
Nursery RN 1:5 or 1:3 couplets
OB RN 1:5 or 1:3 couplets

** Following AWHONN. Perinatal Care Guidelines 8th Edition and ACOG best practice guidelines for L&D/Nursery/OB staffing*

Emergency Department provides services 24 hours per day. Staffing is based on the hours of care per each patient visit, average annual historical daily census, and is adjusted to address multiple patients, acuity levels, and emergency situations.

The staffing for an average daily census of 50 patient visits is:

(1) Charge RN assigned to Triage *Per CBA can take an approximate fifty (50%) of a normal RN patient assignment for the unit (patients with the least acuity)*
RNs 1:4 stable patients or 1:1/1:2 if unstable patient(s)
(1) PCA 1:8 (1) ED Unit Clerk *Scheduled daily 0900-2100

** Emergency Severity Index (ESI) categories are utilized to ensure accurate prioritization of patient care.*

- *ESI 1 patient is unstable and requires immediate-life-saving interventions*
- *ESI 2 patient is a high-risk unstable potential patient in need of immediate care*
- *ESI 3 patient is stable, predicted to need two or more resources to make a disposition*
- *ESI 4 patient is stable, likely to require one resource for disposition*
- *ESI 5 patient is stable, expected to consume no resources*

Continuing collaboration between management and committee members to establish respiratory services.