



Origination 07/1998  
Last Approved 06/2024  
Effective 06/2024  
Last Revised 06/2024  
Next Review 06/2026

Owner David Finney:  
Vice President  
Nursing  
Area Nursing  
Applicability UHS Chenango  
Memorial  
Hospital

## Clinical Staffing Plan

### Purpose/Brief Description:

Chenango Memorial Hospital is a sole community rural hospital that provides an array of both outpatient and inpatient services. This staffing plan establishes guidelines by which members of the Workplace Safety Committee agree patient care can be delivered safely within the constraints of available professional and financial resources.

### References:

New York State Labor Law 167, Part 117.4

NYS Department of Health DHDC DAL #24-02

Public Health (PBH) CHAPTER 45, ARTICLE 28 Section 2805-t

10 NYCRR sections 405.5, 405.12, 405.19, 405.21, 405.22, and 405.31

ICU policy: ICU Admission <https://nyuhs-chenango.policystat.com/policy/9720068/latest/>

CMH Administrative policy: Incident Reporting <https://nyuhs-chenango.policystat.com/policy/9774248/latest/>

UHS System policy: Non-Retaliation <https://nyuhs-chenango.policystat.com/policy/9373564/latest/>

### Policy:

1. It is the policy of the Patient Care Services Division to support the Workplace Safety Committee's development and implementation of staffing plans that meet patient care needs based on the population served by each area.

2. The staffing plans provide for the continuous and timely availability of nursing personnel to meet patient care needs based on census, acuity, and the qualifications and skill level of the nursing personnel.
3. During times of low or high census, the nursing personnel will be decreased or increased based on the care needs of the patients. Nurses may be floated to another unit or placed on call.
4. The provision of nursing care to patients will include the utilization of professional, technical, and support personnel.
5. Chenango Memorial Hospital meets the requirement set forth in the New York State Labor Law 167, Part 117.4, as it pertains to the utilization of mandatory overtime for licensed staff.
6. The Workplace Safety Committee serves the role of a clinical staffing committee as required by 10 NYCRR sections 405.5, 405.12, 405.19, 405.21, 405.22, and 405.31.

## Responsibilities:

Nurse/Services Line Managers, Nursing Supervisors Workplace Safety Committee	<ul style="list-style-type: none"> <li>- Implement and monitor staffing plans. Adjust staffing as needed based on patient care needs and this staffing plan.</li> <li>- Review this plan semiannually; revise, and submit this staffing plan to NYSDOH annually, by July 1.</li> <li>- Align Safe Patient Handling policy to appropriately address needs identified in this staffing plan.</li> <li>- Review and respond to staffing plan variance reports.</li> </ul>
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## Definitions:

1. **"Emergency"** shall mean an unforeseen event that could not be prudently planned for by a health care employer and does not regularly occur, **including an unanticipated staffing emergency.**
2. **"Unforeseeable emergency circumstances"** means:
  - a. Any officially declared national, state, or municipal emergency;
  - b. When a hospital disaster plan is activated; or
  - c. Any unforeseen disaster or other catastrophic event that immediately affects or increases the need for health care services.
3. **"Health care disaster"** shall mean a natural or other type of disaster that increases the need for health care personnel, unexpectedly affecting the county in which the nurse is employed or in a contiguous county.
4. **"Health care employer"** shall mean any individual, partnership, association, corporation, limited liability company or any person or group of persons acting directly or indirectly on behalf or in the interest of the employer, which provides health care services (i) in a facility licensed or operated pursuant to article twenty-eight of the public health law.
  - a. Examples of a health care facility include, but are not limited to, hospitals, nursing homes, outpatient clinics, comprehensive rehabilitation hospitals, residential health

care facilities, residential drug and alcohol treatment facilities, adult day health care programs, diagnostic centers, and maternal health care consortia.

5. **"Nurse"** shall mean a registered professional nurse or a licensed practical nurse who provides direct patient care, regardless of whether such nurse is employed full-time, part-time, or on a per diem basis.
6. **"On call"** shall mean when an employee is required to be ready to perform work functions and required to remain on the employer's premises or within a proximate distance, so close thereto that s/he cannot use the time effectively for his or her own purposes. An employee who is not required to remain on the employer's premises or within a proximate distance thereto but is merely required to leave information, at his or her home or with the health care employer, where he or she may be reached is not working on call.
7. **"Overtime"** shall mean work hours over and above the nurse's regularly scheduled work hours.
8. **"Patient care emergency"** shall mean a situation which is unforeseen and could not be prudently planned for, which requires nurse overtime in order to provide safe patient care.
9. **"Regularly scheduled work hours"** shall mean the predetermined shifts and hours a nurse has agreed to work and is normally scheduled to work pursuant to the budgeted hours allocated to the nurse's position by the health care employer.
  - a. If no such allocation system exists, regularly scheduled work hours shall be determined by some other measure generally used by the health care employer to determine when an employee is minimally supposed to work.
  - b. Regularly scheduled work hours shall include pre-scheduled on-call time and the time spent for the purpose of communicating shift reports regarding patient status necessary to ensure patient safety.
  - c. For a part-time nurse, regularly scheduled work hours mean those hours a part-time nurse is regularly scheduled to work pursuant to the employer's budgeted hours allocated to the nurse's position.
  - d. For per diem, privately contracted, or employment agency nurses, the employment contract and the hours provided therein shall serve as the basis for determining the nurse's regularly scheduled work hours
10. **"Critical care patient"** shall mean a patient that meets the established criteria for admission to the ICU per policy: "ICU Admission."

## Procedure:

### The Workplace Safety Committee will consider the following in development and review of this staffing plan:

1. Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
2. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift;
3. Skill mix;

4. The availability, level of experience, and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift;
5. The need for specialized or intensive equipment;
6. The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
7. Mechanisms and procedures to provide for one-to-one patient observation, when needed, for patients;
8. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors;
9. Measures to increase worker and patient safety, which could include measures to improve patient throughput;
10. Staffing guidelines adopted or published by other states or local jurisdictions, national nursing professional associations, specialty nursing organizations, and other health professional organizations;
11. Availability of other personnel supporting nursing services on the unit;
12. Waiver of plan requirements in the case of unforeseeable emergency circumstances as defined above;
13. Coverage to enable registered nurses, licensed practical nurses, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable;
14. The nursing quality indicators reported to the hospital's Nursing Performance Improvement and Practice committee;
15. Hospital finances and resources; and
16. Provisions for limited short-term adjustments made by Nursing Leadership to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration.

### **Workplace Safety Committee Membership:**

Committee members who provide direct patient care are selected from volunteers desiring to serve and able to commit to participation over a three-year term.

Volunteers are solicited from July to August annually to replace one third of the Direct Care membership each year. The Direct Care Co-chair of the committee will oversee the selection of Direct Care members by their peers on the committee in September to begin service at the October committee meeting.

If a member leaves the committee prior to term expiration, the committee will seek candidates to fill the remainder of the term as expeditiously as possible.

The VP of Clinical Services (CNO) and VP of Finance/CFO will serve on the committee. No more than half of the membership will be management staff.

## Area Specific Staffing:

The following are average staffing levels based on the population served in each area and average daily census/volumes. The hospital makes every prudent effort to maintain adequate staff to provide coverage without the use of mandatory overtime.

The Nursing Managers/Supervisors will assess staffing needs, based on patient census/volumes and acuity, and increase or decrease staff as necessary to meet patient care needs. Staffing and patient care assignments will be made with consideration of available acuity metrics.

## AMBULATORY SURGERY/SPECIAL PROCEDURES:

The following staffing is based on a historical average monthly volume of 270 patients. Consideration of changes to staffing will be triggered by a sustained change in average monthly volume of +/- 15% (40 patients).

1 Unit Secretary	6:30 AM TO 3:00 PM, MONDAY-THURSDAY 8:00 AM TO 12:00, FRIDAY
1 LPN	6:30 AM TO 4:00 PM MONDAY-THURSDAY 8:00 AM To 12:00 PM FRIDAY
1 HCA	6:00 AM TO 5:00 PM, MONDAY-THURSDAY
5 RN's	6:30 AM TO 5:00 PM, MONDAY-THURSDAY
1 RN	8:00 AM TO 4:30 PM, MONDAY-THURSDAY
1 Charge RN	6:30 AM TO 4:00 PM, MONDAY-THURSDAY, 8:00 AM TO 12: PM FRIDAY

## PACU:

2 RN's	7:30 AM TO 6:00 PM, MONDAY - THURSDAY
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Additional support staff will be allocated from Ambulatory Surgery when needed.

24 HOUR EMERGENT CALL AFTER HOURS, WEEKENDS AND HOLIDAYS

## SURGERY:

1 RN Supervisor

1 RN and 1 Surgical Technician, or 2 RN's, per active operating room

Additional staff available for support include OR Scheduler and Sterile Processing Technicians

MONDAY THROUGH THURSDAY 6:30 AM TO 5:00 PM

24 HOUR EMERGENT CALL AFTER HOURS, WEEKENDS AND HOLIDAYS

## ESD:

The following staffing is based on an average monthly volume of 1,500 visits. Consideration of changes to staffing will be triggered by a sustained change in average monthly volume of +/- 10% (150 patients).

2 RN's	24 HOURS PER DAY/7 DAYS A WEEK	
2 RN's	12 HOURS PER DAY/7 DAYS A WEEK	During historically peak hours of daily volume
1 ER TECH	24 HOURS PER DAY/7 DAYS A WEEK	
1 ER TECH	10 HOURS PER DAY/7 DAYS A WEEK	During historically peak hours of daily volume
1 ACR	24 HOURS PER DAY/7 DAYS A WEEK	
1 ACR	8 HOURS PER DAY/5 DAYS A WEEK	During historically peak hours of daily volume

## MED/SURG:

The attached grid accounts for variations in census within the physical capacity of the unit. The unit's average daily census for the period of 1/2020-2/2022 was 7.45 patients.

REFER TO ATTACHED STAFFING PLAN.

## ICU:

The ICU at CMH is a five bed unit capable of critical care, but may also house patients of lower acuity depending on the needs of the hospital. The average daily census of the ICU for the period 1/2020-2/2022 was 2.04 patients. Consideration of changes to staffing will be triggered by a sustained change in average daily census to 3 or more patients.

24 hours per day/seven days per week:

1 RN for up to 2 critical care patients; or no more than one critical care patient and two of lesser acuity.

1 LPN/HCA/WS

During low census one ICU (ACLS/Coronary Care) trained RN must remain on the premises. HCA/WS may be floated or placed on call as deemed appropriate by Nursing Manager/Supervisor.

During high census (greater than 3 patients), or times of increased acuity (determined by patient's needs, prescribed medical regimen, and the preparation and competence of the nursing staff available), the Supervisor/Manager will utilize the criteria for admission (policy: ICU Admission) as a guideline to determine if a patient is admitted to the ICU unit. The Supervisor/Manager will assure adequate staffing levels by floating qualified staff from another unit utilizing on-call staff or by placing calls for additional assistance. During times of high census, a noncritical care-trained RN may function as the second RN with the critical care-trained RN and Nursing Supervisor available for support.

## MATERNITY:

24 hours per day/seven days per week:

2 RN staff per shift.

Monday - Friday, 7:00A - 3:30P Unit Secretary.

The Maternity unit provides care for patients from antepartum through postpartum and newborn. Due to unpredictable volume and timing, every effort is made to schedule additional staff for likely surges, when needed. The Manager and Supervisor augment staff coverage in addition to seeking assistance from other available staff in times of unexpected need.

When there are no patients on Maternity, one nurse must remain on the unit at all times. The second RN must remain in the building and may be floated to another unit. The float should not care for a patient with a known infection.

## RECOMMENDED NURSE:PATIENT RATIO FOR PERINATAL CARE SERVICES

Registered Nurse/ Patient Ratio	Care Provided
Intrapartum	
1:2	Patients in labor.
1:1	Patients in second stage of labor.
1:1	Patients with medical (diabetes, pulmonary or cardiac disease, or morbid obesity) or obstetric (pre-eclampsia, multiple gestation, fetal demise, abnormal fetal heart rate pattern) complications.
1:2	Oxytocin induction or augmentation of labor.
1:1	Initiating Intrathecal anesthesia/epidural.
Antepartum/Postpartum	
1:6	Antepartum and postpartum patients without complications.
1:3	Antepartum and postpartum patients with complications but in stable condition.
1:4	Newborns and those requiring close observation.
Newborns	
1:5-6	Newborns requiring only routine care
1:3-4	Normal mother-newborn couplet care
1:3-4	Newborns requiring continuing care
1:2-3	Newborns requiring intermediate care
1:1-2	Newborns requiring intensive care/transport
1:1 or greater	Unstable newborns requiring complex critical care
1:1	Newborn needing stabilization

If breast feeding or couplet care is provided, a registered nurse coordinates and administers care for the mother and newborn couplet (1:3-4 couplets).

# Outpatient Practices within the Hospital:

The following staffing plan for outpatient practices is based on an average daily patient and provider schedule. Staffing may vary as the number of scheduled providers or patients changes.

Office	RN	LPN	MOA	PEA (ACR)	
Cardiology	2	3	3	2	1 Echosonographer
Primary Care -Norwich	1	2	5	3	
Walk-in Clinic	1	2.5	1.5	1	

## Unscheduled Absence:

1. Staff must notify Supervisor or Manager.
2. Supervisor places telephone calls to all per diem staff and staff not currently working to check availability. Document on call sheet.
3. Supervisor/Manager evaluates ability to float staff.

To meet the intent of regulations, Chenango Memorial Hospital utilizes the following staffing options:

1. Per Diem Staffing
2. Voluntary Overtime
3. Floating of Staff to Other Units
4. Offering "off-duty" a Day Off in Exchange for Working
5. Use of Agency Staffing

## Posting Staffing Plan:

Each patient care unit will post in a publicly conspicuous area, the clinical staffing plan for that unit and the actual daily staffing for that shift on that unit as well as the relevant clinical staffing.

The Workplace Safety Committee will submit the staffing plan by July 1 each year to the NYSDOH of posting on its public website. If amendments are needed; i.e. a patient care unit is added, the amended plan will be submitted to the DOH at that time.

## Reporting Staffing Concerns:

Staff wishing to report a variance from the staffing plan will use the hospital's incident reporting system as promptly as possible. The "Staffing Plan Variance" report will be investigated consistent with the CMH "Incident Reporting" policy. Reporting is subject to the UHS System "Non-Retaliation" policy.

The Workplace Safety Committee will review variance reports as a regular part of its agenda. The committee will utilize the reports to identify trends and potential changes needed to the staffing plan.



# Attachment:

Med/Surg Staffing Mix

# Control:

Vice President, Clinical Services	- Implements and oversees the policy. Reviews the policy biennially and makes revisions as needed.
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## Attachments

MED/SURG Staffing Mix

## Approval Signatures

Step Description	Approver	Date
VP Clinical Services	David Finney: Vice President Nursing	06/2024
Nursing PI & Practice Committee approval.	David Finney: Vice President Nursing	06/2024
	David Finney: Vice President Nursing	06/2024

## Applicability

UHS Chenango Memorial Hospital

## Standards

No standards are associated with this document



## MED/SURG STAFFING MIX

EFFECTIVE JANUARY, 2023 (valid through January 2026)

Census	DAYS				EVENINGS				NIGHTS	
	Charge Nurse	RN	HCA	WS	Charge Nurse	RN	HCA	WS	RN	HCA
0	0	2	0	0	0	2	0	0	2	0
1	0	2	0	0	0	2	0	0	2	0
2	0	2	0	0	0	2	0	0	2	0
3	0	2	0	0	0	2	0	0	2	0
4	0	2	0	0	0	2	0	0	2	0
5	0	2	0	0	0	2	0	0	2	0
6 *	1 or WS	2	1	1 or Charge	1 or WS	2	1	1 or Charge	2	0
7 *	1 or WS	2	1	1 or Charge	1 or WS	2	1	1 or Charge	2	1
8 *	1	2	2 or 1	0 or 1	1	2	2 or 1	0 or 1	2	1
9 *	1	2	2 or 1	0 or 1	1	2	2 or 1	0 or 1	2	1
10 *	1 or WS	2	2	1 or Charge	1 or WS	2	2	1 or Charge	2	1
11 *	1 or WS	2	2	1 or Charge	1 or WS	2	2	1 or Charge	2	1
12 *	1 or WS	2	2	1 or Charge	1 or WS	2	2	1 or Charge	2	1
13 †	1 1 pt	2	2	1	1 1 pt	2	2	1	2	2
14 †	1 2 pts	2	2	1	1 2 pts	2	2	1	2	2
15	1	3	2	1	1	3	2	1	3	2
16	1	3	2	1	1	3	2	1	3	2
17 +	1	3	2 or 3	1	1	3	2 or 3	1	3	2
18 +	1	3	2 or 3	1	1	3	2 or 3	1	3	2
19 †	1 1 pt	3	3	1	1 1 pt	3	3	1	3	2
20 †	1 2 pts	3	3	1	1 2 pts	3	3	1	3	2
21	1	4	3	1	1	4	3	1	3	2
22	1	4	3	1	1	4	3	1	4	2
23	1	4	3	1	1	4	3	1	4	2
24	1	4	3	1	1	4	3	1	4	2

MED/SURG STAFFING MIX  
EFFECTIVE JANUARY 2023  
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25 +	1 1 pt	4	3 or 4	1	1 1 pt	4	3 or 4	1	4	2
26 +	1 2 pts	4	3 or 4	1	1 2 pts	4	3 or 4	1	4	2
27 +	1	5	3 or 4	1	1	5	3 or 4	1	4	3
28	1	5	4	1	1	5	4	1	4	3
29	1	5	4	1	1	5	4	1	5	3
30	1	5	4	1	1	5	4	1	5	3
31 †	1 1 pt	5	4	1	1 1 pt	5	4	1	5	3
32 †	1 2 pts	5	4	1	1 2 pts	5	4	1	5	3

\* = Decision of what skill mix is most appropriate for patient needs.

† = Charge nurse to provide care to up to two patients, depending on cumulative patient needs.

+ = HCA to take one additional patient each, depending on patient needs.