

The University of Vermont Health Network – Alice Hyde Medical Center- PFI  
0135 RE: DHDTc DAL#: 24-04 New York State Public Health Law Section 2805-t  
2024 Clinical Staffing Plans Submissions Effective July 1, 2024

## Medical Floor Staffing Plan

**Introduction:** A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends and benchmarking assisted in determining hours per patient day (HPPD) and RN to patient guidelines.

### **Model of Care:**

- Medical Floor is staffed with defined number of RNs based on census in alignment with HPPD and staff to patient guidelines. This included charge nurse role which supports all RNs in delivering direct and indirect care needs.
- Direct patient care is defined as having direct patient care responsibility for greater than 50% of shift.
- Direct patient care on M/S is provided by the following levels of staff:
  - RN
  - Nurse Aide
- All other resources will be considered when making adjustments based on patient care needs and workload.
- The following (see attached grid) provide guidelines for staffing the unit. Adjustments are made based on the patient care needs, patient acuity, and other activities affecting workload.

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be 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. For the purposes of this staffing plan, limited duration is defined as no more than 24 hours.

## AHMC MEDICAL FLOOR

	Day				Evening				Night			
Census	Charge	RN	Aide	Clerk	Charge	RN	Aide	Clerk	Charge	RN	Aide	Clerk
1	1	1	1	0	1	1	1	0	1	1	1	0
2	1	1	1	0	1	1	1	0	1	1	1	0
3	1	1	1	0	1	1	1	0	1	1	1	0
4	1	1	1	0	1	1	1	0	1	1	1	0
5	1	1	1	1	1	1	1	1	1	1	1	0.5
6	1	2	1	1	1	2	1	1	1	1	1	0.5
7	1	2	2	1	1	2	2	1	1	2	1	0.5
8	1	2	2	1	1	2	2	1	1	2	1	0.5
9	1	2	2	1	1	2	2	1	1	2	1	0.5
10	1	2	2	1	1	2	2	1	1	2	1	0.5
11	1	3	2	1	1	3	2	1	1	2	2	0.5
12	1	3	2	1	1	3	2	1	1	2	2	0.5
13	1	3	3	1	1	3	3	1	1	2	2	0.5
14	1	3	3	1	1	3	3	1	1	3	2	0.5
15	1	3	3	1	1	3	3	1	1	3	2	0.5
16	1	4	3	1	1	4	3	1	1	3	2	0.5
17	1	4	3	1	1	4	3	1	1	3	2	0.5
18	1	4	3	1	1	4	3	1	1	3	2	0.5
19	1	4	4	1	1	4	4	1	1	3	2	0.5
20	1	4	4	1	1	4	4	1	1	3	2	0.5
21	1	5	4	1	1	5	4	1	1	4	3	0.5
22	1	5	4	1	1	5	4	1	1	4	3	0.5
23	1	5	4	1	1	5	4	1	1	4	3	0.5
24	1	5	4	1	1	5	4	1	1	4	3	0.5

## Intermediate Care Unit Staffing Plan

**Introduction:** A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends and benchmarking assisted in determining hours per patient day (HPPD) and RN to patient guidelines.

**Model of Care:**

- IMCU is staffed with defined number of RNs based on census in alignment with HPPD and Rn to patient guideline.
- Direct patient care is staff that are assigned and have direct patient care responsibility for greater than 50% of shift.
- All other resources will be considered when making adjustments based on patient care needs, patient acuity, and other activities affecting workload.

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be 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. For the purposes of this staffing plan, limited duration is defined as no more than 24 hours.

### AHMC Intermediate Care Unit

	Day		Evening		Night	
Census	Charge	RN	Charge	RN	Charge	RN
1	1	0	1	0	1	0
2	1	0	1	0	1	0
3	1	0-1	1	0-1	1	0-1
4	1	1	1	1	1	1

## Emergency Department

### Staffing Plan

**Introduction:** A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends, and benchmarking assisted in determining worked hours per patient visit (WHPPV).

#### **Model of Care:**

- The Emergency Department (ED) staffing is supported by an interprofessional team to include, but not limited to, Registered Nurses, Physicians, Technicians, Patient Sitters, Crisis Clinicians, Clerks and Registrars. This staffing plan outlines staffing needs for Registered Nurses, Techs, and Clerks.
- Direct patient care is defined as having direct patient care responsibility for greater than 50% of shift.
- All other resources will be considered when making adjustments based on patient care needs and workload.
- All patients are assessed by an RN and classified based on the nationally recognized scale of Emergency Severity Index (ESI). Patient assignments will be adjusted based on ESI and patient care needs.
- The following provide guidelines for staffing the unit based on average visits of 100 per day with WHPPV of 3.2. Adjustments are made based on the patient care needs, patient acuity and other activities affecting workload.

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be 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.

### AHMC Emergency Department

	Day					Evening					Night				
Census	Charge	RN	Triage	Tech	Clerk	Charge	RN	Triage	Tech	Clerk	Charge	RN	Triage	Tech	Clerk
1	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	1	0	1	0
2	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	1	0	1	0
3	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	1	0	1	0
4	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	1	0	1	0
5	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	1	0	1	0
6	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	1	0	1	0
7	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	1	0	1	0
8	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	1	0	1	0
9	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	2	0	1	0
10	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	2	0	1	0
11	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	2	0	1	0
12	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	2	0	1	0
13	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	2	0	1	0
14	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	2	0	1	0
15	1	1.5	0.62	1.5	0.62	1	2	0.62	2	0.38	1	2	0	1	0

## AHMC Outpatient Clinics

### Staffing Plan

**Introduction:** A patient care model of staffing is utilized to determine staffing needs. Literature review, anticipated trends, and benchmarking assisted in determining worked hours per patient visit (WHPPV).

**Model of Care:**

- The outpatient clinics staffing is supported by an interprofessional team to include, but not limited to, Registered Nurses, Physicians, Medical Office Assistants, Nurse Practitioners, Patient Access Representatives, and Office Managers. This staffing plan outlines staffing needs for Registered Nurses (RN), Licensed Practical Nurses (LPN), Medical Office Assistants (MOA), and Patient Access Representatives (PAR).
- Direct patient care is defined as having direct patient care responsibility for greater than 50% of shift.
- All other resources will be considered when making adjustments based on patient care needs and workload.
- All The following provide guidelines for staffing the clinic. Adjustments are made as needed.

All available resources will be considered to support patient care needs. Provisions for limited short-term adjustments can be made by appropriate general hospital personnel overseeing outpatient clinic operations. These adjustments may include adjusting to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration.

## Outpatient Medical Services

1	Clinic	Day			
		RN	LPN	MOA	PAR
2	Reddy Cancer Center	1		2	1.5
3	Gastroenterology		1		1
4	Pain Management		1		1
5	Pediatrics	1	2.5		1
6	Orthopedics		2		2
7	Urology	1	1		1
8	Women's Health		2		2
9	Endocrinology		2		1
10	Cardiology		2		2
11	Walk In Clinic		3		2
12	Medical Practices -5 Primary Care	1	1		1
13	Medical Practices- 3		4		3
14	Medical Practices-2		2	2	2
15	Medical Practices - 1 Primary Care		2		1