



TO: [hospitalstaffngplans@health.ny.gov](mailto:hospitalstaffngplans@health.ny.gov)  
FROM: Diane Lobdell, VP Patient Care Services- CNO  
DATE:  
RE: 2023 Staffing Plans for Sisters of Charity Hospital, St. Joseph Campus (SJC)

Sister of Charity Hospital, St. Joseph Campus began a Clinical Staffing committee (CSC) in January of 2022 in response to the newly signed New York Safe Staffing for Quality Care Act. Half of the committee is comprised of direct care associates and half are members of the hospital's management team. This committee has worked together to review the staffing plan for the hospital, taking into consideration many factors that impact patient care, including acuity, geography, finances, retention and recruitment, resources and practice patterns.

Over the past 18 months, the SJC CSC group has met regularly. Initially, the committee adopted a Charter to outline their purpose and scope, followed by discussion related to recruitment and retention, financial stewardship and quality, and their impact on patient care. SJC has a Collective Bargaining Agreement (CBA) that was ratified in November 2021 and clearly outlines the hospital's staffing plan. With Clinical unit staffing grids already in place, the SJC CSC was able to focus discussion on the individual characteristics and challenges of each nursing unit, including but not limited to acuity, intensity, measures in place to maintain patient and associate safety, the impact of planned and unplanned absences on the workforce and the staffing grids.

In May of 2023, SJC opened a new department, Clearview Substance Rehab unit which was not a part of the CBA ratified in 2021. There was a staffing plan built and placed into practice at the opening of the department. The staffing plan was discussed during the June and July meeting and the committee was not able to reach consensus. Page 2 of this document outlines the CEO statement, statement by management, and the Employee/Union statement.

The committee will continue to meet and maintain discussion moving forward as it prepares to implement all aspects of the staff plan.

Thank you

A handwritten signature in black ink that reads "Diane Lobdell".

Diane Lobdell, MSN, RN, NEA-BC  
Vice President, Patient Care Services

August 2023 Staffing Plan Submission

### **CEO statement**

The current CBA was ratified in 2021 and Clearview opened in 2023 and the committee was not able to reach a consensus on the plan that was developed and presented to the union before the opening. The staffing plan calls for 1:10 RN assignment. LPNS are part of the nursing staffing plan. The LPNs are assigned duties within the scope of their practice. Initially the counselors at an 8:1 ratio but then reduce to a 5:1 ratio. Initially there as not a treatment aide in the staffing plan but that was added. Due to the lack of consensus, the two sides presented their rationales to me (Aaron Chang) on August 15, 2023. Based on the fact that this is a new unit and continues to work on processes to determine the best staffing model, I reviewed the rationales and made the decision to maintain the current staffing plan but also made the commitment that we would continue to meet and discuss staffing in good faith.

### **Statement by management**

The current CBA was ratified in 2021 and Clearview opened in 2023 and the committee was not able to reach a consensus on the plan that was developed and presented to the union before the opening. The staffing plan calls for 1:10 RN assignment. LPNS are part of the nursing staffing plan. The LPNs are assigned duties within the scope of their practice. Initially the counselors at an 8:1 ratio but then reduce to a 5:1 ratio. Initially there as not a treatment aide in the staffing plan but that was added. We are committed to meet regularly to evaluate work load and staffing.

### **Employee/Union statement**

The frontline members of the CSC disagree with the Hospital's proposed staffing plan for this unit due to insufficient nursing staffing that is detrimental to safe patient care. Due to patient acuity and case mix, safe staffing on the unit requires RN ratios of 1:10 and LPN ratios of 1:20; the ratios proposed by the Hospital will negatively impact both the working conditions of frontline healthcare staff and the care that patients receive

**St Joseph Campus Emergency Dept.- 300 7450**

CN	1	
Triage RN	1	
RN	1:4	
NA	1:5	
Fast Track	2	
Fast Track	1	
Unit Clerk	1	

Staffing Plan

Time	# RN	# NA	UC
6a	4	2	0
10a	5	2	0
11a	6	2	1
3p	7	2	1
6p	6	2	1
11p	4	2	0
3a	3	2	0

Staffing Summary methods used to determine or adjust staffing

**St Joseph Campus- Clearview- 300-6250**

**HEADCOUNT**

Census	RN		LPN	
	7a-7p	7p-7a	7a-7p	7p-7a
40	2	2	1	1
39	2	2	1	1
38	2	2	1	1
37	2	2	1	1
36	2	2	1	1
35	2	2	1	1
34	2	2	1	1
33	2	2	1	1
32	> 2	2	1	1
31	2	2	1	1
30	2	2	1	1
29	2	2	1	1
28	2	2	1	1
27	2	2	1	1
26	2	2	1	1
25	2	2	1	1
24	2	2	1	1
23	2	2	1	1
22	2	2	1	1
21	2	2	1	1
20	2	2	1	1
19	2	2	1	1
18	2	2	1	1
17	2	2	1	1
16	2	2	1	1

*Average HPPD*

*Average +/- 5 ADC*

*Budget '23*

**St. Joseph Campus- Operating Room - 300-7360**

Relief/Core RN

Breaks & lunches  
Turnovers

Vascular local cases  
Breaks & lunches  
Turnovers

**DAILY STAFFING PLAN FOR SCHEDULING ELECTIVELY**

0700 - 19 staff to run 10 ORs as needed

	1 RM	2 RMs	3 RMs	4 RMs	5 RMs	6 RMs	7 RMs	8 RMs	9 RMs	10 RMs
<b>0700-1900</b>										
<b>ORSupervisor/CN</b>	1	1	1	1	1	1	1	1	1	1
<b>RNs</b>	1	2	3	4	4	5	6	6	7	8
<b>ST</b>	2	4	5	8	10	12	12	13	14	15
<b>Relief/Turn Over RN</b>	1	1	1	2	2	3	3	3	3	3
<b>Relief/Turn Over ST</b>	1	1	2	2	2	2	2	2	2	2
<b>Total RNs**</b>	2	3	4	6	6	8	9	9	10	11
<b>Total STs</b>	3	5	7	10	12	14	14	15	16	17
<b>Anesthesia Assistant</b>	1	1	1	1	2	2	2	2	3	3
<b>Total RNs (CN)</b>	3	4	5	7	7	9	10	10	11	12
<b>Total STs</b>	3	5	7	10	12	14	14	15	16	17

**St Joseph Campus- PACU- 300-7380**

Charge Nurse	1:2
RN - Adult	1:2 (phase 1)
RN- Pediatric	1:1
Critical Care	1:1
AS	1

Time	# RN	# TA	UC
730	2		
8a	2	3	
9a	1	1	
11a			
3p			
7p			
11p			
3a			

Staffing Summary methods used to determine or adjust staffing

OR pts typically enter PACU starting at 0830 ; staffing staggered to meet OR activity maintaining 1:2 ratio maintaining highest levels of staff during busiest time periods of 11-7pm.

**St Joseph Campus GI ENDO- 300-7560**

RN Advanced prodedure	3:1
RN recovery	1:2
NA/Endo Tech	2
Clerical	0.5 (days)

Staffing Plan


Staffing Summary methods used to determine or adjust staffing

2 RNs pre procedure, 3 RNs phase 2, 2 RNs per procedure room x 2 rooms 1 CN no patient assignment. 1 endo tech pre/post procedure pt d/c cart turnover 1 tech for scope processing.  
Flexing of staff and additonal staffing is recruited when the volume requires.

**St Joseph Campus ASU- 300-7390**

SJC ASU	
Charge Nurse	1
RN	1:4
AS	2
Service Representative	3

Staffing Plan			
Time	# RN	# NA	UC
530	5	1	
700	6	1	
9a	6	1	1
11a	7	1	
3p	4	1	
7	1	0	0
11p	0	0	0
3a	0	0	0

Staffing Summary methods used to determine or adjust staffing

core daily RN staff of 9 flexed starts to accommodate pre op and post op patient flow.



## St Joseph Campus GI Lab

Charge Nurse	1
RN pre-procedure	1:2
RN procedure	2:1
RN Advanced procedure	3:1
RN recovery	1:2
NA/Endo Tech	2
Clerical	0.5 (days)

### Staffing Plan

Time	# RN	# ET	UC
630	2	0	
7a	6	1	
8a	4	1	

### Staffing Summary methods used to determine or adjust staffing

2 RNs pre procedure, 3 RNs phase 2, 2 RNs per procedure room x 2 rooms 1 CN no patient assignment. 1 endo tech pre/post procedure pt d/c cart turnover 1 tech for scope processing.  
Flexing of staff and additional staffing is recruited when the volume requires.

**St. Joseph Campus- Hall 4- 300-6102**

20 Bed Unit

Census	Charge RN		RN		Manager
	645a-7p	645p-7a	645a-7p	645p-7a	
20	1	1	4	4	1
19	1	1	4	4	1
18	1	1	4	4	1
17	1	1	4	4	1
16	1	1	3	3	1
15	1	1	3	3	1
14	1	1	3	3	1
13	1	1	3	3	1
12	1	1	2	2	1
11	1	1	2	2	1
10	1	1	2	2	1
9	1	1	2	2	1
8	1	1	2	2	1
7	1	1	2	2	1
6	1	1	2	2	1
5	1	1	2	2	1
4	1	1	2	2	1
3	1	1	2	2	1
2	1	1	2	2	1
1	1	1	2	2	1
0	1	1	2	2	1

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Average HPPD

Average +/- 5 ADC

Budget '22

RN:NA Ratio

Budget '22

RN:NA Ratio(with Orientation & Sitters)