




ADIRONDACK HEALTH

DEPARTMENT: Patient Care Services Nursing	POLICY TITLE: Nursing Staffing Plan – Patient Care Services/Nursing
PAGE 1 of 10	REPLACES POLICY DATED: 10/00, 10/03, 3/08, 10/09, 10/11, 11/13, 6/15, 10/16, 5/17, 9/17, 01/20, 3/22, 6/23
EFFECTIVE DATE: 10/2023	POLICY NUMBER: PCS-0163
APPROVED BY: David Mader, BSN, RN, CCRN-K, NE-BC Chief Nursing Officer	PREPARED BY: REVISED BY: David Mader, CNO
SIGNED: 	DATED: 10/2023

SCOPE: All Adirondack Health affiliated facilities.
POLICY: <p>Adirondack Health is committed to providing the highest quality and safest care to our patients and residents.</p> <ul style="list-style-type: none">• Nursing units are staffed with highly skilled and competent registered nurses, licensed practical nurses, nursing assistants, certified nursing assistants and other assistive personnel.• Patient Care Services has a written staffing plan developed to accommodate a projected daily patient and resident census by individual units as a guideline for care and a healthy work environment.• The patient/resident census and acuity is reviewed each shift by nursing leadership staff and staffing is adjusted as needed to meet care needs throughout the 24-hour day.• Administrative Nursing Supervisors are on duty at all times to assist with adjusting unit staffing when the expected fluctuations in census, acuity or other needs occur.• The Patient Care Services Leadership team recognizes the linkage between staffing, evidence-based standards of care and clinical quality outcomes.

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<p>PROCESS:</p> <ol style="list-style-type: none"> 1. Staffing parameters are clearly delineated by each unit reflecting: <ul style="list-style-type: none"> ➤ Patient/Resident census, intensity, and acuity ➤ Staff mix and competence to meet patient/resident care needs. 2. The Staffing Plan is evaluated annually and is governed by changing patient/resident care needs. <ul style="list-style-type: none"> ➤ Changes are identified through activities and areas such as performance improvement and risk management and patient/resident populations. ➤ The Clinical Staffing Committee also has input into and approves the staffing plan annually. 3. Master staffing schedules and daily staffing patterns will be maintained in Patient Care Administration/Adirondack Health/inclusive of long-term care for a period of three (3) years. 4. All services/departments/patient/resident care units are based on the following: <ul style="list-style-type: none"> ➤ Adirondack Medical Center - Patient Care Administration Includes: <ul style="list-style-type: none"> ▪ CNO/VP Patient and Resident Care Services ▪ AVP, Patient Care Services ▪ DON Long Term Care ▪ Director/Manager ▪ Unit Secretary as indicated ▪ Unit Supervisor, Clinical Lead, Admin Supervisor ▪ Patient Care Coordinator ▪ Available as needed: Infection Control, Transitions of Care Coordinators, Patient Education/Diabetes Self-Management, Bariatric Surgery Program educators, Long-Term Care Educators, and Nursing Informatic support. <p>Units and defined productivity formulas include the following:</p> <ul style="list-style-type: none"> ▪ Medical/Surgical Unit: Worked hours per patient day and acuity ▪ Colby Senior Behavioral Health Unit: Worked hours per patient day and acuity ▪ Critical Care Services: <ul style="list-style-type: none"> ○ Intensive Care Unit: Worked hours per patient day and acuity. ○ Emergency Center: Based on the average patient volume for individual shifts and the NYCRR section 405.19 Nursing Services regulations: Saranac Lake – 2 RN's 24 hours a day and one Patient Care Technician 11a to 11p. ○ Emergency room seasonality increases volumes per day and a 3rd RN is added 11a to 11p during busy seasons or if patients are waiting extended periods of time for evaluation and treatment. ○ In the event of a mass casualty or disaster, the RN in charge will contact the Administrative Nursing Supervisor who will assist with the
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call plan for emergency preparedness.

- Perinatal Services: Worked hours per patient day.
 - Perinatal services is the only unit with their own specific policy related to staffing. (See separate Perinatal Staffing Plan)
 - Ambulatory Surgery Unit (ASU): Worked hours per procedure/case
 - Renal Center: Worked hours per treatment
 - Endoscopy Suite: Worked hours per patient visit
 - Oncology/Infusion Unit: Worked Hours per patient visit
 - Central Sterile Processing: Total central sterile surgical cases
 - Bariatric/CKD Clinic: Worked hours per visit
 - Outpatient Health Centers, employed provider offices: Volume or type of visit per day
 - Outpatient Specialty Practices (Radiology, Cardiology, Urology, Pain Clinic): Worked hours per visit/procedure
 - Perioperative Services Staffing Plan:
 - Operating Room: Worked hours per /procedure/case
 - PACU: Hours per case
 - Mercy – Long term care worked hours per resident day and inclusive of short-term rehab acuity and census.
- A Staffing Matrix is utilized for each Adirondack Health unit utilizing the worked hours per unit of service.

5. Scheduling – Adirondack Medical Center/inclusive of Mercy LTC:

The goal of scheduling is to meet patient/resident care needs and quality care.

- Master schedules are to be posted in all departments and in Nursing Administration no later than the 3rd Monday of the current schedule.
- Once the schedule is posted no changes will be made unless approved by the Department Director; or long-term care per contract language. LPN/CNAs have five days after posting to request changes, per UFCW contract.
- Requests for time off must be submitted in writing to the Department Director on a Schedule Request Form, before the schedules are posted. Long term care – staff submits to Nurse Manager/DON.

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- The work week begins on Monday at 1201 and continues through Sunday at 2400 per specific contract language (NYSNA and UFCW).
- Shifts vary according to department/unit and are developed based upon patient/resident need
 - Staff Schedules are reviewed as needed to ensure shift patterns meet patient/resident care needs and workload.
- Adirondack Health shift assignments generally are:
 - 12-hour shift 1 (0645-1915) and shift 2 (1845-0715)
 - 8-hour shift 1 (0645-1515), shift 2(1445-2315), & shift 3 (2245-0715)
 - Long Term Care shift assignments generally are 6a-2p, 6a-6p, 6p-6a, 2p-10p, 10p-6a, excluding salaried employees.
- For staff participation in initiatives and activities such as performance improvement, medical record review, and education staffing will be planned in advance.
- If a staff member is a preceptor, every effort is made to reduce their workload to assure for an optimal teaching environment.
- After the final schedule is posted, the Department Director, Administrative Assistant or Staffing Coordinator will complete the daily staffing sheets and post on each unit.
- Any schedule change requests after posting must be submitted in writing to the Department Director and be even exchanges with another employee of a similar category and must not incur overtime.
- Administrative Supervisors and Department Directors or Managers verify staffing on an ongoing basis to best meet the needs of the patients/residents and populations they serve.
- Staffing level matrixes for each patient/resident care unit are maintained in Nursing Administration and the Long-Term Care Administration Office and are used as a benchmark to deploy staff in order to meet patient/resident needs.
- Scheduling for specialty areas such as Perinatal, will be planned and implemented based on scheduling guidelines for that specialty. Specific low census language exists in the NYSNA contract specific to certain departments.

6. Weekends:

- All full-time and part-time employees may be scheduled for two weekends out of four per schedule according to patient care needs per contract requirements and self-scheduling flexibility, if applicable by unit.
- Individuals who are absent on their scheduled weekends will be scheduled to make up the weekend (during the months of June, July, and August), at the discretion of the Department Director. Make-up weekends will be scheduled within the next two weeks

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by the Department Director and may not result in overtime or will be based on union contract language.

- When a make-up day is scheduled, the employee should have another day(s) off during that pay period.

7. Per Diem Employees:

- Supplement staffing in patient/resident care areas.
- Required to submit time to their Department Director/Manager and punch clock accordingly.
- Must schedule and work hours according to the staffing pattern designated for the unit.
- First staff to float to another department in the event a reassignment occurs, inclusive of long-term care by floor and by skill and competency level.

8. Cancellations by Hospital/Long-Term Care:

- Employees may use their benefit time accruals for cancellations by the hospital or opt not to use benefit time during a low census day.
- Cancellations will be done by the Staffing Coordinator/Administrative Supervisor according to collective bargaining agreements.
- The Staffing Coordinator/Administrative Supervisor will maintain records so that cancellations are given fairly and in rotation; and Guidelines for Cancellations are as follows:
 - Volunteer Request
 - Overtime
 - Per Diem
 - Part-time and full-time employees equally.

9. Assignment of Nursing Care and Bed Meeting/Huddles

- At least two hours prior to the arrival of the oncoming shift, the Administrative Nursing Supervisors confirm the staff assigned to each unit with the Staffing Coordinator/Department Director or Administrative Nursing Supervisor, as indicated by unit.
- The following information is considered when making patient/resident care assignments:
 - Census and acuity
 - Staff knowledge and clinical competence
 - The complexity of patient condition the dynamics of the patient's status
 - Relevant infection control and safety issues

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- At the beginning of the shift, Nursing Leadership or designee will post the patient/resident assignment/daily staffing sheet for all patient care unit staff by skill designation, e.g., RN, LPN, NA, CNA and support staff.
- LPNs, NAs and unit secretaries work under the supervision of RNs.
- The Charge Nurse/Clinical Lead and/or designee (i.e., LTC/Admin Supervisor) will attempt to assign the same nurse to the group of patients/residents for several consecutive days/shifts to promote continuity of nursing care to the patients/residents.
- The Charge Nurse/Clinical Lead and/or designee (i.e., LTC/Admin Supervisor) will have ongoing communication with the department director or Administrative Supervisor on the staffing levels and skill mix to meet patient/resident care and safety needs.
- In the Acute Care setting a Bed Meeting is held Monday through Friday at 8:45 am with all appropriate leadership disciplines to discuss and review: adequate staffing, acuity, quality of care concerns, restraints, pressure ulcers, transitions of care from one unit to another, potential discharges, incidents, transitions of care, actual or potential healthcare associated conditions (HACs) and admissions.
- Long Term Care: Interdisciplinary Departmental Team meeting is held Monday through Friday at 8:30 a.m. to discuss and review: adequate staffing, acuity, quality of care concerns, incidents, restraints, pressure ulcers, transitions of care from one level to another, potential discharges and admissions.
 - At 0845 long-term care calls into or texts the acute care bed huddle to update on census (long-term care and short-term rehab), staffing needs, and potential transfers.

10. Floating:

- The decision to reassign a staff member to more than one patient/resident care area or service population is based on the following:
 - Patient/resident care needs/requirements;
 - The competence/clinical expertise of the staff member;
 - The technology employed in the care of the patient/resident; and/or
 - Employee request.
- Under extreme extenuating circumstances staff members may be floated to an area for which they have not received the necessary orientation.
 - It is the responsibility of the Department Director/Administrative Supervisor to ensure that a qualified staff member provides appropriate supervision. Evidence of such supervision will be noted in the staffing records and the daily staffing sheet for long term care.

11. Cross Training:

- The Orientation Skills Checklist based on Bennor's model of care will be used to validate proficiency of skills demonstrated and will be completed by the director of the

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department to which the staff member is being cross trained.

- The cross training may take place over several shifts or episodes of care.
- The completion of the Orientation Skills Checklist will be reviewed and signed off by the staff member who is providing the cross training and the department director/manager and copied to employee's file in AH Human Resources and LTC Administrative office.
- Each department will maintain an Orientation Skills Checklist, noting skills, knowledge, and/or behaviors for which staff are competent.

12. Scheduling of Mercy LTC – special note

- While 24/7 RN coverage is not required at Mercy, LTC chooses to provide this coverage.
- LTC Mercy staffing is required: 24/7 365 days
 - Mercy Admin On-Call and Nursing Administrative Supervisor available 24/7.
 - DON/Nurse Manager and trained Admin Supervisor or other experienced licensed personnel provide rotation of weekly call and are available to assist with staffing challenges or needs.

13. Mandation and Nurse Coverage Plan for Adirondack Health – Inclusive for all sites:

- In order to fill an emergent vacancy, the Administrative Nursing Supervisors must implement the Nurse Coverage Plan as indicated below to ensure adequate staffing and avoid the mandating of licensed patient and resident care personnel.
- In order to maintain adequate staffing levels, the Administrative Supervisor/Staffing Coordinator should:
 - Call all available per diem staff,
 - Call all available part-time staff,
 - Attempt to reschedule regular staff voluntarily or to seek volunteers to work overtime.

The Administrative Supervisor/Staffing Coordinator in LTC must utilize the Call in Log on all personnel contacted or attempted to contact in order to fulfill emergent slot for tracking purposes. Responses to calls in the acute care setting must be recorded on the electronic Call-In Log in the Administrative Nursing Supervisor office. Logs will be maintained for three years in the event they are needed for proof of call-ins.

- Restrictions on mandatory overtime do not apply in the case of:
 - A health care disaster, such as a natural or other type of disaster that increases the need for health care personnel, unexpectedly affecting the county in which the nurse is employed or a contiguous county.
 - A federal, state or county declaration of emergency in effect in the county in

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which the nurse is employed or in a contiguous county.

- Where a health care employer determines there is an emergency, necessary to provide safe patient/resident care, in which case the health care provider shall, before requiring an on-duty employee to remain, make a good faith effort to have overtime covered on a voluntary basis, including, but not limited to, calling per diems, agency nurses, assigning floats or requesting an additional day of work from off-duty employees, to the extent such staffing options exist. Emergency, including an unanticipated staffing emergency, is defined as an unforeseen event that could not be prudently planned for by an employer and does not regularly occur.
 - An ongoing medical or surgical procedure in which the nurse is actively engaged and whose continued presence through the completion of the procedure is needed to ensure the health and safety of the patient/resident.
 - CNA/NA – who are not licensed personnel follow rules established by the LTC facility on the mandating of overtime, which is done on a case by case basis and contract language.
- Adirondack Health will not require a Registered Nurse, or Licensed Practical Nurse to work:
- More than their scheduled hours
 - More than 40 hours in a defined work week (unless otherwise has volunteered to do so)
 - More than 16 consecutive hours, except for stated disaster language above per New York State Law in a 24-hour period, volunteering is not allowed by law.
- Scheduled Hours:
- Time spent receiving education or training or attending required meetings is included as hours worked.
 - Time spent on-call but away from the Hospitals'/Mercy premises may not be included as hours worked.
 - Time spent on on-call when the RN or LPN is required to be on the facilities premises is included as hours worked.

14. Productivity Monitoring:

- Staffing for each department must be maintained at levels which overall are within the standards described within the Master Staffing Plan, utilizing the Matrix by unit.
- On an annual basis department directors will collaborate with the Chief Nursing Officer for the purpose of establishing staffing patterns that are consistent with operational standards for budgeting and quality of care purposes.
- Departmental schedules will be developed and approved as described herein. Position control based will be developed according to staffing patterns and will be maintained collaboratively by the Chief Nursing Officer/VP Patient and Resident Care

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Services, and the Department Director.

- Overtime is to be pre-approved by the Department Director and/or Administrative Supervisor prior to occurrence except for emergency conditions.
- A bi-weekly Productivity Report for each pay period, to include all departments, will be distributed to all units within 7 days of the closing of the payroll and is shared with all directors for review and modifications as needed.
- A bi-weekly review is done with the Chief Nursing Officer, AVP, DON and Department Director/Manager to determine if budget and FTEs are in alignment with established productivity statistics.

15. Evaluation:

- Staffing plans shall be evaluated based on factors including, but not limited to:
 - Outcomes of nurse-sensitive indicators such as the NDNQI
 - Work related staff illness and injury rates
 - Turnover/vacancy rates
 - Overtime rates
 - Use of contract labor
 - Levels of nurse and patient satisfaction
- Frequent examination of environmental factors affecting patient care delivery and work force.
- Cost analysis.

*These issues, and more, are addressed at the quarterly Clinical Staffing Committee meeting.

COLLECTIVE BARGAINING UNIT MEMBERS: In the event collective bargaining agreement information conflicts with this policy, the collective bargaining agreement will have precedence. Please refer to your respective bargaining agreement for details.

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REFERENCES: NYCRR: 12 NYCRR Part 177, Section 167(3) American Nurses Association. (2020). <u>Principles for nurse staffing</u> , 3 rd edition. Silver Spring, MD. <u>Association of Women’s Health, Obstetric and Neonatal Nurses. Standards and guidelines for professional nursing practice in the care of women and newborns</u> Accreditation Commission for Health Care Union Contracts New York State Safe Staffing Law S.1168-A / A.108-B New York State Public Health Law – Section 2805-T

ATTACHMENTS:

- Unit Specific Staffing Matrix Plans
- Call-In Log – Long Term Care
- Call-In Log – Acute – Electronic

Med/Surg 2 and 3 Units Staffing Matrix

Census	Supervisor		0645-1915		0645-1915		0645-1500		1845-0715		1845-0715		1445-2300		WH/UOS	
	Director		RN	NA	US	NA	US	RN	NA	US	NA	US	NA	US	TOTAL	
26	0.5	0.5	6	1	0.5	1	0.5	6	1	0.5	1	0.5	0.5	7.02		
25	0.5	0.5	5	1	0.5	1	0.5	5	1	0.5	1	0.5	0.5	6.48		
24	0.5	0.5	5	1	0.5	1	0.5	5	1	0.5	1	0.5	0.5	6.75		
23	0.5	0.5	5	1	0.5	1	0.5	5	1	0.5	1	0.5	0.5	7.04		
22	0.5	0.5	5	2	0.5	2	0.5	5	1	0.5	1	0.5	0.5	7.91		
21	0.5	0.5	5	1	0.5	1	0.5	5	1	0.5	1	0.5	0.5	7.14		
20	0.5	0.5	4	1	0.5	1	0.5	4	1	0.5	1	0.5	0.5	6.90		
19	0.5	0.5	4	1	0.5	1	0.5	4	1	0.5	1	0.5	0.5	7.26		
18	0.5	0.5	4	1	0.5	1	0.5	4	1	0.5	1	0.5	0.5	7.67		
17	0.5	0.5	4	1	0.5	1	0.5	4	1	0.5	1	0.5	0.5	8.12		
16	0.5	0.5	4	1	0.5	1	0.5	4	1	0.5	1	0.5	0.5	8.63		
15	0.5	0.5	3	1	0.5	1	0.5	3	1	0.5	1	0.5	0.5	7.60		
14	0.5	0.5	3	1	0.5	1	0.5	3	1	0.5	1	0.5	0.5	8.14		
13	0.5	0.5	3	1	0.5	1	0.5	3	1	0.5	1	0.5	0.5	8.77		
12	0.5	0.5	3	1	0.5	1	0.5	3	1	0.5	1	0.5	0.5	9.50		
11	0.5	0.5	3	1	0.5	1	0.5	3	1	0.5	1	0.5	0.5	10.36		
10	0.5	0.5	2	1	0.5	1	0.5	2	1	0.5	1	0.5	0.5	9.00		
9	0.5	0.5	2	1*	0.5	1*	0.5	2	1	0.5	1	0.5	0.5	10.00		
8	0.5	0.5	2	0	0.5	0	0.5	2	0	0.5	0	0.5	0.5	8.25		
7	0.5	0.5	2	0	0.5	0	0.5	2	0	0.5	0	0.5	0.5	9.43		
6	0.5	0.5	2	0	0.5	0	0.5	2	0	0.5	0	0.5	0.5	11.00		
5	0.5	0.5	2	0	0.5	0	0.5	2	0	0.5	0	0.5	0.5	13.20		
														8.46		8.99
														8.46		8.99

floor capacity

Productivity reflects minimum staffing guidelines. This matrix is to be utilized as a guideline. Things that need to be taken into consideration when utilizing a staffing matrix:

PT acuity

Number of unlicensed personnel assigned,

Education, training and skill set of assigned nurses.

Revised: 10/16

Reviewed: 0 Mar-23



Intensive Care Unit Staffing Matrix

Census	Director	0645-1915		0645-1500		1845-0715		WH/UOS TOTAL
		RN	US/Tele	US/Tele	RN	RN		
8	0.5	4	1	1	4			13.50
7	0.5	4	1	1	4			15.43
6	0.5	3	1	1	3			14.00
5	0.5	3	1	1	3			16.80
4	0.5	2	1	1	2			15.00
3	0.5	2	1	1	2			20.00
2	0.5	2	1	1	2			30.00
1	0.5	1	1	1	2			48.00
								21.59

Productivity reflects minimum staffing guidelines.

This matrix is to be utilized as a guideline. Things that need to be taken into consideration when utilizing a staffing matrix: PT acuity, number of unlicensed personnel assigned, education, training and skill set of assigned nurses.

Reviewed 3/2023



Colby Unit Staffing Matrix

Census	Director	0645-1915		1845-0715		WH/UOS	
		RN/MHT	RN/MHT	RN/MHT	RN/MHT	TOTAL	TOTAL
12	0.5	3	3	3		5.00	
11	0.5	3	3	3		5.45	
10	0.5	3	3	3		6.00	
9	0.5	3	3	3		6.67	
8	0.5	2	2	2		5.50	
7	0.5	2	2	2		6.29	
6	0.5	2	2	2		7.33	
5	0.5	2	2	2		8.80	
4	0.5	2	2	2		11.00	
3	0.5	2	2	2		14.67	
2	0.5	2	2	2		22.00	
1	0.5	2	2	2		44.00	
							11.89

Productivity reflects minimum staffing guidelines.

This matrix is to be utilized as a guideline. There is a unit secretary and a social worker on the unit from approximately 0800-1630 Mon-Fri. Things that need to be taken into consideration when utilizing a staffing matrix:

PT acuity

Number of unlicensed personnel assigned,

Education, training and skill set of assigned nurses.

Revised: 03/2023



OB Unit Staffing Matrix

Census	0645-1915		1845-0715		WH/UOS TOTAL
	Director	RN	RN		
5	0.5	2	2		10.40
4	0.5	2	2		13.00
3	0.5	2	2		17.33
2	0.5	2	2		26.00
1	0.5	1	1		28.00
					18.95

Productivity reflects minimum staffing guidelines. This matrix is to be utilized as a guideline. Things that need to be taken into consideration when utilizing a staffing matrix:

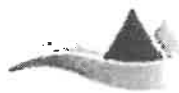
PT acuity

Number of unlicensed personnel assigned,

Education, training and skill set of assigned nurses.

Revised: 10/16

Reviewed: 03/2023



MERCY LIVING CENTER

A MEMBER OF ADIRONDACK HEALTH

114 Wawbuck Avenue

Tupper Lake, NY 12986

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Mercy Nursing Staff Plan

Mon-Fri

Census	Nurse Managers	Unit Secretary	Licensed Staff (Days)	C.N.A. (Days)	Licensed Staff (Eve)	C.N.A. (Eve)	Licensed Staff (Night)	C.N.A. (Night)	Ratio
60	2	2	3	6	3	6	2	5	3.71
59	2	2	3	6	3	6	2	5	3.77
58	2	1.5	3	6	3	6	2	5	3.77
57	2	1.5	3	6	3	6	2	5	3.83
56	2	1.5	3	6	3	6	2	5	3.91
55	2	1.5	3	6	3	6	2	5	3.98
54	2	1	3	5	3	5	2	5	3.7
53	2	1	3	5	3	5	2	5	3.77
52	2	1	3	5	3	5	2	5	3.85
51	2	1	3	5	3	5	2	5	3.92
50	2	1	3	5	3	5	2	5	4

Saturdays/Holidays

Census	Nurse Managers	Unit Secretary	Licensed Staff (Days)	C.N.A. (Days)	Licensed Staff (Eve)	C.N.A. (Eve)	Licensed Staff (Night)	C.N.A. (Night)	Ratio
60	0	0	3	6	3	6	2	5	3.19
59	0	0	3	6	3	6	2	5	3.24
58	0	0	3	6	3	6	2	5	3.3
57	0	0	3	6	3	6	2	5	3.36
56	0	0	3	6	3	6	2	5	3.42
55	0	0	3	6	3	6	2	5	3.48
54	0	0	3	5	3	5	2	5	3.27
53	0	0	3	5	3	5	2	5	3.33
52	0	0	3	5	3	5	2	5	3.39
51	0	0	3	5	3	5	2	5	3.46
50	0	0	3	5	3	5	2	5	3.53

Revised January 2020
Reviewed 2022

