Rome Health Hospital's Clinical Staffing Plan 2024/2025

Rome Health is a non-profit health care system based in Rome, N.Y., providing services to patients throughout Central New York. From primary and specialty care to long-term care, Rome Health delivers quality, compassionate medical care for every stage of life. We are a comprehensive health care system that connects you to the best clinicians and the latest technologies so they are easily accessible to you and your family. Rome Health is an affiliate of St. Joseph's Health and an affiliated clinical site of New York Medical College.

The following plan is submitted in accordance to The New York State Hospital Clinical Staffing Expectations.

Clinical Staffing Plan Purpose

This plan was developed in accordance with the New York State Hospital Clinical Staffing Committee (NYSHCSC) law (Public Health Law Section 2805-t). The purpose requires hospitals to collaboratively develop and implement a clinical staffing plan for registered nurses (RNs) and other members of the frontline care team, while preserving management's role in designing and implementing the staffing plan. The HCSC's primary responsibilities are to develop and oversee implementation of the annual staffing plan.

Clinical Staffing Principles

Access to high-quality nursing staff is critical to providing patients safe, reliable and effective care.
The optimal staffing plan represents a partnership between nursing leadership and direct care nurses.
Staffing is multifaceted and dynamic. The development of the plan must consider many aspects of care delivery.
Performance management indicators (such as nurse sensitive indicators) inform staffing.

Clinical Staffing Plan Policy

The HCSC is responsible for the development and oversight of the nurse staffing plan to ensure the availability of qualified nursing staff to provide safe, reliable, and effective care to our patients.

The committee's work is guided by the NYSHCSC public health law and committee charter. The committee meets on a regular basis as determined by the charter and measurable outcomes (see below)

The data would include but not limited to the following:

- Individual and collective patient's needs.
- Staffing guidelines developed by specialty areas.
- The skills and training (education and competence) of the nurses.
- Supplemental support for the nurses.
- Anticipated and unanticipated scheduling changes, including breaks and meal breaks.
- Hospital data and quality outcomes from relevant quality indicators including budget plans

The American Nurses Association (ANA) does not recommend specific staffing ratios or care delivery models, rather the ANA recommends

The American Nurses Association (ANA) does not recommend specific staffing ratios or care delivery models, rather the ANA recommends nurse patient care assignments are based on acuity, patient needs, and staff competencies.

Nursing departments will monitor individual and aggregate data regarding patient care needs on a continuous basis and make adjustments to staffing per committee charter.

The Hospital Staffing Committee will review aggregate information on a semiannual basis. Additionally, variations from staffing plan from conventional to crises adjustments will be reported through the quality management system and reviewed semiannually.

The Hospital Nurse Staffing Plan will ensure meal breaks as required by law. The committee will adhere to the organizations human resources policy, and/or employees have the discretion to structure meal breaks in accordance with both the policy and patient needs within the unit.

Clinical Staffing Scope of Services Plan

The Rome Health Care Delivery Model is based on a philosophy of compassionate care delivered in a Team-Relationship Based Care Design. Relationship-based care provides a caring and healing environment and the focus will be on the patient and family and to understand what is most important to our patients and their families (Person, 2004). Relationship-based care is built upon concepts and values of Professional Nursing Practice and embracing three relationships, care provider's relationships with patients and families, care provider's relationships with self, and care provider's relationship with colleagues (Person, 2004).

In relationship-based care the nurse-patient relationship is the foundation of excellent care delivery, building therapeutic relationships with patients and patient's families to achieve quality outcomes (Person, 2004). Promoting a health environment through the power of relationships with self, our colleagues, our patients and their families (Person, 2004)

The following scopes of services are required by NYS Conditions of Participation acute care operating certificate:

- Acute Care Unit (Medical Surigcal - 2East/2North)
- Intensive Care Unit (Inclusive of Step Down or PCU)
- Inpatient Psychiatry Unit (Rome Behavioral Health Unit - RBHU)
- Maternal Child Services Unit
- Emergency Department (Inclusive of Critical Care and Trauma)
- Surgical Services (OR, PACU, AMSurg, Endoscopy)

Acute Care (2East/2North)

2024 Budget Avg Daily Census: 20.9 | **2024 YTD Avg Daily Census PP13: 30.27**

# of Staff by Shift	Monday - Friday			Saturday - Sunday		
	Day (7a-3p)	Eve (3p-11p)	Night (11p-7a)	Day (7a-3p)	Eve (3p-11p)	Night (11p-7a)
Salaried Leadership (manager/director)	1	0	0	0	0	0
RN Clinical Coordinator	1	1	1	0	0	0
RN	6	6	6	6	6	6
LPN	3	2	1	2	2	2
NA/PCT	3	2.5	2	3	2.5	2
Ward Clerk	1	1	1	1	1	1
Educator (split with psych)	0.5	0	0	0	0	0

Below are guidelines that are to be utilized based on acuity levels:
RN to Patient Ratio 1:4-5
RN/LPN to Patient Ratio: 1:1:6-7
UAP (NA, PCT) to Patient Ratio: 1:10-15 Patient Ratio

Acuity Tool is utilized to determine balanced assignments

Care Team Model Examples
2 RN/1UAP = 8-10 patients
1RN/1LPN = 6-7 patients
3 RN/2UAP = 12-15 patients

Intensive Care Unit

2024 Budget Avg Daily Census: 4.6				2024 YTD Avg Daily Census PP13: 5.09		
# of Staff by Shift	**Monday - Friday**			**Saturday - Sunday**		
	Day (7a-3p)	**Eve (3p-11p)**	**Night (11p-7a)**	**Day (7a-3p)**	**Eve (3p-11p)**	**Night (11p-7a)**
Salaried Leadership (director shared w. ER)	0.5	0	0	0	0	0
Coordinator	1	0	0	0	0	0
RN	3	3	3	3	3	3
LPN	0	0	0	0	0	0
NA/PCT	0	0	0	0	0	0
Monitor Tech	1	1	1	1	1	1
Educator (shared w. ER)	0.5	0	0	0	0	0

RN to Patient Ratio 1:1-2 (may exceed ratio, up to acute care ratios, in situations as outlined below)

”There shall be a minimum of one registered professional nurse assigned to care for every two patients that an attending practitioner determines to require intensive or critical care."

(ii) The minimum staffing requirements of this subdivision shall **not** apply to a patient when:

the attending practitioner has determined that a patient in the ICU or CCU no longer requires intensive or critical care or the patient is awaiting transfer to a lower level of care unit; or

a patient is placed in the ICU or CCU when an acute care or other inpatient service bed is not available and the attending practitioner has determined that the patient in the ICU or CCU does not require intensive or critical care

Inpatient Psychiatry Unit

2024 Budget Avg Daily Census = 10.9				YTD Avg Daily Census PP13: 8.26		
# of Staff by Shift	**Monday - Friday**			**Saturday - Sunday**		
	Day (7a-3p)	**Eve (3p-11p)**	**Night (11p-7a)**	**Day (7a-3p)**	**Eve (3p-11p)**	**Night (11p-7a)**
Salaried Leadership	1.5	0	0	0	0	0
Coordinator	0	0	0	0	0	0
RN	2	2	2	2	2	2
LPN	**LPN may be utilized in place of 1 RN**					
Behavioral Health Tech	3	2.5	2	3	2.5	2
Department Secretary/Therapies Assistant	1	0	0	0	0	0
Social Worker	0.75	0	0	0	0	0
Case Manager	1	0	0	0	0	0
Educator (shared w. acute care)	0.5	0	0	0	0	0

Inpatient Psychiatry Unit

RN to Patient Ratio 1:6

RN/LPN to Patient Ratio: 1:1:12

UAP (NA, PCT) to Patient Ratio: Depedent on patient acuity and safety needs with max ratio 1:6

Maternal Child Services

2024 Budget Avg Daily Census: 7.30				YTD Avg Daily Census PP13: 7.99		
# of Staff by Shift	**Monday - Friday**			**Saturday - Sunday**		
	Day	**Eve**	**Night**	**Day**	**Eve**	**Night**
Salaried Leadership	1	0	0	0	0	0
Coordinator	1	0	1	0	0	1
RN	4	3.5	3	4	3.5	3
LPN	1	1	1	1	1	1
Labor Tech/Ward Clerk	1	1	1	1	1	1
Social Worker (split w. OBC)	0.5	0	0	0	0	0
Educator	1	0	0	0	0	0
Birth Certificate Registrar	1					

Maternal Child Services Department follows AWHONN Staffing Recommendations

Antepartum RN to Patient Ratio
Nonstress test, Stable Triages 1:2-3
Initial Triage or patients with antepartum complications that are unstable 1:1
Antepartum complications/observation of labor (OBL); stable condition 1:3

Intrapartum RN to Patient Ratio
Uncomplicated labor patients without oxytocin who are not pushing 1:2
Labor patient with any complication, including minimal pain relief, oxytocin or those pushing or in second stage 1:1

Postpartum and Newborn Care
Postoperative recovery period (minimum 2 hours) 1:1
Mother Baby Couplets 1:3 couplets (maximum 2 couplets in the postoperative day recovery period)
Women Postpartum 1:5 (maximum 3 women in the postoperative day recovery period)
Health newborns requiring routine care 1:5

Emergency Department

2024 Budget Avg Daily Census: 79.1				YTD Avg Daily Census PP13: 92.05		
# of Staff by Shift	**Monday - Friday**			**Saturday - Sunday**		
	7a-11a	**11a-11p**	**11p-7a**	**7a-11a**	**11a-11p**	**11p-7a**
Director (split ICU)	0.5	0	0	0	0	0
Manager	1	0	0	0	0	0
RN Clinical Coordinator (M-Th)	0	0	1	0	0	0
Patient Navigator (0.4 FTE)	0.4	0	0	0	0	0
Social Worker (10 hr shifts)	1	0.5	0	1	0.5	0
RN	5	5	3.5	5	6	3.5
LPN - may be replaced w. RN	0	1.33	0.66	0	1.33	0.66
ED tech (UAP)	2	4	1	2	4	1
Ward Clerk	1	1	1	1	1	1

Emergency Department (ED)

LPN 11a-11p and 7p-7a
- May be utilized in treatment with midlevel provider
- May be utilized in RN LPN team Model
  1RN/1LPN:6-8 patients

RN to Patient Ratio 1:4-5

Ancillary 1:7-10

Critical Care Patients Held in the ED to follow Critical Care Patient Ratios

Operating Room

2024 Budget Avg Case Hours: 12.7				YTD Avg Case Hours PP13: 16.59		
# of Staff by Shift	**Monday - Friday**			**Saturday - Sunday**		
	Day (7-3)	**Eve (3-5)**	**Night**	**Day**	**Eve**	**Night**
Director	0.2					
Manager	0.5					
Educator	0.2					
RN	5	4				
Scrub Tech (CST, RN, LPN)	5	4				
PeriOp Care Tech	2	0				
OR Scheduler	1	0				

Association of PeriOperative Registered Nurses (AORN) Standards are utilized as guidlines for staffing plans for the operating room at Rome Health.

Care Team Model with each room consisting of:
- 1 RN Circulator and 1 Scrub Tech (CST, RN or LPN)
- 2 RN Circulators and 1 Scrub Tech (CST, RN or LPN) for pediatrics < 8 years of age
- 1 RN Circulator, 1 Scrub Tech (CST, RN or LPN) and 1 credentialed staff member for laser cases

Night Shift, Weekend & Holidays = call team

Ambulatory Surgery Unit (ASU)

2024 Budget Avg Patients: 7.6				YTD Avg Patients PP13: 10.67		
# of Staff by Shift	Monday - Friday			Saturday - Sunday		
	Day (5:30a-3p)	Eve (3p-5p)	Night (5p-7p)	Day	Eve	Night
Director	0.2	0	0	0	0	0
Manager	0	0	0	0	0	0
Educator	0.2	0	0	0	0	0
Clinical Coordinator (7a-5p 4 days per week flex)	0.5	0.5				
RN (flex depedent on surgical schedule)	4.5	3	1	0	0	0

The **Ambulatory Surgery Unit (ASU)** provides quality service and nursing care to the patient population served by the peri-operative department. The ambulatory surgery department is responsible for patients during the pre-operative phase as well as phase II recovery and extended recovery. The ambulatory surgery department is also responsible for scheduled outpatient treatments such as, but not limited to, therapeutic phlebotomy, blood transfusions and medical image assisted procedures. Staffing consists of regist ered nurses, nurse assistants, patient care techs and unit coordinators. The staffing matrix in the PACU is a framework based on the ASPAN standards.

RN to Patient Ratio 1:1
- Unstable patient of any age requiring transfer to a higher level of care

RN to Patient Ratio 1:2
- Eight years of age and under without family or support staff present
- Initial admission of patient post procedure

RN to Patient Ratio 1:3
- Over eight years of age
- Eight years of age and under with family present

RN to Patient Ratio 1:3-5 (extended phase)
- Patients awaiting transportation home
- Patients with no caregiver, home or support system
- Patients who have had procedures requiring extended observation/ interventions (e.g., potential risk for bleeding, pain manag ement, PONV management, removing drains/lines)
- Patients being held for an inpatient bed

Post Anesthesia Recovery Unit

2024 Budget Avg Patients: 8.0				YTD Avg Patients PP13: 12.45		
# of Staff by Shift	Monday - Friday			Saturday - Sunday		
	7a-3p	3p-7p	Night	Day	Eve	Night
Director	0.2	0	CALL	CALL	CALL	CALL
Manager (split w. OR)	0.5	0				
Educator	0.2	0				
RN	4	2				

The Post Anesthesia Care Unit provides 24 hour services to meet the needs of the post anesthesia patient, scheduled and emerg ent. A controlled environment is maintained in the Post Anesthesia Care Unit where patients undergoing anesthesia are recovered in accordance to the American Society of PeriAnesthes ia Nurses (ASPAN) standards. PACU staffing consists of registered nurses. The staffing matrix in the PACU is a framework based on the ASPAN standards.

RN to Patient Ratio 1:2

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

RN to Patient Ratio 1:1

- At the time of admission, until the critical elements are met
- Airway and/or hemodynamic instability
- Any unconscious patient eight years of age and under
- patient with contact precautions until there is sufficient time for donning and removing personal protective equipment (PPE) (e.g., gowns, gloves, masks, eye protection, specialized respiratory protection) and washing hands between patients.

RN to Patient Ratio 2:1

- critically ill, unstable patient

Endoscopy (ENDO)

2024 Budget Avg Cases: 2.6 | **YTD Avg Patients PP13: 5.38**

# of Staff by Shift	Monday through Friday (every other weekend)		
	Day (7a-5p)	Eve	Night
Director	0.2	Closed - All emergent call cases done in OR	
Manager	0		
Educator	0.2		
RN (PRE/PROCEDURE/PACU)	4		
UAP/Scrub Tech	2		

The endoscopy department (Endo) provides care in accordanace with the American College of Gastroenterology (ASGE) and the Society of Gastroenterology Nurses and Associates (SGNA) meet the needs of the patient requiring scheduled, urgent, or emergent endoscopic procedures. Teh staffing matrix in Endo is a framework based on ASGE and SGNA guidelines. Patietns in recovery are cared for follow American Society of PeriAnesthesia Nurses (ASPAN) standards.

SGNA Position Statement:

1. Pre-Procedure
1 RN to perform patient care & assessment prior to IV sedation & anesthesia

2. Procedure Room
- 1 RN in each procedure room to assess & monitor the patient during IV sedation. When an anesthesia provider is administering the sedation, the RN will remain to provide continuintiy of care & assist the healthcare team.
- 1 RN & 1 UAP to attend procedures complicated by the following: Severity of the patients' condition, Complexity of the procedure which may include, but is not limited to, endoscopic retrograde cholangio-pancreatography (ERCP), percutaneous endoscopic gastrostomy (PEG)/percutaneous endoscopic jejunostomy (PEJ) insertion, large polyp removal, balloon enteroscopy, etc., or level of sedation.
- One RN & 1 UAP to attend procedures performed on pediatric patients

3. Post-Recovery Area
1 RN in the post recovery area (follow ASPAN standards for Phase I & Phase II)

Notes: