

# NLH Clinical Staffing Committee Staffing Plan

## Hospital Clinical Staffing Committee Charge

The New York state Hospital Clinical Staffing Committee (NYSHCSC) law, enacted in June 2021, requires general hospitals to collaboratively develop and implement a clinical staffing plan for registered nurses (RNs) and other members of the frontline team providing or supporting direct patient care. The Hospital Clinical Staffing Committee (HCSC) is charged with creating a forum to give frontline workers, RN, Licenses Practical Nurses (LPNs), and nursing assistive staff, including nursing assistants (NAs), patient care tech (PCTs), and unit clerks a role/vice in developing unit level staffing plans-while preserving managements role in designing and implementing the staffing plan.

The HCSC's primary responsibilities are to develop and oversee implementation of the hospital's annual clinical staffing plan. The NYSHCSC law (Public Health Law Section 2805-t) requires hospitals to form and convene a committee that will create and implement staffing plans for inpatient units, the Emergency Department, Maternity and, Special Care Unit (SCU).

## Clinical Factors That Must Be Considered in Unit Level Staffing Plans:

- a. Census, including total number of patients on the unit each shift and activity such as patient discharges, admission, and transfers.
- b. Measures of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift.
- c. Skill mix.
- d. The availability, level of experience, and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift.
- e. The need for specialized or intensive equipment.
- f. 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.
- g. Mechanisms and procedures to provide for one-to-one patient observation, when needed, for patients on psychiatric or other units as appropriate.
- h. 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.
- i. Measures to increase worker and patient safety, which could include measures to improve patient throughput.
- j. Staffing guidelines adopted or published by other states or local jurisdictions, national nursing professional associations, specialty nursing organizations, and other health professional organizations.
- k. Availability of other personnel supporting nursing services on the unit
- l. Waiver of plan requirements in the case of unforeseeable emergency circumstances as defined in subdivision fourteen of this section;
- m. 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 as required by law or the terms of an applicable collective bargaining agreement, if any, between the general hospital and a representative of the nursing or ancillary staff.

- n. Nursing Quality Indicators
- o. General hospital finances and resources;
- p. Provisions for limited short-term adjustments made by appropriate general 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 of limited duration.

In addition to the outlined staffing plan resources there are a variety of ancillary services that include physical therapists, occupational therapists, speech language pathologists, respiratory therapists, pharmacists and pharmacy technicians, dietitians and social workers as well as a 24/7 in Nursing Supervisor.

In order to meet the clinical staffing plan, acuity of patients, skill mix of the nursing staff, the availability of resources is continually evaluated throughout each shift and day. Resources such as the utilization of nurse managers, assistant nurse managers and, educators are utilized to help support staffing, cover assigned breaks and other occurrences and in accordance with any staffing requirements as identified in the CBA that is in effect at that time.

The Clinical Staffing Plan for Nathan Littauer Hospital, adopted and submitted by Nathan Littauer Hospital, was developed through clinical staffing committee meetings which included the participation of registered nurses, practical nurses, and ancillary members of the frontline team providing or supporting direct patient care and consideration the factors listed above. We have included the foregoing factors in the staffing plan, as required by the NYSHCSC. A copy of the proposed plan is attached as Addendum A. As pursuant to PHL 2805-t and 10 NYCRR Section 405.5 complaints can be submitted to [NYSSC@nlh.org](mailto:NYSSC@nlh.org)

Addendum A: Clinical Staffing Plan 3W, SCU, Emergency Department, Maternity, Infusion Services, Operative Services, Ambulatory Services

## Emergency Department

Average Number of Patients per Day	<b>60</b>
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Non-census driven staffing. Utilizes emergency severity index for acuity. The Emergency Department Consists of 12 Main Emergency Department Room, for a total of 16 beds, and 5 Fast Track Rooms for a grand total of 21 Beds.

Number of Staff								
Direct Caregivers	Scheduled Hours	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

**ED**

**Day Shift**

RN	7a-7p	4	4	4	4	4	4	4
Unlicensed Personnel	7a-7p	2	2	2	2	2	2	2

**ED**

**Mid Shift**

RN	11a-11p	3	3	3	3	3	3	3
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**ED**

**Afternoon Shift**

RN	3p-3a	1	1	1	1	1	1	1
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**ED**

**Night Shift**

RN	7p-3a	4	4	4	4	4	4	4
Unlicensed Personnel	7p-3a	2	2	2	2	2	2	2

**ED**

**Night Shift**

RN	3a-7a	3	3	3	3	3	3	3
Unlicensed Personnel	3a-7a	2	2	2	2	2	2	2

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## 3W

The Medical Surgical Unit (3W) consist of 29 rooms 32 beds, located on the 3<sup>rd</sup> floor. The unit consist of room numbers 302-303, 304- 312, 314-316, 320-321, and 323-335

Average Daily Census	25
HPPD	4.8
Capacity	32

Direct Caregivers	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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### 3W

#### Day Shift ( 7a-3p/7a-7p)

RN	5	5	5	5	5	5	5
Unlicensed Personnel		4	4	4	4	4	4

### 3W

#### Night Shift (3p-11p/7p-7a)

RN	5	5	5	5	5	5	5
Unlicensed Personnel	4	4	4	4	4	4	4

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## Special Care Unit (SCU)

Average Daily Census	5
HPPD	12
Capacity	8

The Special Care Unit (SCU) consist of 8 beds, located on the 1<sup>st</sup> floor.

Direct Caregivers	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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### SCU

#### Day Shift ( 7a-7p)

RN	3	3	3	3	3	3	3
Ancillary	1	1	1	1	1	1	1

### SCU

#### Night Shift ( 7p-7a)

RN	3	3	3	3	3	3	3
Ancillary	1	1	1	1	1	1	1

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## Maternity Unit

Annual Deliveries	400
Vaginal Deliveries	300
Cesarean Section	100

The Maternity Unit consist of

There are 7 post-partum beds, capacity for 10 in the nursery, 3 labor and deliveries room and 1 OR for C-sections. Staffing guidelines follow AWHONN guidelines, see addendum 6.

Direct Caregivers	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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### Maternity

#### Day Shift ( 7a-7p)

RN	3	3	3	3	3	3	3
Unlicensed Personnel	1	1	1	1	1	1	1

### Maternity

#### Night Shift ( 7p-11p/11p-7a)

RN	3	3	3	3	3	3	3
Unlicensed Personnel	1/0	1/0	1/0	1/0	1/0	1/0	1/0

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## Infusion Services

Average Daily Census	4
HPPD	4
Capacity	6

The Infusion Services Unit consist of 6 treatment chairs located on the first floor, its hours of operation of 7:30 am- 4:00 pm Monday- Friday, with occasional need for weekend services

Direct Caregivers	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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**Infusion**

**Day Shift ( 7:30 am -4:00 pm)**

RN	2	2	2	2	2	N/A	N/A
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## Operating Room

Average Daily Census	20
HPPD	4.27
Capacity	5

The Operating Room consist of 5 Operating Suites, 2 Endoscopy Suites, 1 Cystoscopy Suite, 1 Maternity OR. A call team is on call for afterhours emergencies.

Direct Caregivers	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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### Operating Room

### Day Shift ( 7:30 am -4:00 pm)

RN	8	8	8	8	8	N/A	N/A
LPN	8	8	8	8	8	N/A	N/A
Ancillary Services	2	2	2	2	2		



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## Post Anesthesia Care Unit

Average Daily Census	15
HPPD	4.27
Capacity	11

The Post Anesthesia Care Unit consist of 6 Phase 1 rooms, 5 Phase 2 Rooms, and 5 Preoperative admitting rooms, a call team is on call for afterhours emergencies daily until 11 pm.

Direct Caregivers	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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### Operating Room

### Day Shift ( 7:30 am -4:00 pm)

RN	8	8	8	8	8	N/A	N/A
Ancillary Services	1	1	1	1	1		

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## Johnstown Surgical Center

Average Daily Census	8
HPPD	2.63
Capacity	12

The Operating Room consist of 3 Operating Suites.

Direct Caregivers	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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### Operating Room

### Day Shift ( 8:00am -3:00 pm)

RN	3	3	3	3	3	N/A	N/A
LPN	1	1	1	1	1	N/A	N/A

**Revisions and approval history:**

**5/24/2023-** Approved (The clinical Staffing plan was developed in consensus and approved unanimously by the members of the clinical staffing committee at the 5/24/2023 meeting.)

**7/17/2023-** Approved (The clinical Staffing plan was developed in consensus and approved unanimously by the members of the clinical staffing committee at the 7/17/2023 meeting.)

**3/13/2024-** Approved ( 1<sup>st</sup> Kelly Harper 2<sup>nd</sup> Mike Ostrander, no objections from reset of committee. The clinical Staffing plan was developed in consensus and approved unanimously by the members of the clinical staffing committee at the 3/13/2024 meeting.)