Medical/Surgical Unit (25 cap inpatient, observation, and swing beds)

0700 to 1900

1-14 patients	15-24 patients
2-3 RNs	3-4 RNs
0-1 LPN	0-2 LPNs
0-2 Aides	2-3 Aides
0-1 Medical Receptionist	0-1 Medical Receptionist

1900 to 0700

1-14 patients	15-24 patients
2-3 RNs	3-4 RNs
0-1 LPN	0-2 LPNs
0-2 Aides	2-3 Aides

Swing Beds
1-8 LPN/RN

WCCHS has one M/S unit located on the 3rd floor. Patient population consists of inpatients, observations, and swing bed patients. Common diagnosis are COPD, pneumonia, COVID, CHF, sepsis, postop patients to include total joint replacements, colon resections, hip fracture repairs, GYN, and occasional cholecystectomies.

WCCHS takes into account that there are not separate units for observation and swing bed patients which are generally lower in acuity.

At times, the Charge RN may be asked to take a patient assignment. Additional resources are included previously in the plan.

**Also reference 6.6.1

Progressive Care Unit (5 inpatient PCU beds, 4 correctional services beds)

0700 to 1900	1900 to 0700
1 RN: 2-4 PCU patients	1 RN: 2-4 PCU patients
1 RN: 4 CSU patients	1 RN: 4 CSU patients

WCCHS stands by the American Association of Critical-Care Nurses (AACC) principles:

- Nurses are essential to the successful delivery of healthcare.
- Appropriate nurse staffing is crucial for optimal patient care.
- Appropriate staffing is inextricably linked to healthy work environments.
- Higher nurse job satisfaction, which leads to lower staff turnover, is closely tied to appropriate staffing.
- The creation of appropriate staffing plans requires a nimble, comprehensive approach.

Patients placed in the PCU meet criteria as a PCU patient.

WCCHS contracts with Department of Corrections and had a 4-bed inpatient locked unit, Correctional Services Unit (CSU). This unit is located on 2nd Floor. PCU staff care for these patients who are designated as Med/Surg patients.

PCU patients are defined as, but not limited to:

- Ventilators
- Critical drips to include insulin
- Respiratory failure, DKA, postop patients, sepsis

- Drug overdoses
- CIWA greater than 10
- Behavioral health with suicidal ideation and a medical condition
- Any medical diagnosis in which the provider is concerned of deterioration
- When the PCU does not have any patients, the nursing staff will be floated to assist in other patient care areas.

The minimum staffing standard or ratio provided to a patient in a PCU shall be based on patient acuity, as determined by the attending practitioner and not solely based on the location of the patient.

The minimum staffing requirements of this subdivision shall not apply to a patient when:

- The attending practitioner has determined that a patient in the PCU no longer requires intensive or critical care of the patient is awaiting transfer to a lower level of care unit; or
- A patient is placed in the PCU when an acute care of other inpatient service bed is not available and the attending practitioner has determined that the patient in the PCU does not require intensive or critical care.

Emergency Department (12 beds with additional areas available, can accommodate up to 18 patients.)

7 a.m.: 2-3 (RN), 1-2 (PCT)

Additional staff at 10 a.m.: 1-2 (LPN or RN), 0-1 Emergency Department Coordinator

7 p.m.: 2-3 (RN), 0-1 (LPN), 1-2 (PCT)

The Emergency Department shall consist of professional nursing staff to provide safe patient care and nonprofessional staff to support/assist nurses in caring for emergency patients. The staffing plan is determined through registration times and patient acuity studies along with recommendations from the Emergency Nurses Association (ENA). ED staff schedules stagger to provide the most coverage during established peak census and acuity levels. There must be one RN assigned to triage at all times.

During periods of high census and/or boarding of patients, the Director will collaborate with the supervisor to determine staff resources available from other departments to be deployed to the ED, or to assist in patient throughput. ED will first use and/or asses its ability to staff with ED employees. Every effort will made to obtain additional resources for patients requiring behavioral observation every 15-minute checks or 1:1 monitoring.

Utilization management services are provided by an independent contractor.

ED has an Emergency Physician on 24/7 along with midlevel provider on from 1000-2200 daily. If census is low, the ED physician may release the midlevel provider.

There is one Nurse Director who reports directly to the Chief Nursing Officer. Additional resources are as noted previously in the plan.

Mental Health (10 inpatient beds)

800-2000	2000-0800
1 RN	1-2 RNs and/or
2 MHTA	1-2 MHTA

1 Social Worker (8am-4pm) and/or 1 Crisis Worker (8am-4pm)
1 PAO (4pm-12am)
1 Unit Assistant M-F 7am-3pm

The inpatient Mental Health unit is a locked unit located on the first floor. The Social Worker and PAO assist with consults in other areas such as the Med/Surg, PCU, and in the ED.

Mental Health staff provide forensic mental health services in the Wyoming County jail.

Psychiatric coverage is provided by a psychiatrist and/or psychiatric NP 24/7.

Mental Health has a Director who reports to the CEO. Additional resources are as noted previously in the plan.

Surgical Services

Surgical services staffing is based on AORN guidelines. At a minimum per area/OR:

1 RN	Circulator / case
1 RN/LPN/Tech	Scrub / case
1 RNFA	Based on procedure

2 RN 1 direct caregiver/1 within hearing range for assistance in post anesthesia recovery unit (PACU), as necessary
1 RN and another staff member up to 2 patients in the ambulatory care unit based on procedure

Ancillary staff include:

1 Director of Surgical Services
1 Surgical Services Scheduler
1 Product/Materials Specialist
1 Central Sterile Tech
1 Central Sterile Aide
1 Surgical Services Aide

Surgical Services Staffing is based on the AORN Position Statement on Perioperative Safe Staffing, On-Call Practices and New York Codes, Rules and Regulations Title: Section 405.12 – Surgical Services, and ASPANs "Patient Classification/recommended staffing guidelines"

- Clinical staffing procedures are based on:
    - Unique needs of the patient (e.g. acuity, monitoring needs, etc.)
    - Procedural complexity and technological demands
    - Professional competency (minimum qualification to function in specified role)
    - Professional proficiency (advanced knowledge/skill in particular areas of clinical practice)
    - Skill mix of personnel
    - Professional practice standards
    - Health care regulations, accreditation requirements, and state staffing laws

- Minimum staffing per AORN, ASPAN, and NYS include the following:
    - Preoperative
        - Minimum of 1 RN with additional RNs based on number of patients, type of procedures, and acuity of patients
    - Intraoperative
        - Minimum 1 RN per patient per OR in the role of RN circulator
        - Minimum 1 scrub person per patient per OR: Certified Scrub Tech, LPN, or RN.
        - Additional staff, with appropriate competencies may include:
            - Moderate sedation – 1 RN to monitor patient/ 1 dedicated RN circulator
            - Local anesthesia – 1 RN to monitor patient/ 1 dedicated circulator
            - Complex surgical procedures/high patient acuity/technical demands (lasers) – may require additional RN circulator (s) and scrub person (s)
    - Postoperative - Reflects ASPAN's "Patient Classification/recommended staffing guidelines"
        - Phase I – maintained during on-call situations
            - Two registered nurses competent in Phase I care
                - 1 at the bedside providing direct patient care
                - 1 should be immediately available to assist – able to directly hear a call for assistance
                - Additional staff members, as necessary
        - Phase 2
            - Two competent personnel
                - 1 RN competent in Phase II post anesthesia nursing
                - Both in same room/unit where patient is receiving care
        - Extended Observation
            - Two competent personnel
                - 1 RN with competence appropriate to patient population
                - Both in same room/unit where patient is receiving care
        - Discharge from Service
            - 1 RN assesses readiness of patient providing comprehensive handoff to receiving health care professional and organizes safe transfer
        - Postoperative Follow-Up
            - 1 RN completes discharge follow-up

Clinical Outpatient Units

	Patients per Day	Staffing
General Surgery	17 patients	1 LPN or MA 1 MOA 1 Surgical Scheduler
Ortho	23 patients	2 MOAs or 2 LPNs 1 LPN or MA
Cardiology	23 patients	2 MAs or 1 MOA 1 MA
Cardiopulmonary Rehab	17 patients	2 RNs 1 MA
Specialty Clinic		
Endocrinology	15 patients	
Neurology	17 patients	
Nephrology	10 patients	
Pain Doctor	20 patients	
Podiatry	17 patients	
For all above Specialty Clinic service lines		1 LPN or 1 MA 2 MOAs
Urology	10 patients	1 LPN or 1 OR Tech