

Elizabethtown Community Hospital

The University of Vermont Health Network Elizabethtown Community Hospital (PFI # 0303) Clinical Staffing Plan was developed from the Hospital Clinical Staffing Committee consisting of equal membership of direct care staff and management staff. The staffing plan complies with the New York State Public Health Law Section 2805-t. The law also notes the following for Critical Access Hospitals such as Elizabethtown Community Hospital: Critical access hospitals may develop flexible approaches to accomplish the requirements. The staffing plan includes specific staffing for each patient care area and work shift based on patients' needs. The unit level staffing plans take into account but not limited to the following:

- Patient census and census variance trends to include admissions, discharges, and transfers
- Patient LOS
- Nurse sensitive outcome indicator data- such as falls, and pressure injuries
- Quality metrics and adverse event data where staffing may have been a factor
- Patient experience data
- Staff engagement/experience data
- Nursing overtime and on-call utilization
- Nursing agency utilization and expense
- Staffing concerns/data
- Recruitment, retention and turnover data
- Education, vacation and sick time (including leaves of absence, scheduled or unscheduled)
- Level of acuity and intensity of all patients and nature of the care to be delivered on each shift.
- Skill mix of the staff (inpatient unit may vary based on class of patients)
- Level of experience and specialty certification or training of nursing personnel providing care
- The need for specialized or intensive equipment
- 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.
- Mechanisms and procedures to provide for one-to-one patient observations, when needed.
- Other special characteristics of the unit or community patient population.

- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations and other health professional organizations.
- Availability of other personnel supporting nursing services on the unit.
- 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.
- Hospital finances and resources as well as defined budget cycle must be considered in the development of the staffing plan.
- Waiver of plan requirements in the case of an unforeseeable emergency where the hospital disaster plan is activated, or an unforeseen disaster or catastrophic event immediately affects or increases the need for healthcare services.

The plan is submitted annually to the New York State Department of Health. Additional reporting requirements shall be submitted per the regulation when applicable. A semi-annual review of the staffing plan by the committee shall take place. Patient needs and known evidence-based staffing information, including quality indicators will be utilized. Any complaints shall be formal, in writing, to the department manager and then committee members. Staffing variations from the plan that are deemed necessary to account for unexpected circumstances should be short-term and limited duration.

The patient care units for staffing levels include the inpatient nursing unit, emergency departments, outpatient specialty services such as Endoscopy, Cardiology, Gastroenterology, Infusion, Orthopedics, Women's Health, Chemotherapy, Oncology, and our Community Practice Health Centers. Each area will have a staffing grid with positions, and shifts listed. Each area will consider additional support services available for patient care such as a nursing manager, unit clerk, dietary assistant, rehab assistant, etc.

Staffing Plans for each unit consist of a unit description, and the clinical staffing required to care for patient volumes and acuity. According to Trepanier, Lee, and Kerfoot (2017), Nurse staffing levels for inpatient units are measured in terms of nursing hours per patient day. The authors also note nurses play a role in the impact of quality outcomes using data-driven staffing. The patient care hours in relationship to volumes and staffing is tracked utilizing a tool for nursing care hours. The nursing care hours and staffing mix to be accurate the daily staffing log needs to be complete. Staffing plans made shift by shift measured by patient demand can guide for flexible staffing based on acuity according to Griffiths, Saville, Ball, Jones, and Monks (2021). The Inpatient Nursing Unit utilizes a tool to assist with staffing based on acuity pulled from the electronic health record of each patient. The tool guides the staffing ratios and

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The next section of the plan will include each unit's staffing plan as developed and approved through the Clinical Staffing Committee consisting of frontline staff and management staff.

## **STAFFING PLAN FOR THE INPATIENT UNIT**

The inpatient unit is a mixed care unit with acute and swing bed (subacute rehab and skilled nursing) patients. Staffing for the inpatient unit will flex depending on the number of patients and the acuity.

There is a base level of staffing determined by the Staffing Level Requirements for Inpatient Unit attached and the average mix of patients, and the activity levels of each shift.

Patient census shall be limited to 22 patients to achieve the nurse-to-patient ratio's desired to appropriately care for patients.

### **BASE STAFFING LEVEL FOR UP TO 18 PATIENTS**

#### **7am-3pm**

NURSES: 3.5-4 (3 RN's and 1 LPN) Nurse to Patient ratio is 4-5 patients per shift

CLINICAL ASSISTANTS: 3

Unit Secretary

ADDITIONAL STAFF MAY INCLUDE: Physical Therapist

Occupational Therapist

Physical Therapy Aide

Recreational Therapist

Unit Secretary (12 hours a day)

RN Nurse Manager

RN Assistant Nurse Manager

Case Manager

Infection Prevention and Control Coordinator

Employee Health Nurse

If there are 15 or less patients 1 RN will be Charge Nurse and will oversee the floor including admissions discharges, assisting all staff RN and CA, oversee LPN, and other tasks on the Charge Nurse Checklist attached. Appendix A.

If there are more than 15 patients, the charge nurse will take 1 patient.

LPN's may be assigned up to 7 uncomplicated/swing bed patients

### **3pm-11pm**

NURSES: 2-3 (2 RN and 1 LPN) Ratio 6:1

CLINICAL ASSISTANTS: 2

*(CHARGE NURSE)*

### **11pm-7am**

NURSES: 2-2.5 – Ratio 6:1

CLINICAL ASSISTANTS: 2

Charge Nurse

RESOURCE NURSE: available 5 days a week to assist based on need

- Patient assignments for all shifts will be made based on acuity scores to make sure workload is roughly even. Patients will be scored by off going nurse prior to the end of their shift using the Patient Acuity Tool attached. Appendix B.
- When the unit census is low, the Charge Nurse can cancel/offer Low Census Call Offs to staff based on the level of acuity of the patients to the Charge Nurses' comfort level based on acuity.
- Staffing can flex up or down based on patient acuity and staffs comfort level. If Charge Nurse not comfortable with staffing level, they can call in extra staff and/or contact the Nurse Manager on Call.
- Nurses are encouraged to speak up when they are not comfortable with assignment.

Staffing for up to 25 patients would include an extra RN/LPN and Clinical Assistant based on the acuity of patient mix.

## Outpatient Specialty Services

The specialists have visiting practices at both campuses and have varying frequency schedules on a monthly basis. The clinical services are diverse and encompass complete patient management. The acuity and volumes vary per clinic.

**OPERATIONAL HOURS:** Monday through Friday, 7:30 am to 6:00 pm varies in each clinic

**LOCATION:** Elizabethtown Campus (PFI- 0303), located at 75 Park Street

**POPULATION SERVED:** The age range is specific to specialist, with  
The majority from early adulthood to geriatric

### Specialty Outpatient Services:

To provide a comprehensive evaluation, consultation and treatment in the following services: Services at both campuses unless otherwise noted

- 1) Cardiology
- 2) Gastroenterology / Endoscopy
- 3) Orthopedics
- 4) Women's' Health (GYN only)
- 6) Oncology (hematology)
- 7) Infusion Clinics (Chemotherapy)

### Qualifications of Staff:

The qualifications of nursing staff vary based on clinic needs. All RN's have BLS, and ACLS at a minimum. Moderation sedation and Oncology are two examples of additional qualifications required

### Standards of Practice:

The National League of Nursing, American Nurses Association, and Nurses Improving Healthcare of Elders, recognized core curriculum and teaching aids are used as reference for the development of standards and policies in both Specialty Clinic areas. Additionally, evidence-based literature is utilized to allow for formulation of evidence-based care policies appropriate to the resources and needs of the hospital and unit. Other standards are utilized when it is related to a specific clinic, such gastroenterology and infusion.

Staffing Plan:

The Staffing plan for the UVMHN Elizabethtown and Ticonderoga specialty service clinics vary per day and per month. The staffing will be identified by campus and by specialty service.

**Elizabethtown (PFI #0303):**

*Cardiology-*

1 Front Desk/Medical Assistant (MA)

1 Registered Nurse (RN)

If volumes of tests such as exercise treadmill testing are scheduled an additional testing technician will be required

*Infusion Center- Elizabethtown*

- Dependent on types of treatment scheduled that day (Taken into account duration and complexity of infusions)

1 – 3 RNs depending on schedule and need of patients

1 Front desk/ MA

*Oncology/Hematology-*

1 Front Desk/Medical Assistant

2 RN's

*Orthopedics-*

1-30 Patients

1RN

1 Front desk/ MA

1 Medical Assistant

>35 patients

2 RNs

1 Medical Assistant

1 front desk/MA

*Gastroenterology / Endoscopy-*

1 Front desk/ MA

1 RN Pre Op; 1 RN Intra op; 1 RN Post OP

1 Intra op Tech, 2 cleaning techs (1 on the dirty side and 1 on the clean side)

>14 scheduled procedures 1 RN to float will be added

*Women's Health (GYN)-*

1 Front Desk/Medical Assistant

1 Registered Nurse

Factors considered for development of the staffing plans for both departments included department census by a monthly breakdown. Determining staffing quality indicators such patient experience, volumes, and specific clinic performance improvement measures were taken into account. Never events are also reviewed such as behavior events, patient complaints, staff injuries, patient falls, and medication errors. Patient care workflows were also considered in the development of this plan.

Elizabethtown Community Hospital Emergency Department

Staffing Plans

**Elizabethtown Campus Emergency Department (ECH ED): PFI 0303**

The emergency department (ED) is located at 75 Park Street in Elizabethtown. The ED is a multifaceted department with fluctuating acuity and census. The ED triages, performs medical screening exams, patient care and treatment from age birth to unlimited age individuals. The regional census increases with seasonal visitors to the area in addition to several summer school aged camps. The ED is a 6- room 6 bed ED. The ED has support via telemedicine to Regional Transfer Center. All Registered Nurses are provided with Advanced Cardiac Life Support, Pediatric Advanced Life Support, Trauma Nurse Core Course, and other education as requested and available through the Health Network Resources.

*Staffing Plan:*

Consists of Registered Nurses (RN's), Emergency Department Registration /Technician support personnel (reg/tech), and a mix of Physicians or Advanced Practice Providers (Physician Assistant or Nurse Practitioner) and a Family Practice Physician on-call for hospital admissions.

2 Registered Nurses 24 hours a day/7 days a week



2 ED registration/technicians on the day shift, 2 reg/tech's on the evening shift, 1 reg/tech's on the night shift from the months June –October (increase in seasonal census)

1 ED reg/tech on the day shift, 1 reg/ tech's on the evening shift, 1 reg/tech on the night shift with an additional 1 ED reg/tech from 1000-1800 from October-June (decrease in ED census)

If the acuity and / or census is elevated the Nurse Manager on-call will be notified for assistance such as looking for ED trained staff from the Inpatient Unit or other ED Trained RN's in the building

Planned Special events or potential increase in ED volume an additional 11a to 11p RN may be added.

Additional Support:

Day Shift Mon-Fri ED Nurse Manager and other Nurse Manager staff for support in patient care Paramedic and/or EMT/drivers when staffed and not on an inter-facility transfer are available to assist. Housekeeping and maintenance staff in the building can assist with activities as runners for supplies, answering phones, and are trained in CPR. Additional staff are trained for observation of patients requiring 1:1 observation due to a high fall risk, behavior risk, or security risk.

Pharmacists in-house will respond, when in-house and assist with critical patient's medication delivery.

EMS agencies bringing in critical patients will assist as volunteers if available as additional resource.

Law Enforcement may be required is a security risk is actively evolving as we lack a security team.

**Primary Care Health Centers (PFI #0303)**

Six Health Centers located throughout Essex County

Office hours for each Health Center are Monday-Friday 7:30am-430pm

Saturday hours for urgent care in Elizabethtown Health Center 8am-12p

Staffing Plans:

*AuSable Forks Health Center*- 15 Pleasant St, AuSable Forks

1 full time providers (FT)/ 1 part-time (PT) Provider

1 Licensed Practical Nurse (LPN) and 1 Medical Assistant

(MA)

1 Registered Nurse (RN)

2 front office support staff

*Crown Point Health Center*- 2679 Main Street, Crown Point

1 PT Provider and 1 Advanced Practice Practitioner FT

1 Registered Nurse (RN)

1 LPN and 1 MA

1.5 Front Office Staff

*Elizabethtown Community Health Center- 66 Park Street, Elizabethtown*

2 FT providers

1 PT provider

3 LPN – FT

1 FT MA

1 FT Registered Nurse

3 FT front office support staff

Wednesday (afternoons) and Fridays – Pediatrician is present seeing patients

1 LPN

1 Front office support staff

*High Peaks Health Center- 15 Community Circle, Wilmington*

1 provider

1 FT LPN

1 FT front staff

*Smith House Health Center- 39 Farrell Road,*

Willsboro

1 PT provider

1 FT provider

1 FT LPN

1 FT MA

2 FT front office support staff

*Westport Health Center- 6097 NYS Route 9N, Westport*

2 FT providers

2 FT LPNS

2 FT Front office support staff & 1 PT Front office support staff

A FT float either LPN or MA for the health center that is in need for days when there is 3 providers in

AFHC, SHHC, 5 providers in ECHC or where they are needed to help staff catch up on medication and

radiology PA's, prescription refills etc. Especially during the summer months where there are more camp kids/ staff coming in to be seen or snow birds coming back to their summer homes and camps.

Factors considered for development of the staffing plans for all health 6 health centers census by a monthly breakdown. Determining staffing quality indicators such patient experience, volumes and specific clinic performance improvement measures were taken into account. Never events are also reviewed such as behavior events, patient complaints, staff injuries, patient falls, and medication errors. Patient care work flows were also considered in the development of this plan.

Does the draft/revised policy involve federal, state or local regulations? <b>Yes</b> No					
If yes, please describe in research/reference section below ↓					
DATE:	DRAFTED/REVISED BY:	NE W√	No Change√	REVISION (S): state reason for revisions	INITIALS
06/26/2024	Clinical Staffing Committee			Additional addition of RN's added to the primary care health centers	JT
06/28/2022	Creation date- Clinical Staffing Committee	XX		Compliance with NYS Public Health Law Section 2805-t	JT

Research/References:

New York State. (2021) <i>Public Health (PBH) Chapter 45, article 28, section 2805-t</i> . Retrieved from <a href="https://www.nysenate.gov/legislation/laws/PBH/45-28-2805-t">Legislation   NY State Senate (nysenate.gov)</a> .
Trepanier, S., Lee, D. W., & Kerfoot, K. M. (2017). Interoperable acuity-based staffing solutions: Lessons learned from a Multi-hospital system. <i>Nursing Economics</i> . 35(4).

5, J., 3, J., 25, M., (2021, March 10). Patient acuity tool on a medical-surgical unit. American Nurse. Retrieved June 21, 2022, from <https://www.myamericannurse.com/patient-acuity-medical-surgical-unit/>

Griffiths P, Saville C, Ball JE, Jones J, Monks T;(2021). Safer Nursing Care Tool study team. Beyond ratios - flexible and resilient nurse staffing options to deliver cost-effective hospital care and address staff shortages: A simulation and economic modeling study. *International Journal Nurs Stud.* 117(May) 2021. 117:103901. doi: 10.1016/j.ijnurstu.2021.103901. Epub 2021 Feb 11. PMID: 33677251; PMCID: PMC8220646.

## Appendix A

### CHARGE NURSE CHECKLIST

- Bed side reporting completed with patient engagement.
- Code cart, daily assignment, staffing filled out.
- Pressure ulcer prevention & documentation
- Picc line/ central line documentation
- Foley catheter need & documentation
- Soiled utility room.
- Rooms decluttered and cleaned.
- All feeders have a person.
- Vitals completed.
- Linens changed daily.
- Daily weight and documented.
- Swing bed assignments completed.
- Walking patients (We should be asking our patients when do they want to walk).
- Orientation with new staff.
- Dietary kitchen – cleaned and decluttered.
- Menus completed.
- Safety checks
- Monitoring breaks for staff
- Fall prevention signs – inside/outside.
- If less than 15 patients with 4 nurses-charge nurse will oversee the floor including Admissions, Discharges, CT/MRI, assisting all staff, RN and CA.
- If greater than 16 patients, charge nurse would take 1 patient.
- LPN can take up to 7-10 swing patients (based on level of comfort).
- Charge nurse will oversee LPN.

## Appendix B

### Patient acuity tool

Using the patient acuity tool, RNs can assess patients' risk level to help create equitable, quantifiable assignments.

	1: Stable patient	2: Moderate-risk patient	3: Complex patient	4: High-risk patient
<b>Clinical patient characteristics</b>				
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• Q8h VS</li> <li>• Alert and oriented x4</li> </ul>	<ul style="list-style-type: none"> <li>• Q4h VS</li> <li>• CIWA-Ar ≤8</li> </ul>	<ul style="list-style-type: none"> <li>• Q2h VS</li> <li>• Delirium/ altered mental status</li> <li>• CIWA-Ar &gt;8</li> </ul>	<ul style="list-style-type: none"> <li>• Unstable VS (determined by ordered parameters)</li> </ul>
<b>Respiratory</b>	<ul style="list-style-type: none"> <li>• Stable on room air</li> </ul>	<ul style="list-style-type: none"> <li>• Oxygen ≤2 L via NC</li> </ul>	<ul style="list-style-type: none"> <li>• Oxygen &gt;2 L via NC</li> <li>• Tracheostomy</li> </ul>	<ul style="list-style-type: none"> <li>• Oxygen via mask</li> <li>• Can't maintain secretions independently</li> </ul>
<b>Cardiac</b>	<ul style="list-style-type: none"> <li>• VS (determined by ordered parameters)</li> </ul>	<ul style="list-style-type: none"> <li>• Low-grade temp: 98.7°F-100.3°F</li> <li>• Pacemaker/AICD</li> <li>• HR &gt;130</li> </ul>	<ul style="list-style-type: none"> <li>• Change in BP</li> <li>• Temp &gt; 100.3°F</li> </ul>	<ul style="list-style-type: none"> <li>• Unstable rhythm</li> <li>• Atrial fibrillation or PE</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>• PO/IVPB</li> <li>• Blood glucose normal</li> </ul>	<ul style="list-style-type: none"> <li>• TPN/heparin infusion</li> <li>• Blood glucose requiring notifying provider</li> <li>• Blood draws from PICC</li> <li>• Dialysis</li> </ul>	<ul style="list-style-type: none"> <li>• CBI</li> <li>• 1 unit blood transfusion</li> <li>• Fluid bolus for BP</li> </ul>	<ul style="list-style-type: none"> <li>• &gt;1 blood transfusion</li> <li>• Chemotherapy</li> </ul>
<b>Drainage devices</b>	<ul style="list-style-type: none"> <li>• ≤2 drains (Jackson- Pratt, hemovac, percutaneous nephrostomy, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Chest tube to water seal</li> <li>• Nasogastric/ nasoduodenal tube</li> <li>• Continuous tube feeding</li> </ul>	<ul style="list-style-type: none"> <li>• Chest tube to suction</li> <li>• Drain measured q2h</li> <li>• Bolus tube feeding</li> </ul>	<ul style="list-style-type: none"> <li>• Drain measured q1h</li> <li>• Chest tube output &gt;100 ml/ 2h</li> </ul>
<b>Pain management</b>	<ul style="list-style-type: none"> <li>• Pain well managed with with PO or I.V. meds every 4 hours</li> </ul>	<ul style="list-style-type: none"> <li>• Patient-controlled analgesia/nerve block</li> <li>• Nausea/vomiting</li> </ul>	<ul style="list-style-type: none"> <li>• Q2h pain management</li> </ul>	<ul style="list-style-type: none"> <li>• Uncontrolled pain with multiple pain devices (IV, IM, PO, etc.)</li> </ul>
<b>Nurse workload indicators</b>				
<b>Admit/discharge/ transfer</b>	<ul style="list-style-type: none"> <li>• Stable transfer</li> <li>• Routine discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge to outside facility</li> </ul>	<ul style="list-style-type: none"> <li>• New admission</li> <li>• Complex discharge</li> <li>• Discharge to hospice</li> </ul>	<ul style="list-style-type: none"> <li>• Complicated postop</li> <li>• Transfer to higher-level care</li> </ul>
<b>Education and/or psychosocial</b>	<ul style="list-style-type: none"> <li>• Calm, cooperative</li> </ul>	<ul style="list-style-type: none"> <li>• Anxious/slightly agitated</li> <li>• Education needed</li> </ul>	<ul style="list-style-type: none"> <li>• New trach/ amputee</li> <li>• Translator needed</li> <li>• Requires consistent assistance (&gt;q1h)</li> </ul>	<ul style="list-style-type: none"> <li>• End-of-life care</li> </ul>
<b>Wound, ostomy, continence</b>	<ul style="list-style-type: none"> <li>• QD/BID dressing</li> <li>• Wound vac</li> <li>• One-person assist to bathroom/ bedpan</li> </ul>	<ul style="list-style-type: none"> <li>• Ostomy/rectal tube</li> <li>• Enema</li> <li>• Bowel prep</li> <li>• Incontinent b/b</li> </ul>	<ul style="list-style-type: none"> <li>• TID/complex dressings by RN</li> <li>• High-output ostomy</li> <li>• Multiple wound vacs</li> </ul>	<ul style="list-style-type: none"> <li>• Active drainage, change &gt;30 min or &gt;TID</li> <li>• Q1h toilet needs</li> </ul>
<b>ADLs &amp; isolation</b>	<ul style="list-style-type: none"> <li>• Independent in ADLs</li> <li>• Standard precautions</li> </ul>	<ul style="list-style-type: none"> <li>• Assist with ADLs</li> <li>• Two-person assist for out of bed</li> <li>• Isolation (contact, enteric)</li> </ul>	<ul style="list-style-type: none"> <li>• Turns q2h</li> <li>• Bedrest</li> <li>• Respiratory isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Paraplegic or quadriplegic</li> <li>• Total care (lifts)</li> </ul>
<b>Safety</b>	<ul style="list-style-type: none"> <li>• Falls risk</li> </ul>	<ul style="list-style-type: none"> <li>• Sitter 1:1</li> </ul>	<ul style="list-style-type: none"> <li>• Bed alarm without sitter</li> <li>• Sensory deficits (blind, deaf, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Highly agitated 1:1</li> <li>• Restraints</li> </ul>
<b>Patient score:</b>	Most = 1	Two or more = 2	Any = 3	Any = 4