

Subject: Staffing and Assignment Coverage Plan for Clinical Nursing Units	Approvals:
Department: Nursing Administration	<i>Arminda Hunter, RN</i> Chief Nursing Officer: Arminda Hunter, RN
Effective Date: 3/2016	03/2016 Formerly: 1. Staffing Practices-Nursing Administration 2. Nurse Coverage Plan 3. Staffing: Assignment of Personnel – Nursing Administration
Distribution: Nursing, Administration	
Revised: 11/2017, 1/2020, 12/2020, 6/2022, 6/2023, 11/2023	Reviewed: 10/2016, 10/2018, 10/2019, 10/2020, 12/2021, 11/2022, 12/2023

POLICY

It is the River Hospital Nursing Services policy to provide appropriate resources to nursing staff for the means of patient care. For the purpose of this policy the term “staff member” refers to all Registered Nurses, Licensed Practical Nurses, Nursing Attendants and Emergency Service Attendants working in the hospital’s clinical areas.

PROCEDURE

Standard Daily Operating Procedure

Assignment of nursing care is consistent with patient needs as determined by the nursing process. Time sheets will be provided in 4 week increments by the scheduling Nurse Manager and posted as a final copy no less than 1 week prior to the first date on the time sheet. Staffing will be determined consistent with the chart contained on page 6 of this policy.

A daily assignment is made by the scheduling Nurse Manager or Charge Nurse consistent with the patients on each unit and each shift. Assignments for the provisions of nursing care are based on the competencies of nursing personnel and are designed to meet the nursing care needs of patients and maintain continuity of care. If a request for change of assignment is made by the patient or nurse, the scheduling Nurse Manager or Nursing Supervisor is responsible for discussing the need/request for a change with the patient and/or nurse to determine the validity of the request and act in the best interests of all involved. Each patient is assigned to a nurse using the following criteria:

- a. Level of care required for an equal distribution of workload.
- b. Practices of asepsis so that cross-contamination of patients is avoided.
- c. Nurse scope of practice
- d. Nurses currently on orientation are not considered in the daily staffing or as “extras.”

The Nursing Supervisors tracks all clinical area staffing on the “Profile Sheet” saved and maintained on the Nursing Management Team. Monthly time sheets, staff cross training lists, the call-in log, and staff contact numbers are saved in the Nursing Management Team.

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Unscheduled Absences, Call-ins:

Any staff member who utilizes an unscheduled absence/call-in must notify the Nursing Supervisor, with as much notice as possible, by calling the Nursing Supervisor’s cell phone at 315-486-3019. The Nursing Supervisor will document the call in on the call-in log and in the Profile Sheet. Refer to the Human Resource Attendance policy. Reasons for a sick call are tracked by the Infection Control Officer and /or Employee Health for any illness trends.

- Staff must call at least one hour prior to the start time of their scheduled day shift.
- Staff must call at least two hours prior to the start time of their scheduled night shift.

The Nurse Manager and/or the Nursing Supervisor will determine the need to replace the staff member dependent on the workload/acuity/minimum staffing requirements.

Requests for Scheduled time off:

All requests are to be sent by a Teams message or in the "request book" to the Nurse Managers six weeks prior to first day of the new time sheet, acknowledging that it is only a request and safe staffing/schedule coverage will take priority over requested time off.

Time off requests after posting of the final schedule:

Staff members are responsible to identify another staff member with the same level of preparation to switch scheduled days. Approval of all switches must come from the Nurse Manager or the Nursing Supervisor. In the event that the staff member cannot find their own coverage they may request their Nurse Manager to assist with finding coverage, acknowledging that it is only a request and safe staffing/schedule coverage will take priority over requested time off after schedule posting.

Short- and long-term staff absences:

The Nurse Manager will provide schedule coverage in the event of a short- or long-term staff absence by way of the following:

1. Float staff
2. Per-diem staff members
3. Part-time staff members, scheduled additional hours on a voluntary basis
4. Full time staff, scheduled overtime hours on a voluntary basis

Preceptor Incentive: During the hours in which an RN, LPN, or NA is assigned as a preceptor for a newly hired staff member, the rate of pay will be increased by a \$2.00 per

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hour as a differential. The employee must swipe into Kronos at the start of their shift using the “preceptor button”. In the event that the employee mistakenly does not swipe in as “preceptor” the employee is required to message their Nurse Manager with the information required for a missed punch or complete the Kronos request form.

Charge Nurse Incentive:

During the hours in which an RN is assigned as the charge nurse on the Inpatient Unit or in the Emergency Department the rate of pay will be increased by a \$1.00 per hour as a differential. The employee must swipe into Kronos at the start of their shift using the “charge button”. In the event that the nurse mistakenly does not swipe in as “charge” the employee is required to message their Nurse Manager with the information required for a missed punch or complete the Kronos request form.

Weekend Differential Incentive:


The ‘weekend differential’ shall be paid to a Nurse who has worked the maximum requirement of four weekend shifts in one four-week schedule and agrees to work additional weekend time. The differential shall be 15% of the nurse hourly wage and applies to all weekend hours worked beginning with the first hour of the 5th weekend shift.

Low Census Days:

When decreased census results in a temporary day-to-day lack of work on a unit, the normal workday or workweek of employees may be decreased by using the following procedure:

1. Staff in the unit with low census will be reassigned to another unit (if needed). The Nurse Manager, Nurse Supervisor, or CNO will identify other units needing additional staff and reassign an employee who is qualified, from the low census unit on a rotational basis.
2. Overtime in the unit will be cancelled.
3. Per-diem employees scheduled on the unit will be cancelled or reassigned (if possible).
4. River Hospital will seek volunteers from all the staff on the affected unit/shift in the following order:
 - a. Employees who are on the volunteer sheet in the affected unit on the affected shift will be contacted on a rotational basis. The employee accepting the low census time may voluntarily agree to be on-call and

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be compensated as such.

5. If there are no volunteers and all possible qualified employees on the unit/shift affected by the low census are reassigned, mandatory low census days will be assigned to the employee on the affected unit/shift on a rotational basis.

Employees taking low census days, either voluntarily or through assignment, have the option utilizing accrued holiday, vacation or personal time. River Hospital will make every effort to notify employees of a low census day prior to the beginning of their shift.

Emergency Coverage:

Emergency Coverage would need to occur in the event that unusual circumstances result in an inadequate and unsafe nurse to patient ratios. The determination of the need for Emergency Coverage will be made jointly by the Chief Nursing Officer (or Designee) and the Nursing Supervisor. The circumstances will be documented by the Nursing Supervisor in the Profile Sheet. Nursing Supervisors and/or Nurse Managers will attempt to gain coverage in the following order:

1. Float staff
2. Per-diem staff members
3. Off shift Part-time or Full- time staff members trained to cover unit
4. Part-time or Full-time staff members currently on shift at the facility would be asked to volunteer to stay over their regularly scheduled hours to assist with shift coverage.

River Hospital does require nurses to work mandatory overtime as per part 177 of 12 N.Y.C.R.R. Examples include:

1. A Health Care Disaster, such as a natural disaster or other type of disaster that unexpectedly increases the need for health care personnel in the county in which the nurse is employed or in a contiguous county.
2. Declaration of Emergency, by federal, state or county officials in the county in which the nurse is employed or a contiguous county.
3. An “Emergency Requiring Overtime to Provide Safe Patient Care”, provided that the employer has implemented and utilized a strategy to provide staffing coverage without utilizing mandatory overtime.
4. An Ongoing Medical or Surgical Procedure, in which the nurse is actively engaged and whose continued presence is needed to ensure the health and safety of the patient. Determinations with regard to whether the nurse’s continued

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service active engagement in the procedure is necessary shall be made by the Nursing Supervisor or Nurse Manager, supervising such nurse.
 *Nurse/staff refusal to stay for emergency staffing may result in disciplinary action according to RH Human Resource policies.

Clinical Staffing Committee:

The River Hospital Clinical Staffing Committee will collectively review the Staffing and Assignment Coverage Plan for Clinical Nursing Units semiannually to produce the general hospitals annual staffing plan by July 1st of each year. Any modifications to the plan will be enacted by January 1st of the following calendar year.

A registered nurse, licensed practical nurse, ancillary member of the frontline team, or collective bargaining representative may report to the clinical staffing committee any variations where the personnel assignment in a patient care unit is not in accordance with the adopted staffing plan and may make a complaints to the committee based on the variations.

All complaints sent to the Clinical Staffing Committee will be examined by the Committee, responded to and data tracked.

The Staffing and Assignment Coverage Plan for Clinical Nursing Units will be posted in a conspicuous location of each hospital nursing department as well as the actual daily staffing for that shift on that unit as well as the relevant clinical staffing.

The Staffing and Assignment Coverage Plan for Clinical Nursing Units will meet all provisions of section 164 of labor law and any/all related regulations.

Nurse Coverage Plan:

Below is a target staffing ratio and is subject to the discretion of Nursing Management and the Chief Nursing Officer based on their assessment of clinical acuity and complexity of the patient census at any given time.

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Department	Day Shift, 0545-1815	Mid-shift	Night Shift, 1745-0615
Nursing Supervisor (1 RN Supervisor for the facility 24 hours per day seven days per week divided into two 12-hour shifts)	1 RN	n/a	1 RN
Emergency Department	2 RNs	1 Unit Clerk Summer Season – 1 additional RN for weekends and large community events	1 RN 1 LPN or 2 RNs
Department	Day Shift, 0545-1815	Night Shift, 1745-0615	
Inpatient – census 1-5 patients	1 RN + 1 LPN (NA will be called off or reassigned to another unit)	1 RN + 1 LPN (NA will be called off or reassigned to another unit) or 2 RNs	
Inpatient – census 5-12 patients	1 RN + 1 LPN + 1 NA 2 RN + 1 LPN Or 2 RNs + 1 NA	1 RN + 1 LPN + 1 NA 2 RN + 1 LPN Or 2 RNs + 1 NA	
Inpatient – census 13-18 patients	1 RN + 2 LPNs + 1 NA 2 RN + 2 LPNs Or 2RNS + 2NA 2 RNs + 1 LPN + 1 NA	1 RN + 2 LPNs + 1 NA 2 RN + 2 LPNs Or 2 RNs + 2 NA 2 RNs + 1 LPN + 1 NA	
Inpatient – census 19-25 patients	2 RNs + 1 LPN + 2 NA Or 2 RNs + 2 LPNs + 1 NA	2 RNs + 2 LPNs Or 2 RNs + 1 LPN + 1 NA	
ASU	Surgical Day Shift		
	2 RNs pre- and post-op 1 RN scrub and 1 RN Circulator. Staffing is at the discretion of the Nurse Manager dependent upon the number of scheduled patients, age of patients, and types of procedures scheduled.		