
2024 Staffing plan

St. James Hospital

UR St. James Hospital is a Sole Community General Acute Care hospital is licensed 15 medical surgical beds. UR St. James have 4 observation bed and 9 ED Beds in addition there are 4 operating rooms and 13 pre-& post beds.

St. James Hospital Clinical Staffing Committee

St. James Hospital first Clinical Staffing Committee was developed to meet facility standards of staffing and compliance with NYS law (Chapter 155 of the Laws of 2021) and first convened in November 2021. The Committee developed and approved the Committee’s Charter (Appendix A) on December 6th, 2021.

The Clinical Staffing Committee discusses current staffing, open positions, and current approved FTE’s for each department. Discussion if there is a need for further staffing improvements or if the staffing in place is satisfactory to be able to perform each areas jobs/function to the best of their ability. Topics of discussion, in summary, are recruitment, retainment, staffing assignments, traveler coverage, and budgetary adjustments/impacts.

The following staffing grids were presented and approved by the following Committee Members in January 2024:

St. James Hospital Clinical Staffing Committee Members Fiscal Year 2024:

Department	Title	Name
Emergency Department	Registered Nurse	Meaghan Connors
Emergency Department	Patient Care Technician	Nicole Davis
Emergency Department	Registered Nurse	Teri Symonds
Medical-Surgical Unit	Licensed Practical Nurse	Amy Wilhelm
Medical-Surgical Unit	Registered Nurse	Katrina Siranni
Operating Room	Registered Nurse	Kelsea Brubaker
Primary Care	LPN	Sarah Bracken
Outpatient -Stress	Registered Nurse	Lisa Duvall
Nursing Administration	Director of Nursing	Kalieggh Porcaro
Administration	Executive Vice President/Compliance Officer	Denise Becher
Administration	Chief Financial Officer	Christopher Graham
Nursing Administration	Chief Nursing Officer	Katherine Warner
Administration	Chief Executive Officer	Wendy Disbrow

Our Infusion Services operates Monday-Friday 8:00 am -4:00 pm.

OP Coumadin Clinic Department Staffing

	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	Avg. No. of	Patient to
OP Coumadin Clinic	RN	RN	LPN	LPN	Ancillary	Ancillary	Unlicensed	Unlicensed	Patient	RN Ratio
Days- 7:00 am- 3:00 pm	1	8	-	-	-	-	-	-	16	16
Eve - 3:00 pm - 11:00 pm	-	-	-	-	-	-	-	-	-	-
Night 11:00 pm- 7:00 am	-	-	-	-	-	-	-	-	-	-

Our Coumadin Clinic (Anti-coagulation operates Monday 8:00 am-4:00 pm, Wednesday 8:00 am-12:00 pm, and Friday 8:00 am-4:00 pm).

OP Rehabilitation (Cardiac Rehab) Department Staffing

	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	Avg. No. of	Patient to
OP -Rehabilitation (Cardica Rehab)	RN	RN	LPN	LPN	Ancillary	Ancillary	Unlicensed	Unlicensed	Patient	RN Ratio
Days- 7:00 am- 3:00 pm	1	8	-	-	-	-	1	8	12	12
Eve - 3:00 pm - 11:00 pm	-	-	-	-	-	-	-	-	-	-
Night 11:00 pm- 7:00 am	-	-	-	-	-	-	-	-	-	-

Our Cardiac Rehab Department operates Monday, Wednesday, and Friday 8:00 am-4:00 pm.

OP Stress Test Department Staffing

	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	Avg. No. of	Patient to
Stress Test Lab	RN	RN	LPN	LPN	Ancillary	Ancillary	Unlicensed	Unlicensed	Patient	RN Ratio
Days- 7:00 am- 3:00 pm	1	18	-	-	-	-	-	-	3	3
Eve - 3:00 pm - 11:00 pm	-	-	-	-	-	-	-	-	-	-
Night 11:00 pm- 7:00 am	-	-	-	-	-	-	-	-	-	-

Our Stress Test department operates minimal days\hours during the week.

Clinical Staffing Committee Charter

Name of Committee:

Clinical Staffing Committee

General purpose:

Frontline clinical staff (50% of committee) and administration (up to 50% of committee) work together to develop a staffing plan to submit to NYS DOH for safe effective patient care.

Committee Members Fiscal Year 2024:

Katrina Sirianni, RN-Medical/Surgical Inpatient Unit

Amy Wilhelm, LPN- Medical/Surgical Inpatient Unit

Kelsea Brubaker, RN- Operating Room

Teri Symonds, RN- Nursing Supervisor

Meaghan Connors, RN- Emergency Department

Nicole Davis, PCT- Emergency Department

Sarah Bracken, LPN- Primary Care

Lisa DuVall, RN- Outpatient Services

Erica Davenport, LPN-Urgent Care

Kate Warner, RN- CNO

Kaleigh Porcaro, RN- Director of Nurses

Christopher Graham -Chief Financial Officer

Denise Becher-Executive Vice President/Compliance Officer

Wendy Disbrow-Chief Executive Officer

Primary Responsibilities:

- Development and oversight of implementation of annual clinical staffing plan
- Semiannual review of the staffing plan
- Review, assessment and response to complaints regarding potential violations of the adopted staffing plan

Appendix A

Annual clinical staffing plan:

- Committee must adopt an annual staffing plan by July 1st each year, beginning in 2022
- The employee members and the management members of the committee each have one vote, regardless of the actual number of members of the committee
- Consensus decisions must be included in the staffing plan; if there is no consensus on the plan or any of its parts, the hospital CEO has discretion to make the decision.
- Staffing plans must be submitted to DOH to be posted on each hospital's health profile on the DOH website.

Adjustments to the plan:

- Hospital management can make adjustments to the plan for short-term, unexpected changes in circumstances.
- Provides for "unforeseeable emergency circumstances" (declared emergencies, activation of hospital disaster plan or other disaster or catastrophic events).

Reporting Requirements:

- Hospitals must submit their annual staffing plans to DOH for posting
- Hospitals must publicly post unit-level staffing information on a daily basis.
- Beginning Dec 31, 2022, hospitals must report to DOH specific information on a quarterly basis related to the total hours of nursing care per patient provided by RN's and LPN's and the number of unlicensed personnel utilized to provide direct patient care.
- DOH must issue annual report by December 31, 2022 and annually thereafter

Critical Access hospitals and sole community hospitals:

- Authorizes CAHs and SCHs to develop flexible approaches to comply with provisions
- Staffing plan must include description of how approach differed from outlined process.

Clinical Staffing Meetings:

- Bi-weekly until clinical staffing plan is in place
 - Monthly and ad-hoc

Appendix B

LPN Roles and Responsibilities for UR St. James

Restricted Tasks
Administer Blood or blood products
Perform admission or discharge of patients.
Acknowledgement of Provider orders in chart
Cannot independently provide patient education about meds/disease processes
Complete patient assessments
Take Verbal orders
Accept Critical lab values from the Lab technician/staff member
Administration of any IV Push Medications, and first dose IV medications.
Titrate medications of any kind
Administer high risk IV medications (e.g. Heparin, tPa, or chemotherapeutic drugs)

Permissible tasks
Dressing Changes/Wound Care
Initiate IVs and/or perform veni-puncture lab draws
Administer IV medications/fluids after initial dose has been given by the RN
Tracheostomy care
Perform oral, nasal and tracheostomy suctioning
Assist with ADLs (bathing, ambulation, feeding, etc.)
Insert Foley Catheters
Insert NG/OG tubes, Check NG tube patency, and administer NG Tube feedings
Monitor Intake and output
Reinforce patient education to include the teach back approach
Respiratory treatments as needed when RT not available
May administer SQ and IM injections
LPNs can witness blood products with the RN
LPNs can co-sign the administration of SQ insulin and SQ heparin

Initiate any IV access via PICCs, ports, and central lines or hang the initial IVF line.
Blood draws from peripheral IV, PICCs, ports or central lines.
Verify high risk IV medications as heparin, insulin drips, alteplase, or tenecteplase.



MEDICINE *of* THE HIGHEST ORDER