

Elizabethtown Community Hospital

The University of Vermont Health Network Elizabethtown Community Hospital Ticonderoga Medical Village (PFI #0309) 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 Ticonderoga Medical Village is an outpatient campus only with an emergency department, visiting specialty providers, and ancillary services. 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 emergency departments, outpatient specialty services such as Endoscopy, Cardiology, Gastroenterology, Infusion, Orthopedics, Women's Health, Infusion Services. 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), 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.

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.

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: Ticonderoga Campus, located at 101 Adirondack Drive

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 / Exercise Stress Tests
- 2) Gastroenterology /Endoscopy
- 3) Orthopedics
- 4) Women's' Health
- 5) Oncology (hematology)
- 6) 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 are 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 Ticonderoga specialty service clinics vary per day and per month. The staffing will be identified by campus and by specialty service.

Ticonderoga (PFI #0309):

Cardiology-

1 Front Desk/Medical Assistant

1 RN

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

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

Infusion Center

1 Front Desk / Medical Assistant

1 RN

Orthopedics

1-30 Patients

1 RN

1 Front desk/ MA

>30 patients

2 RNs

1 Tech

1 front desk/MA

Women's Health

1 Front Desk

1 Registered Nurse

1 Medical Assistant if more

than 18 patients

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

Ticonderoga Campus Emergency Department (Ti ED) PFI-0309:

The TI ED is a 7- bed (one triage room, 4 patient care rooms) ED with 3 observation beds. The emergency department (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 camps in the area. There are multiple regional attractions for summer visitation including two lakes with water activities. The ED

has support via telemedicine to Network 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 to the Elizabethtown Campus Inpatient Unit via phone support.

2 RNs days, 2 RNs nights (12-hour shifts), and 1 RN 1100-2300 additional RN 3p-3a during June-September 1st

1 ED reg /techs 24hrs a day; and 1 ED Reg/tech 1300-2100 from June to September

2 ED registration/technicians on the day shift, 1 reg/ tech's on the evening shift, 1 reg/tech's on the night shift.

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 clinic area or other ED Trained RN's in the building. There may also be an RN on-call during the evening and night shift during the summer months when the census increases in the area.

Additional Support:

Day Shift: Mon-Fri ED Nurse Manager and other Nurse Manager staff for support in patient care when in house

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.

Pharmacy Technician may assist with observation of patients and can function as an ED technician for support.

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.

There are three observation beds on the Ticonderoga Campus that are not utilized. If a patient is unable to be transferred for further care the patient shall be held in the ED until time of transfer. If the ED census increases and additional staffing are required the Nurse Manager on-call shall be notified.

Factors considered for development of the staffing plans for both emergency departments included department census by a monthly breakdown- noted for increase in census during the months of July and August for both campuses historically. The acuity of patients utilizing the one to five scale (1-5) Emergency Severity Index (ESI) is taken into account when determining staffing in addition to quality indicators such length of stay and left without being seen data. 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.

Does the draft/revised policy involve federal, state or local regulations? Yes No					
If yes, please describe in research/reference section below ↓					
DATE:	DRAFTED/REVISED BY:	NE W√	No Chan ge√	REVISION (S): state reason for revisions	INITIALS
6/26/2024	Clinical Staffing Committee		X		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 Legislation NY State Senate (nysenate.gov) .
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).