Bassett Healthcare Network
Little Falls Hospital

Clinical Staffing Committee Charter
January 2022
Revised -June 2024

LFH Clinical Staffing Committee Charter

Committee Name	Little Falls Hospital Clinical Staffing Committee
Committee Membership and Leadership	At least one half of the total committee membership will consist of registered nurses, licensed practical nurses and ancillary support staff currently providing direct patient care. Up to one half of the total membership of the committee will consist of hospital administrative/management staff. Each area where nursing care is provided will have the opportunity to provide advice to the Clinical Staffing Committee. Committee meetings are open, and any interested staff employed by Little Falls Hospital may attend, but only committee members will have a vote. The Clinical Staffing Committee will be co-chaired by one staff registered nurse and one management representative. Co-chairs will be selected every two years by the Clinical Staffing Committee. Registered nurses, licensed practical nurses and ancillary support staff committee members will be selected by their peers. **Co-Chair** (Heather Nasypany): (RN, ED staff nurse) **Co-Chair** (Michael Looman): (RN, Administrative Supervisor)

Committee Membership Management	**Committee Membership Staff**
Heidi Camardello	Heather Nasypany
Nicole Eckler	Robert Stalnaker
Michael Looman	Breanna Sponburgh
Crystal Stalnaker	Mindy Cover
James Vielkind	Cynthia Gee
Amanda Lopez	Megan Nasypany
Shelly Cole	Danielle Kress
	Courtney Roberts

Overall Purpose/ Strategic Objective	The purpose of this Committee is to help ensure patient and staff safety, alignment with the organization's strategic goals, support greater retention, and promote evidence-based staffing by establishing a mechanism whereby direct care staff and hospital management can participate in a joint process regarding decisions about staffing. The clinical staffing committee has ready access to organizational data pertinent to the analysis of staffing which may include but is not limited to: • Patient census and census variance trends • Patient LOS • Nurse Sensitive Outcome indicator data • Quality metrics and adverse event data where staffing may have been a factor • Patient experience data • Staff engagement/experience data • Nursing overtime • Nursing agency utilization and expense • Staffing concerns/data • Recruitment, retention, and turn-over data • Education, vacation, and sick time (including leaves of absence, scheduled or unscheduled)
Tasks/ Functions	• Develop / produce and oversee the establishment of an annual patient care unit and shift-based staffing plan and staffing plan modifications based on the needs of patients and use this plan as the primary component of the staffing budget. • Provide semi-annual review of the staffing plan to compare budget to actual performance. Ensure mechanisms are built in to allow for flexibility based on patient need by utilizing factors such as case mix, acuity, and complexity, as well as unit activity (admissions discharges and transfers). Incorporate known evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital, as well as historical budget information (prior year's run rate, hours per patient day, etc.). Typical timeline for annual review and validation of staffing plans: ▪ May – committee review and submit to hospital president for final approval by June 1st of each year (in time for July 1st DOH submission. ▪ Committee will need to review twice annually. This will be done at the May and November meetings. • Review, assess, and respond to staffing variations or concerns presented to the committee • Assure that patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area. • Assure factors are considered and included, but not limited to, the following in the development of staffing plans: ○ Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers

	○ Level of acuity and intensity of all patients and nature of the care to be delivered on each shift ○ Skill mix of the staff ○ 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. ○ Measures to increase worker and patient safety, which could include measures to include measures to improve patient throughput. ○ 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. ○ The predetermined NDNQI nurse sensitive metrics ○ 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 health care services. • Develop and implement a process to examine and respond to complaints submitted to the committee regarding potential violations of the staffing plan: ○ Track complaints coming in and the resolution of the complaints. ○ Make a determination that a complaint is resolved or dismissed based on submitted data. ○ Examine trends and make changes if necessary. • Orientation to the Clinical Staffing Committee is part of unit/department orientation where applicable.
Timeline for Outcome Completion	• By January 1st, 2022 the Clinical Staffing Committee will be established in accordance with the Clinical Staffing Committee Law. • By February 15th, 2022 the Clinical Staffing Committee will have approved the Charter. • By June 1st, 2022 the Clinical Staffing Committee will have reviewed, approved, and submitted unit/area staffing plans to the Hospital President for approval
Meeting Management	**Meeting schedule:** The Clinical Staffing Committee will meet as often as necessary to complete the clinical staffing plan prior to each of the deadlines and then on a regular basis as agreed upon by the committee members during the remainder of the year (monthly, quarterly, etc.).

	Notices of meeting dates and times will be distributed in advance in order to better accommodate unit scheduling. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Members of the Clinical Staffing Committee will be paid, and preferably will be scheduled to attend meetings as part of their normal work hours for the majority of the meetings. It is understood that meeting schedules may require that a staff member attend on his/her scheduled day off. In this case, the staff member will be compensated for their time. The Committee will meet on the first Thursday of each month. **Record-keeping/minutes:** • Meeting agendas will be distributed to all committee members in advance of each meeting. • The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting. Meeting minutes will be posted on L-Net and, or similar site to allow all staff to review. • A master copy of all agendas and meeting minutes from the Clinical Staffing Committee will be maintained and available for review on request. **Attendance requirements and participation expectations:** • It is the expectation of the Clinical Staffing Committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members. • If a member needs to be excused, requests for an excused absence are communicated to Staffing Committee co-chair/s. Failure to request an excused absence will result in attendance recorded as "absent" in the meeting minutes. • All members are expected to attend at least 75 percent of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee. • Replacement will be in accordance with aforementioned selection processes. **Decision-making process:** • Clinical staffing plans shall be developed and adopted by consensus of the clinical staffing committee. For the purposes of determining whether there is a consensus, the management members of the committee shall have one vote, and the employee members shall have one vote, regardless of the actual number of members of the committee. • If there is no consensus on the staffing plan or partial staffing plan (individual unit/department), the hospital president shall use discretion to adopt the plan, or partial plan based on the information provided and provide a written explanation of this determination. This will include the final written proposals from both the management and employee members and their rationales. • There will be a requirement of at least half of the committee members of each group in order to have a quorum. Currently 3 staff members and 3 management members.
New Staff Committee Requirements	• Staffing committee members will receive education/orientation upon joining the committee and will be documented

Bassett Healthcare Network
Little Falls Hospital

Comprehensive Nurse Staffing Plan 2024 as approved by Little Falls Hospital Nurse Staffing Committee

The attached staffing plan and matrix was developed in accordance with New York State Clinical Staffing Committees and Disclosure of Nursing Quality Indicators. Public Health (PBA) chapter 45, Article 18, Section 2805, and includes all units covered under our hospital license. This plan was developed with consideration given to the following elements:

- Census, including total number of patients on each unit, each shift and activity such as discharges, admission and transfers.
- Level of intensity of all patients and nature of the care to be delivered on each shift.
- Skill mix of personnel.
- 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 room/s, treatment areas, nursing stations, medication preparation areas, and equipment.
- 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.
- Strategies to enable registered nurses to take meal and rest breaks as required by law.

Submitted by:

Susan Oakes- Ferrucci, MSN, RN, CNS – Chief Hospital Executive, Critical Access Hospitals Division

Heidi Camardello, MSN, CNOR – Director of Nursing and Operations at Little Falls Hospital

There are many variables to consider in terms of what is safe, efficient staffing for patient care units at Little Falls Hospital. Every unit is different based upon the types of patients cared for on that unit and the way in which care is organized and delivered. Staffing also varies on the education and experience level of the staff.

The evaluation for care needs must consider patient variables such as: patient complexity, Covid positive/negative, length of stay, functional status, activities of daily living, need for transport, and age. All of these factors play a role in determining the patient's nursing care needs.

Through all the departments at Little Falls Hospital; the Emergency Department, 3 East Inpatient Unit and Ambulatory Surgery unit; we will continue to support nursing students coming to gain experience in an acute care setting. We also support the hiring of newly graduated nurses which impacts staffing levels during their preceptorship but supports the new nurse as they advance along the pathway from novice to expert in their career.

Little Falls Hospital has begun using a patient acuity tool on the Medical/Surgical unit to assure that our staffing levels meet the standard for safe, efficient, quality care. In the Emergency Department we looked at our peak arrival times and triage levels to determine how to appropriately staff the unit with adequate professionals and ancillary staff. For the Ambulatory Surgery Unit, we used the staffing requirements set forth in the ASPAN and AORN staffing Recommendations.

Development and Implementation:

Development of the staffing plan takes into consideration these factors;

- Nursing care required by individual patient needs, taking into account the turnover rate of patients; admissions, discharges and transfers.
- Qualifications and competency of the nursing staff. The skill mix and competency of the nursing staff to ensure the nursing care needs and the safety of the patient are met.
- The scope of practice of the Registered Nurses and delegated duties to Licensed Practical Nurses and Patient Care Technicians that require monitoring.
- Relevant infection control and safety issues of the patients.
- Continuity of care for the patients.
- Predetermined core staffing, establishing the minimal number of patient care staff that are needed (RN's, LPN's, PCT's). These staffing levels fluctuate with the patient census and level of care needed for each patient. The number of nursing staff on duty shall be sufficient to ensure care needs of each patient are met.
- The Administrative Supervisor receives input from direct-care clinical staff in the development, implementation, monitoring, evaluation and modification of the staffing plan.

- We consider nationally recognized evidence-based standards established by professional nursing organizations in our staffing plans.

Patient Classification:

- The Charge Nurse, in conjunction with direct care staff on the Inpatient Unit, makes the classification of level of care needed for patients with the use of the acuity tool.
- The Charge Nurses make the patient assignments for the next shift on the Inpatient Unit.
- These decisions are made taking into account all criteria previously identified.
- Daily Staffing Practices.
- Staffing is evaluated and adjusted at least once every 12 hours on the inpatient unit and in the Emergency Department.
- The staffing needs on the Inpatient unit and Emergency Department are evaluated by the Charge Nurse and conveyed to the Department Manager or House Supervisor so adjustments to staffing needs can be made.

Factors that influence this are:

- Timely, accurate data provided to department leaders when changes are needed.
- Level of care and acuity needs of the inpatient unit.
- Assigning nurses to patients matching patient needs with the qualifications and competency of the staff.
- Adjustments to nursing needs when precepting a newly graduated registered nurse.
- Evaluation of shift demands; admissions, discharges, transfers which must be reflected in the daily staffing needs.
- Reassignment of scheduled staff, when sufficient staff is available, to support other departments.
- Maintaining budgeted FTEs within established parameters whenever possible depending on patient care needs.
- Documenting on the daily staffing sheets and any changes needed within the shift.
- Accurate entries on Daily Sheet, When to Work and low census call off record is required.

Support Personnel Available for all Inpatients:

- Hospitalist – MD coverage 0700-1900, Mid-level coverage 1900- 0400. MD on call 0400-0700.
- Administrative Nursing Supervisor - 24/7.
- Pharmacy services - Pharmacist onsite Monday-Friday 0700-1900, Saturday & Sunday 0700-1200.
- Case Manager - 5 days a week 0800-1630.
- Respiratory Therapist – coverage 7-1900 hours some varied evening coverage until 2300.
- Social Worker – no current social worker on site.
- Physical Therapy/Occupational Therapy — Monday-Friday 0800 — 1630, Saturday 0900 – 1200.

Specialty Clinic Services:

Bassett Healthcare Network provides many Specialty Clinics at Little Falls Hospital. Please see **Attachment A**. This outlines the Staffing for those Clinics.

Staff roles and responsibilities:

- Registered Nurse (RN): provide direct patient care 24 hours/day, 7 days/week.
- Licensed Practical Nurse (LPN): provides care to patients under the direct supervision of an RN who delegates appropriate tasks.
- Patient Care Technician (PCT): provides care to patients and 1:1 observation if needed under the direct supervision of an RN who delegates appropriate tasks.
- Inpatient Unit manager: Monday through Friday 0800-1630, directs work flow, manages all day to day operations and provides support to the physicians and nurses. The Inpatient Unit Manager is also the Perioperative Services Manager.
- Patient Safety Attendant: provides 1:1 observation of patients if needed, also accompanies on scheduled appointments.

Medical/surgical Unit Staffing Matrix:

- Medical/Surgical Unit is scheduled for 12-hour shifts, and per the staffing plan will have the following number of staff as listed by job classification, below staffing based on average census of 18. Adjustments up or down in staffing are made for fluctuations in census.

CENSUS	Team Lead RN	RN / LPN 1	RN / LPN 2	RN / LPN 3	PCT 1	PCT 2
24	6	6	6	6	12	12
23	5	6	6	6	12	11
22	4	6	6	6	11	11
21	3	6	6	6	11	10
20	2	6	6	6	10	10
19	2	6	6	5	10	9
18	0	6	6	6	9	9
17	0	6	6	5	9	8
16	0	6	5	5	8	8
15	0	5	5	5	8	7
14	0	5	5	4	7	7
13	0	5	4	4	7	6
12	0	4	4	4	6	6
11	0	4	4	3	6	5
10	0	5	5	X	10	X
9	0	5	4	X	9	X
8	0	4	4	X	8	X
7	0	4	3	X	7	X
6	3	3	X	X	6	X
5	2	3	X	X	5	X

The above graph represents the staffing break down for inpatient unit for the day shift. The unit will be staffed with a Team Lead RN that is responsible for overseeing all of the patients and the workflow of the unit. There will also be up to three additional professional staff on the unit, either RNs or LPNs depending on the census along with up to two patient care techs. Variances from this graph may be necessary depending on patient acuity and staffing levels.

For example: for a census of 18 patients:

The Team Lead will oversee the unit, and the other professionals will each assume the care of six patients each. The patient care techs will split the assignment of nine patients each.

CENSUS	Team Lead RN	RN / LPN 1	RN / LPN 2	RN / LPN 3	PCT 1	PCT 2
24	6	6	6	6	12	12
23	5	6	6	6	12	11
22	5	6	6	5	11	11
21	5	6	5	5	11	10
20	5	5	5	5	10	10
19	4	5	5	5	10	9
18	3	5	5	5	9	9
17	3	5	5	4	9	8
16	3	5	4	4	8	8
15	3	4	4	4	8	7
14	2	4	4	4	7	7
13	2	4	4	3	7	6
12	2	4	3	3	6	6
11	2	5	4	X	6	5
10	2	4	4	X	10	X
9	2	4	3	X	9	X
8	2	3	3	X	8	X
7	3	4	X	X	7	X
6	3	3	X	X	6	X
5	2	3	X	X	5	X

The above graph represents the staffing break down for inpatient unit for the night shift. The only difference from day shift it that the Team Lead RN will assume care of an increased number of patients in addition to Team Lead responsibilities. Variances from this graph may be necessary depending on patient acuity and staffing levels.

For example: for a census of 18 patients:

The Team Lead will oversee the unit and assume care of 3 patients, the other professionals will care for 5 patients each. The patient care techs will split the assignment of nine patients each.

Variances in staffing matrix:

Staffing Variance form: *see attachment A*

This form will be filled out and given to the Inpatient Nurse Manager or the Nursing Supervisor who will make the necessary adjustments in work assignments and staffing to meet the needs of the department. This form will be sent to the staffing committee for review at their monthly meeting.

OR staffing is a follows per ASPAN and AORN staffing recommendations:

PACU: Phase I recovery

1 nurse to 2 patients:

- Two conscious patients, stable and free of complications, but not yet meeting discharge criteria
- Two conscious patients, stable, 8yrs of age and under, with family or competent support staff present, but not yet meeting discharge criteria
- One unconscious patient, hemodynamically stable, with a stable airway, over the age of 8yrs and one conscious patient, stable and free of complications

1 nurse to 1 patient:

- At the time of admission, until the critical elements are met
- Airway and/or hemodynamic instability

  Examples of unstable airway include:
  - Requiring active intervention to maintain patency such as manual jaw lift of chin lift or an oral airway
  - Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing
  - Symptoms of respiratory distress including dyspnea, tachypnea, panic agitation, cyanosis
    - Any unconscious patient 8yrs of age and under
    - A second nurse must be available to assist as necessary
    - Patient with contact precautions until there is sufficient time for donning and removing PPE and washing hands in between patients

2 nurses 1 patient

- One critically ill, unstable patient

ASU Post op: Phase II recovery

1 nurse to 3 patients:

- Over 8 years old
- 8 years old and under with family present

1 nurse to 2 patients:

- 8 years old and under without family present
- Initial admission of patient post procedure 1 nurse to 1 patient.
- Unstable patient of any age requiring transfer to higher level of care.

Pre-op there is no recommendation based on a wide variation across the country. It is more based on volume; health status and the educational/ cultural/ literacy needs of the patients.

The OR / endo is 1 circulator and 1 scrub/tech per case.

Emergency Department Staffing Matrix:

Emergency Department is scheduled for 12-hour shifts, and per the staffing plan will have the following number of staff as listed by job classification.

Emergency Department		
Staff	**Scheduled Hours**	**Number of Staff**
Charge RN	0700-1900	1
RN	0700-1900	2
Tech	0700-1900	1
RN	0900 - 2100	1
RN	1100-2300	1
Tech	1100-2300	1
Tech	1900 - 0700	1
Charge RN	1900 - 0700	1
RN	1900-0700	2

700 – 0900

3 RN's (including charge) with assignment up to 1:4 patients

1 ER Technician

0900 – 1100

4 RN's - 3 RNs with assignment up to 1:4 patients, and 1 charge

1 ER technician

1100 – 2100

5 RN's - 3 RNs with assignment up to 1:4 patients, 1 charge, and 1 triage/float

2 ER technicians

2100 – 2300
4 RN's - 3 RNs with assignment up to 1:4 patients, and 1 charge
2 ER technicians

2300 – 0700
3 RN's (including charge) with assignment up to 1:4 patients
1 ER technician

ATTACHMENT A

Comprehensive Nurse Staffing Plan 2023 as approved by Ambulatory Nursing Staffing Committee

The attached staffing plan and matrix was developed in accordance with New York State Clinical Staffing Committees and Disclosure of Nursing Quality Indicators. Public Health (PBA) chapter 45, Article 18, Section 2805, and includes all units covered under our hospital license. This plan was developed with consideration given to the following elements:

- Including total number of clinic patients on each clinic.
- Dependent on total number of providers at each site.
- Level of intensity of all patients and nature of the care to be delivered in each clinic.
- Skill mix of personnel.
- 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 clinic including but not limited to placement of clinic room(s), treatment areas, nursing stations, medication preparation areas, and equipment.
- 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 in the clinic.
- Strategies to enable registered nurses to take meal and rest breaks as required by law.

Submitted by:

Irene Yarusso, MSN, ANP-C, CNN – Chief Nursing Officer & Vice President Ambulatory Nursing and Vice President Clinical Support Services

There are many variables to consider in terms of what is safe, efficient staffing for patient care clinics at Bassett Healthcare Network Ambulatory clinics. Every clinic is different based upon the types of patients cared for in that clinic and the way in which care is organized and delivered. Staffing also varies on the education and experience level of the staff.

The evaluation for care needs must consider patient variables such as: patient complexity, Covid positive/negative, functional status, activities of daily living, need for transport, and age. All of these factors play a role in determining the patient's nursing care needs.

Through all the clinics; we will continue to support nursing students coming to gain experience in an ambulatory care setting. We also support the hiring of newly graduated nurses which impacts staffing levels during their preceptorship but supports the new nurse as they advance along the pathway from novice to expert in their career.

For the Ambulatory Surgery Unit, we used the staffing requirements set forth in the ASGE/SGNA staffing recommendations. Dialysis uses the national benchmark 3.0 FTE per patient treatments.

Development and Implementation:

Development of the staffing plan takes into consideration these factors;

- Nursing care required by individual patient needs.
- Qualifications and competency of the nursing staff. The skill mix and competency of the nursing staff to ensure the nursing care needs and the safety of the patient are met.
- The scope of practice of the Registered Nurses and delegated duties to Licensed Practical Nurses, Patient Care Technicians, Medical Assistant and the Administrative Office Assistant, that require monitoring.
- Relevant infection control and safety issues of the patients.
- Continuity of care for the patients.
- Predetermined core staffing, establishing the minimal number of patient care staff that are needed (RN's, LPN's, PCT's, MA/AOA). These staffing levels fluctuate with the patient census and level of care needed for each patient. The number of nursing staff on duty shall be sufficient to ensure care needs of each patient are met.
- The Nursing Administration receives input from direct-care clinical staff in the development, implementation, monitoring, evaluation and modification of the staffing plan.
- We consider nationally recognized evidence-based standards established by professional nursing organizations in our staffing plans.

Patient Classification:

- Nursing leadership, in conjunction with direct care staff in the clinics, make the staffing plan daily.
- Nursing leadership make the patient assignment daily.
- These decisions are made taking into account all criteria previously identified.
- Daily Staffing Practices.
- Staffing is evaluated and adjusted as needed.

Factors that influence this are:

- Timely, accurate data provided to department leaders when changes are needed.
- Level of care and acuity needs at each clinic.
- Assigning nurses to patients matching patient needs with the qualifications and competency of the staff.
- Adjustments to nursing needs when precepting a newly graduated registered nurse.
- Reassignment of scheduled staff, when sufficient staff is available, to support other departments.
- Maintaining budgeted FTEs within established parameters whenever possible depending on patient care needs.
- Documenting on the daily staffing sheets and any changes needed within the shift.
- If we are lacking nursing support, providers can room and provide care for patients as needed.
- In emergent situations such as snow storms – we can close clinics as needed.

Support Personnel Available for all Outpatients:

- Covering providers for all clinics
- Nursing Directors, Managers, Supervisors and Team Leads
- Pharmacy services – available both Inpatient and Outpatient
- Care managers, Social Workers and Dieticians – may not be on site.

Staff roles and responsibilities:

- Registered Nurse (RN): provide direct patient care.
- Licensed Practical Nurse (LPN): provides care to patients under the direct supervision of an RN who delegates appropriate tasks.
- Patient Care Technician (PCT): provides care to patients under the direct supervision of an RN who delegates appropriate tasks.
- Medical Assistant (MA)/Administrative Office Assistant (AOA: provides care to patients under the direct supervision of an RN who delegates appropriate tasks.
- Outpatient Unit manager: Monday through Friday 0800-1630, directs work flow, manages all day to day operations.

Primary Care Staffing Matrix:

- 1 RN Triage and a matrix of LPN's and MOA's depending on number of providers and clinic visits per day

Pediatric Staffing Matrix:

- 1 RN Triage 2 LPN's

Women's Health:

- 1 RN Triage 3 LPN's

School Base Health Clinics:

- Minimal 3 RN's throughout 22 sites
- LPN availability depending on site

Specialty Clinics:

- 1 LPN/RN per 2 providers or 1MA/AOA per 1 provider

Dialysis:

- 1 RN and a matrix of LPN and or PCT to cover a 3:1 verses a 4:1 patient care ratio

Cancer Treatment Centers:

- 1 RN per 2 patient infusions
- Radiation Oncology 1 RN for infusions and treatments

Medical Clinic:

- Infusions – 1 RN per 2 patients
- Same as specialty clinics

Cardiology Clinic:

- Same as specialty clinics except:
- 1 RN for triage
- 1 RN for stress testing

ASU/Procedures/Gastroenterology:

- Physiatry – 1RN for the procedure, 1 RN pre and 1 RN post
- ASU/GI – 1 RN for the procedure 1 RN pre and 1 RN post
- Procedural areas – 1 LPN or RN