New York State Hospital Clinical Staffing Plan

Vassar Brothers Medical Center

PFI #0181

November 2023

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New York State Hospital Clinical Staffing Plan
for
Vassar Brothers Medical Center
November 6, 2023

Introduction about Vassar Brothers Medical Center

Vassar Brothers Medical Center (VBMC) is a 350-bed facility that has served New York's Mid-Hudson Valley since 1887. Located in Poughkeepsie, VBMC has established centers of excellence in cardiac services, cancer care and women and children's health services. As a regional medical center, Vassar houses the area's first and only cardiothoracic surgery center between Westchester and Albany and the only Level III Neonatal Intensive Care Unit (NICU) in the region for premature, underweight, and critically ill infants. Innovative procedures and services have been brought to the VBMC campus, including robotic orthopedic surgery, interventional neuroradiology, and thoracic surgical oncology, negating the need to travel for this care. VBMC is also recognized as a Center of Excellence for Robotic surgery. VBMC opened a 752,000-square-foot, eight-level inpatient pavilion with 264 private medical/surgical patient rooms and 30 critical care rooms in January 2021 that helped solidify its place as the destination of choice for patients in the region. VBMC is part of Nuvance Health.

Staffing Plan Purpose and Principles

Principles of nursing staffing including guidelines, compensation and time off are negotiated between hospital management and the New York State Nurses Association collective bargaining unit. Similar principles are negotiated for ancillary staff as part of the 1199 SEIU collective bargaining unit.

The plan was developed for the effective scheduling, management of daily staffing and to define a process that ensures the availability of qualified nursing and unit level staff to provide safe, reliable, and effective care to our patients. This plan applies to all licensed acute care (inpatient) units, the emergency department, post anesthesia care unit (PACU), operating room and the pre-op holding unit.

Access to high-quality nursing staff is critical to providing patients safe, reliable and effective care. The optimal staffing plan represents a partnership between nursing leadership, direct nursing care staff and the entire clinical team. Staffing is multifaceted and dynamic. The development of the plan must consider a wide range of variables. Data and measurable nursing sensitive indicators, as articulated in *The American Nursing Association Principles of Safe Staffing*, help inform the staffing plan.

Clinical Staffing Plan Committee

The Clinical Staffing Plan Committee is responsible for the development and oversight of the plan to ensure the availability of qualified staff to provide safe, reliable, and effective care to our patients. The committee's work is guided by its charter (See Attachment 3.1) and is informed by the information and data from individual patient care units. This charter was again reviewed on November 6, 2023, with no changes.

Nursing Scope of Services including Staffing Plan Matrices:

Nephrology Care Unit	4 North	Medical Step-Down Unit	4 South
Cardiac Care Unit	5 North		
Cardiothoracic Step-Down Unit	5 South – (updated August 2023)		
Medical Surgical Unit	6 North – (updated August 2023)		
Neuroscience Care Unit	6 South	Medicine	7 North
Oncology/Medical Surgical Unit	7 South	Intensive Care Unit	2 South
Emergency Department		Mother Baby Unit	
Labor and Delivery Unit		Neonatal Intensive Care Unit	
Pediatrics Unit		Operating Room	
Post Anesthesia Care Unit (PACU)		Pre-Op Holding Unit	

Based on the new guidance to include outpatient units, the following units have been added to this plan include:

Cardiac Catheterization Lab
Infusion Center (including non-Chemo infusion)
Radiology (Interventional Radiology)
Endoscopy Unit

Nursing Departmental Budgets

Nursing unit leaders and hospital finance personnel are responsible to establish an annual operating budget for each nursing department. Operating budgets at Vassar Brothers Medical Center are established annually based upon a Fiscal Year calendar (October to September).

An operating budget includes the departmental expenses and projected revenue. Salary expense is the number of employees on a unit in each category (e.g., Nursing Leadership, Registered Nurses, Patient Care Technicians, and Unit Secretaries), as well as a breakdown of salary and benefit costs for each. It also includes the costs of non-productive time such as new hire orientation, paid time off, sick time, overtime, and any professional development or continued training. Budgeted revenue is department specific and is based upon patient visits, patient days or procedural minutes. Requests for changes in allocations of resources for volume

or programmatic changes in the department are reviewed annually as part of the annual operating budget process.

At Vassar Brothers Medical Center, unit FTE allocation established in the operating budget is based upon approved staffing guidelines via the NYSNA Collective Bargaining Agreement (2019-2022), hospital management, non-productive salary expense and predicted volume and/or census. Departmental productivity is measured in Worked Hours Per Unit of Service by calculating the worked hours of staff on each shift over the patient census. Each unit is budgeted for a targeted Worked Hours Per Unit of Service based upon the established staffing guidelines. The following units are also allocated with the use of a float pool: Medical/Surgical, ICU, Mother/Baby Unit and Labor and Delivery.

Productivity is measured every four hours in each nursing department through utilization of the Drive Real Time Staffing software. Nursing leaders input staffing and census information into the software every four hours. Productivity percentage is measured by the predicted (anticipated staffing needed) relationship to the actual staffing and patient census. In addition, nursing leaders are responsible to review productivity variances as part of the hospital Monthly Operating Review process.

<u>Staffing Processes</u>

Patient Care Managers are responsible to create department schedules based upon a 28-day schedule cycle within our electronic scheduling system. Each schedule cycle begins with a two-week self-scheduling period where nurses are required to select shifts based upon their work commitment. Nursing staff can request time off during the self-scheduling time frame. Following the two-week self-scheduling period, the second phase of the cycle requires leaders to review and balance the draft schedule. Open shifts that do not meet core staffing requirements are made available for staff to volunteer for bonus overtime shifts. Patient Care Managers are responsible to review requests for time off and to ensure the scheduled staff for the unit is met according to staffing guidelines established for each unit. During the review and balancing period, per diem staff can self-schedule any open shifts. Each month's schedule is finalized 10 days prior to the start of the next cycle according to the New York State Nursing Association contract.

On a shift-by-shift basis, the staffing office coordinators along with the Administrative Nurse Managers or Patient Care Managers analyze each Unit to determine staffing needs. In the event the required staff is less than the available staff, broadcast texts are made to cover sick calls, leaves of absences, vacancies, or surges in patient census. Once the analysis is completed and staffing decisions are finalized, a staffing plan for each nursing unit for the upcoming shift is communicated to the unit secretary and/or charge nurse. Prior to the start of the next shift, the

unit secretary prints a hard copy of the unit census, and the charge nurse creates the nursing and patient care technician assignment for the next shift. The charge nurse is responsible to ensure the staffing assignments for the upcoming shift, along with meal and break times are posted on the "Shift Staffing Plan" communication board posted on each unit.

Initiatives to Improve Patient Throughput

Several initiatives to improve patient throughput have been established as hospital priorities. A significant focus has been placed on reducing excess days related to hospital length of stay and Emergency Department throughput. The medical staff has partnered with nursing to create a "Prepare for Discharge" order set to allow ample time for nurses to complete the tasks to ready patients for discharge. Discharge "before noon" initiatives to improve emergency and surgical services throughput have recently resulted in a 30% increase in discharges before noon. Multidisciplinary patient rounds have been moved from the unit central stations to the bedside and/ or nursing pod stations to ensure nurses have the time they need for patient care activities. Earlier this year, a nursing hand-off committee revised the current hand-off process within the Cerner Electronic Medical Record, which reduced the time from provider order for transfer to arrival by an average of 37 minutes per patient.

Recruitment and Retention

Recruitment and retention of nurses and ancillary staff are a priority at VBMC. Some of our recruitment activities include the following initiatives:

1. An American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program (PTAP) Medical Surgical Nursing Residency Program
2. Nursing Fellowship Programs for the OR, ED, ICU and the ICU Cardiothoracic service line
3. International Nurse recruitment
4. Created a Student Nurse Associate position(s)
5. Initiated a Summer Nurse Intern program
6. Received approval from human resources for a dedicated on-site Nurse recruiter
7. Onsite Job Fairs
8. Use of external recruiters
9. External sponsored jobs
10. Employee Referral Bonus program
11. Bridge to Practice program for Surgical Techs
12. 1199 SEIU Job Security Fund program

The above recruitment efforts have led to many new hires. These efforts continue to support not only the nursing staff but the ability to provide quality outcomes to the VBMC patient community. To continue to support the current staff, we have created the "Stay Interview"

process. This is an opportunity for leaders to meet with both new hires (within 90 days) and existing staff to determine if there are any "red flags" the leader needs to address on an individual basis with the employee. Another program that has been restarted has been the Unit Based Council program. This gives the staff at the unit level the opportunity to bring practice issues forward for discussion with their peers to improve their practice.

The hospital President also holds "Vassar Voices" forums on a regular basis to meet with staff regarding hospital news as well as hear from employees about their hospital concerns. The CNO also holds regular monthly meetings with RNs to provide information and hear their concerns regarding their practice, operational concerns, or any other topics they would like to discuss.

Complaint Resolution Process

Any staffing-related concerns should be escalated to the Patient Care Manager or designee. Staffing concerns can be discussed/reviewed monthly at labor management committees. Ongoing concerns that cannot be resolved at labor management are subject to the grievance process as defined in both the NYSNA and 1199 SEIU Collective Bargaining Agreements.

The Clinical Staffing Committee consisting of both employees and hospital leadership have reviewed the Scopes of Services including the Staffing Plan Matrices and are in agreement of the information contained within. These Scopes of Services have been reviewed within the last three months.

Susan Browning
President

Eilish C. Hourihan MS, RN, NEA-BC
Chief Nursing Officer

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.1 Nephrology Care Unit – 4 North

A. Scope of Services	
Unit Description	4 North is a 36-bed Nephrology Care Unit. Rooms are all single occupancy and range from 431-466. 4 North has a centralized care station, 2 medication rooms, 2 clean utility rooms, a soiled utility equipment room, a breakroom, and a locker room. There are 18 nursing documentation station scattered throughout the unit to bring patient care closer to the patient. The average daily census is 31 with an average length of stay of 5.7 days. The unit is budgeted for 1,730 discharges annually. Nursing care services for 4 North is appropriate for mild to moderate acuity medical patients. In addition, 4 North infrastructure includes a 4-patient capacity hemodialysis room and a hemodialysis water room used for inpatients requiring dialysis treatments.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Manager
Age of Patients Serviced	Patients aged 18 – 100 years+
Types of Patients	The 5 most common diagnosis for patients admitted to 4 North include: • Acute kidney failure, unspecified • Pneumonia, unspecified organism • Sepsis, unspecified organism • End stage renal disease • Congenital renal failure
Procedures / Services	The most common procedures and services provided to 4 North patients include: • Admissions and daily assessments of the patients • Discharge planning that starts on day of admission • Patient inclusion with daily plan of care during daily multidisciplinary rounds • Medications and treatments based on the patient admitting diagnosis and the care teams recommendations

	• Nursing Care Services such as: o Patient education related renal failure o Hemodialysis o Peritoneal dialysis o Ileostomy care o Colostomy care o Continuous bladder irrigation o Tracheostomy care o Nasogastric tube placement and maintenance o Foley care and maintenance o IV therapy o Blood transfusions o Isolation care o Vascular care o Wound care (surgical dressings, wound vacuums, complex wound care) o Medical telemetry o Emergency life support as needed o General activities of daily living o Ambulation o Pain control teaching • Patient education throughout continuum of care. • Hemodialysis provided by specially trained RNs • Peritoneal dialysis
Hours of Operation	24 / 7 – 365 days a year
B. Staffing Plan	
Staff Allocation	4 North is budgeted for a Worked Hour Per Unit of Service of 8.5 hours. The budgeted FTEs for 4 North include: • 1.0 FTE Patient Care Manager • 1.0 FTE Assistant Patient Care Manager • 27.6 FTEs Registered Nurses (RN) • 8.4 FTEs Registered Nurses (RN) Hemodialysis • 14.5 FTEs Patient Care Technician (PCT) • 3.2 FTEs Unit Secretary (USY) Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3,

	1199 SEIU) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis. The 4 North staffing guideline is based upon the number of patients on the unit. Anticipated admissions and discharges are also taken into consideration on a shift-by-shift basis. The following grid represents unit staffing: RN – 7am-7:30pm, 7pm-7:30am PCT – 7am-3pm, 3pm-11pm, 11pm-7am USY – 7am-3pm, 3pm-11pm 11 patients = 2 RN, 1 PCT and 1 USY 12 – 13 patients = 3 RN, 1 PCT and 1 USY 14 – 16 patients = 3 RN, 2 PCT and 1 USY 17 – 21 patients = 4 RN, 2 PCT and 1 USY 22 patients = 4 RN, 3 PCT and 1 USY 23 – 27 patients = 5 RN, 3 PCT and 1 USY 28 – 32 patients = 6 RN, 3 PCT and 1 USY 33 – 36 patients = 7 RN, 3 PCT and 1 USY Hemodialysis 2 patients = 1 RN in room 1 patient = 1 RN remote travel treatment Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5) In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6) Nursing support departments which provide regular services to 4 North include: • Patient sitters and video monitoring system (virtual sitters) (See attachment 3.7, VMS and 1:1 patient observation policy) • Patient transport • Nurse case management

	• Student nurse associates • IV team • Nursing medical-surgical float pool • 24/7 Administrative nurse managers • Central monitoring technicians • Patient Monitoring Technicians
On-Call employment requirements	Hours of operation for Dialysis: Monday – Saturday, 0700 – 2300. On-call coverage for hemodialysis only starting 2330 each night until 0700 each morning and 24 hours on Sunday.
Other Members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Orthopedic, Gastrointestinal, Urology, etc.) • Primary Care Physicians • Resident Doctors • Nurse Practitioners • Physician Assistants • RN Emergency Response Teams • Social Workers • Discharge Planning Assistants • Physical Therapists • Occupational Therapists • Speech Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians
Other Patient Support Services	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance

	• Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security
C. Qualifications of staff	
Skill Level Required for Nursing Staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a Bachelor's degree in nursing (BSN) • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • Basic life support Certification (BLS) Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and advanced cardiovascular life support (ACLS) Certification Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS Certification Patient Care Technician • High school diploma or GED required • Graduate from a hospital approved certified nursing assistant (CNA) program • BLS Certification

	Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Patient Care Technician • 4-week orientation program – Unit Secretary • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS or ACLS • Nursing specialty certification preferred • Annual competencies specific to hemodialysis and peritoneal dialysis
D. Equipment	
Unit Based Equipment for Patient Care	Assistive Devices: Wheelchairs, canes, walkers, turn and assist equipment, hi-low beds, specialty beds, bariatric equipment, hoyer lifts, gait belts, sit to stand devices, slide boards and matts, EZ mat hoyer lift and recliners Monitoring Devices: Wireless telemetry with care station overview, portable cardiac monitors, bed alarms integrated into nurse call system, chair alarms and pads, video monitoring (telesitter) cameras, portable vital signs machines with interface to EMR, glucoscans, bladder scanners, capnography monitors, and dopplers Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care

	station and in nursing pods, electronic patient care boards in each patient room and language services

E. Communication and Collaboration

- RN to RN handoff is required for interdepartmental transfers
- PCT to PCT handoff is required at the change of shift
- USY to USY handoff is required at the change of shift
- Bedside handoff is required at the start of each shift or with change of care giver
- Physician / Nurse / Case Management collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds)
- Daily shifts change safety huddles
- Weekly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

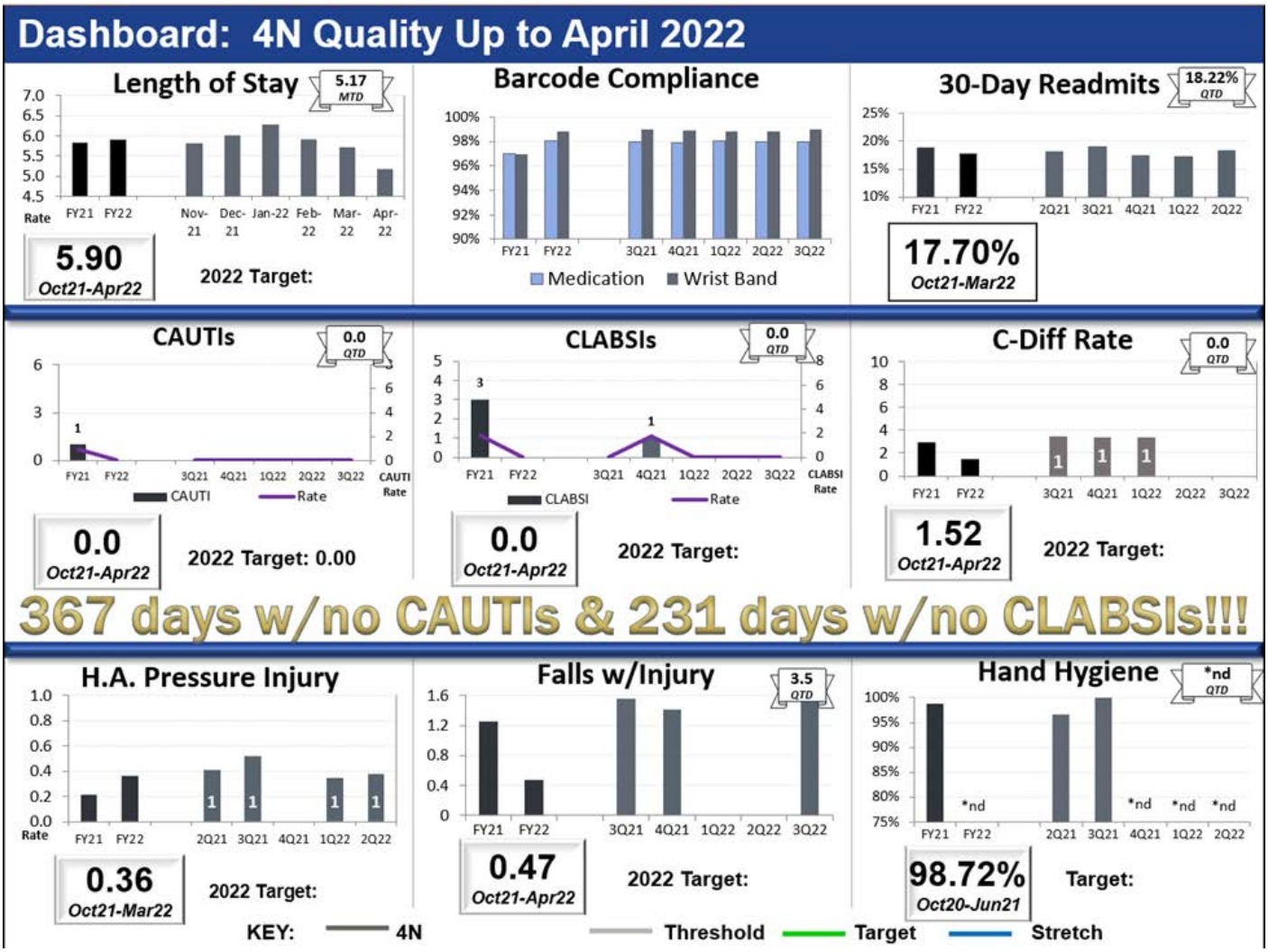
F. Quality Improvement

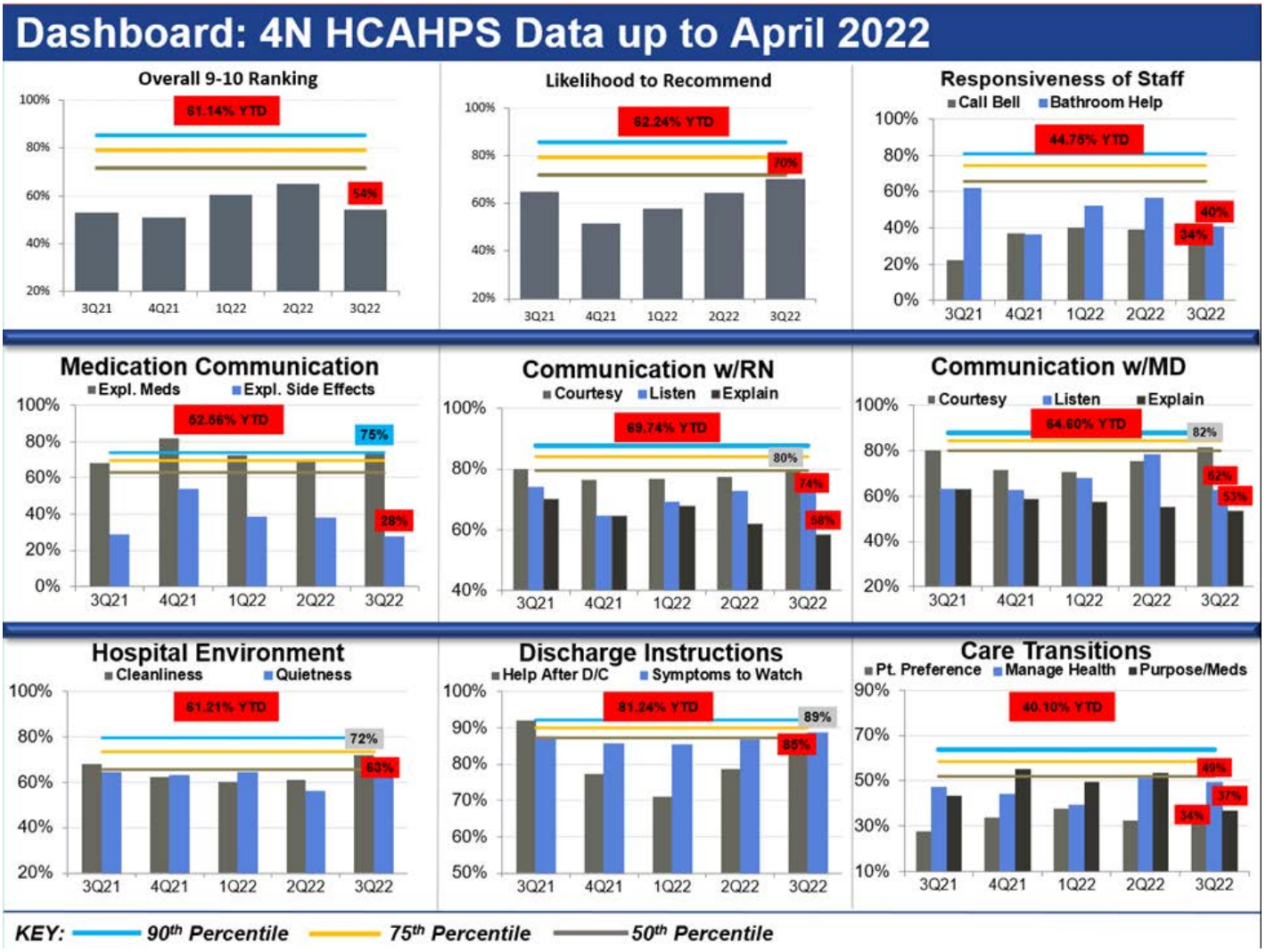
Develop and conduct performance improvement plans that focus on Nurse sensitive indicators See page 8:

- Reduction in patient falls
- CAUTI Prevention
- CLABSI Prevention
- Hospital-acquired pressure injury (HAPI) prevention
- Early mobility
- Inpatient Length of stay
- Patient Experience Metrics – See page 9 for 4 North's most recent dashboard

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals


Dashboard: 4N Quality Up to April 2022
Length of Stay
5.17 MTD
Rate
FY21 FY22 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22
5.90
Oct21-Apr22
2022 Target:
Barcode Compliance
FY21 FY22 3Q21 4Q21 1Q22 2Q22 3Q22
Medication
Wrist Band
30-Day Readmits
18.22% QTD
FY21 FY22 2Q21 3Q21 4Q21 1Q22 2Q22
17.70%
Oct21-Mar22
CAUTIs
0.0 QTD
CAUTI
Rate
0.0
Oct21-Apr22
2022 Target: 0.00
CLABSIs
0.0 QTD
CLABSI
Rate
0.0
Oct21-Apr22
2022 Target:
C-Diff Rate
0.0 QTD
1.52
Oct21-Apr22
2022 Target:
367 days w/no CAUTIs & 231 days w/no CLABSIs!!!
H.A. Pressure Injury
Rate
0.36
Oct21-Mar22
2022 Target:
Falls w/Injury
3.5 QTD
0.47
Oct21-Apr22
2022 Target:
Hand Hygiene
*nd QTD
98.72%
Oct20-Jun21
Target:
KEY:
4N
Threshold
Target
Stretch


Dashboard: 4N HCAHPS Data up to April 2022
Overall 9-10 Ranking
61.14% YTD
54%
Likelihood to Recommend
62.24% YTD
70%
Responsiveness of Staff
Call Bell
Bathroom Help
44.75% YTD
40%
34%
Medication Communication
Expl. Meds
Expl. Side Effects
52.56% YTD
75%
28%
Communication w/RN
Courtesy
Listen
Explain
69.74% YTD
80%
74%
58%
Communication w/MD
64.60% YTD
82%
62%
53%
Hospital Environment
Cleanliness
Quietness
61.21% YTD
72%
63%
Discharge Instructions
Help After D/C
Symptoms to Watch
81.24% YTD
89%
85%
Care Transitions
Pt. Preference
Manage Health
Purpose/Meds
40.10% YTD
49%
37%
34%
3Q21
4Q21
1Q22
2Q22
3Q22
KEY:
90th Percentile
75th Percentile
50th Percentile

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.2 Medical Step-Down Unit – 4 South

A. Scope of Services	
Unit Description	4 South is a 30-bed medical step-down unit. Rooms are all single occupancy and range from 401-430. 4 South has a centralized care station, 2 medication rooms, 2 clean utility rooms, a soiled utility equipment room, a breakroom, and a locker room. There are 15 nursing documentation stations scattered throughout the unit to bring patient care closer to the patient. The average daily census is 25.7 with an average length of stay of 7.22 days. The Unit is budgeted for 1,028 discharges annually. Nursing care services for 4 South is appropriate for mild to moderate acuity patients that require nursing care post-operatively, emergency room admissions, overflow from the medical units and critical care stepdown.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Manager
Age of Patients Serviced	Patients aged 18 – 100 years+
Types of Patients	The most common diagnosis admitted to 4 South include: • Chronic Obstructive Pulmonary Disease (acute) exacerbation • Pneumonia, unspecified organism • Shortness of breath • Heart failure • Acute Respiratory failure, unspecified whether with hypoxia or hypercapnia • Dyspnea • Hypoxemia • Unspecified bacterial pneumonia • Continuous Capnography • High flow • Acute bipap • Stable ventilator dependent patients • Acute CVA • ETOH withdrawal • GI bleeding

	• Uncomplicated DKA • Traumatic brain injury • Hypotension • Hypertensive emergency • Dysrhythmias
Procedures / Services	The most common procedures and services provided to 4 South patients include: • Admissions and nursing assessments patients • Discharge planning that starts on day of admission • Patient inclusion with daily plan of care during daily multidisciplinary rounds • Medications and treatments based on the patient admitting diagnosis and the care teams recommendations • Nursing Care Services such as: o Ileostomy care o Colostomy care o Continuous bladder irrigation o Tracheostomy care o Nasogastric tube placement and maintenance o Foley care and maintenance o IV therapy o Blood transfusions o Isolation care o Wound care (surgical dressings, wound vacuums, complex wound care) o Medical telemetry o Emergency life support as needed o General activities of daily living o Ambulation o Pain control teaching o Patient-controlled analgesia and epidural • Patient education throughout continuum of care • Documentation of nursing assessment and care in the Cerner Electronic Medical Record
Hours of Operation	24 / 7 – 365 days a year

B. Staffing Plan	
Staff Allocation	4 South is budgeted for a Worked Hour Per Unit of Service of 11.71 hours. The budgeted FTEs for 4 South include: • 1.0 FTE Patient Care Manager • 1.0 FTE Assistant Patient Care Manager • 35.6 FTEs Registered Nurses (RN) • 14.8 FTEs Patient Care Technician (PCT) • 3.3 FTEs Unit Secretary (USY) Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis. The 4 South staffing guideline is based upon the number of patients on the unit. Anticipated admissions and discharges are also taken into consideration on a shift-by-shift basis. The following grid represents unit staffing: RN – 7am-7:30pm, 7pm-7:30am PCT – 7am-3pm, 3pm-11pm, 11pm-7am USY – 7am-3pm, 3pm-11pm

4 South Medical Step Down

TCU Census	RN	RCU Census	RN	Combined Census	PCT	USY
30	10			30	3	1
29	10			29	3	1
28	9			28	3	1
27	9			27	3	1
26	9			26	3	1
25	8			25	3	1
24	8	6	2	24	3	1
23	8	7	2	23	3	1
22	7	8	2	22	3	1
21	7	9	3	21	2	1
20	7	10	3	20	2	1
19	6	11	3	19	2	1
18	6	12	3	18	2	1
17	6	13	3	17	2	1
16	5	14	4	16	2	1
15	5	15	4	15	2	1
14	5	16	4	14	1	1
13	4	17	4	13	1	1
12	4	18	4	12	1	1
11	4	19	5	11	1	1
10	3	20	5	10	1	1
9	3	21	5	9	1	1

Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5)

In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6)

Nursing support departments which provide regular services to 4 South include:

- Nursing wound and ostomy specialists
- Patient sitters and video monitoring system (virtual sitters) (See attachment 3.7, VMS and 1:1 patient observation policy)
- Patient transport
- Nurse case management
- Student nurse associates
- IV team

	• Nursing medical-surgical float pool • 24/7 Administrative nurse managers
Other members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Pulmonary, Infectious Disease, Gastrointestinal, Urology, etc.) • Primary Care Physicians • Resident Doctors • Nurse Practitioners • Physician Assistants • RN Emergency Response Teams • Social Workers • Discharge Planning Assistants • Physical Therapists • Occupational Therapists • Speech Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians
Other Patient Support Services:	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security

C. Qualifications of staff	
Skill level required for Nursing staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a Bachelor's degree in nursing (BSN) • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • Basic life support Certification (BLS) and ACLS Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and advanced cardiovascular life support (ACLS) Certification Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS and ACLS Certification Patient Care Technician • High school diploma or GED required • Graduate from a hospital approved certified nursing assistant (CNA) program • BLS Certification Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Patient Care Technician • 4-week orientation program – Unit Secretary

	• Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS and ACLS • Nursing specialty certification preferred
D. Equipment	
Unit Based equipment for Patient Care	Assistive Devices: Wheelchairs, canes, walkers, turn and assist equipment, hi-low beds, specialty beds, bariatric equipment, hoyer lifts, gait belts, sit to stand devices, slide boards and matts, EZ mat hoyer lift and recliners Monitoring Devices: Cardiopulmonary monitoring and wireless telemetry with care station overview, portable cardiac monitors, bed alarms integrated into nurse call system, chair alarms and pads, video monitoring (telesitter) cameras, portable vital signs machines with interface to EMR, glucoscans, bladder scanners, capnography monitors, and dopplers Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, ventilators, wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station and in nursing pods, electronic patient care boards in each patient room and language services
E. Communication and Collaboration	
• RN to RN handoff is required for interdepartmental transfers • PCT to PCT handoff is required at the change of shift • USY to USY handoff is required at the change of shift • Bedside handoff is required at the start of each shift or with change of care giver • Physician / Nurse / Case Management collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds)	

- Daily shifts change safety huddles
- Weekly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

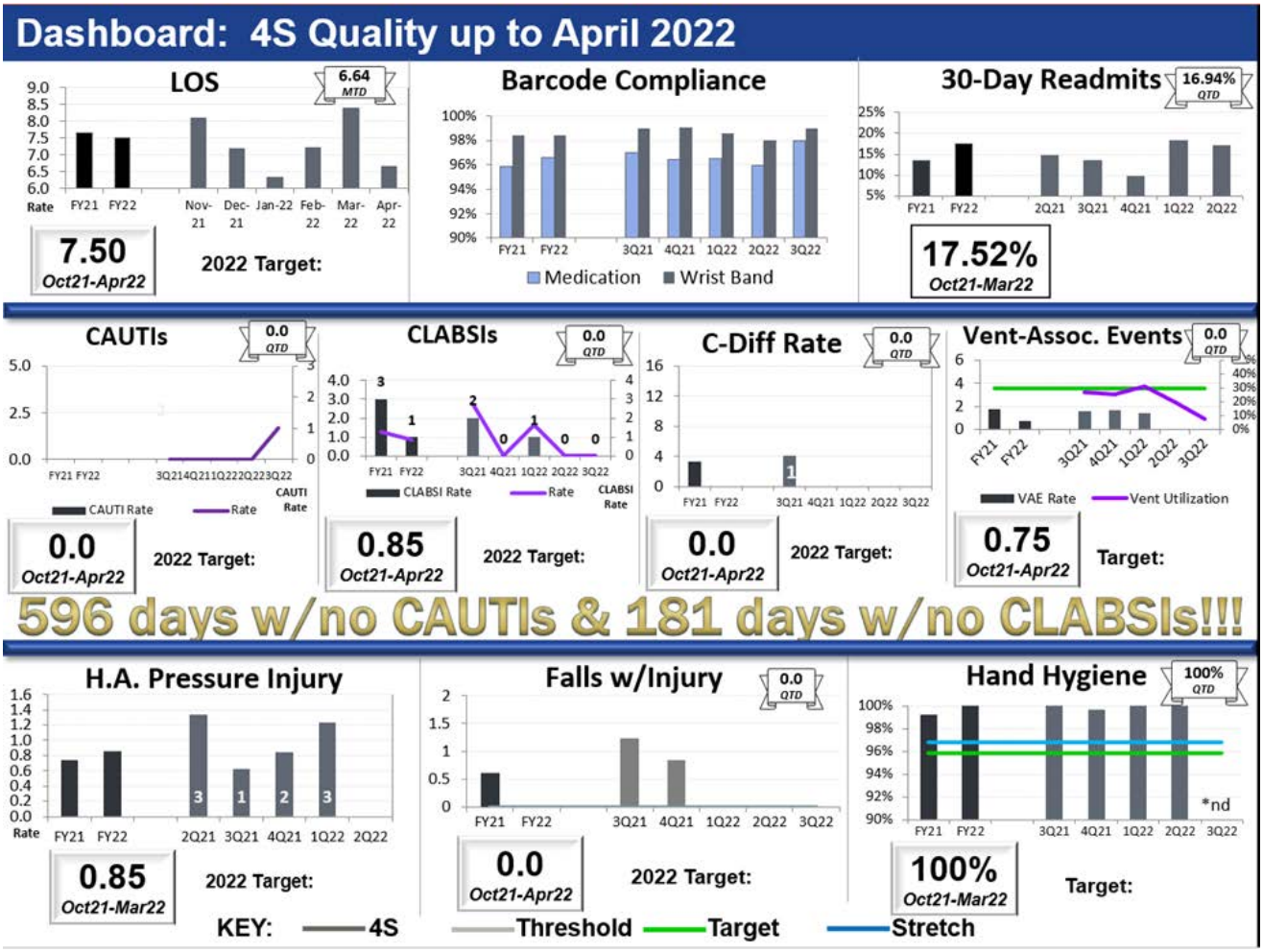
F. Quality Improvement

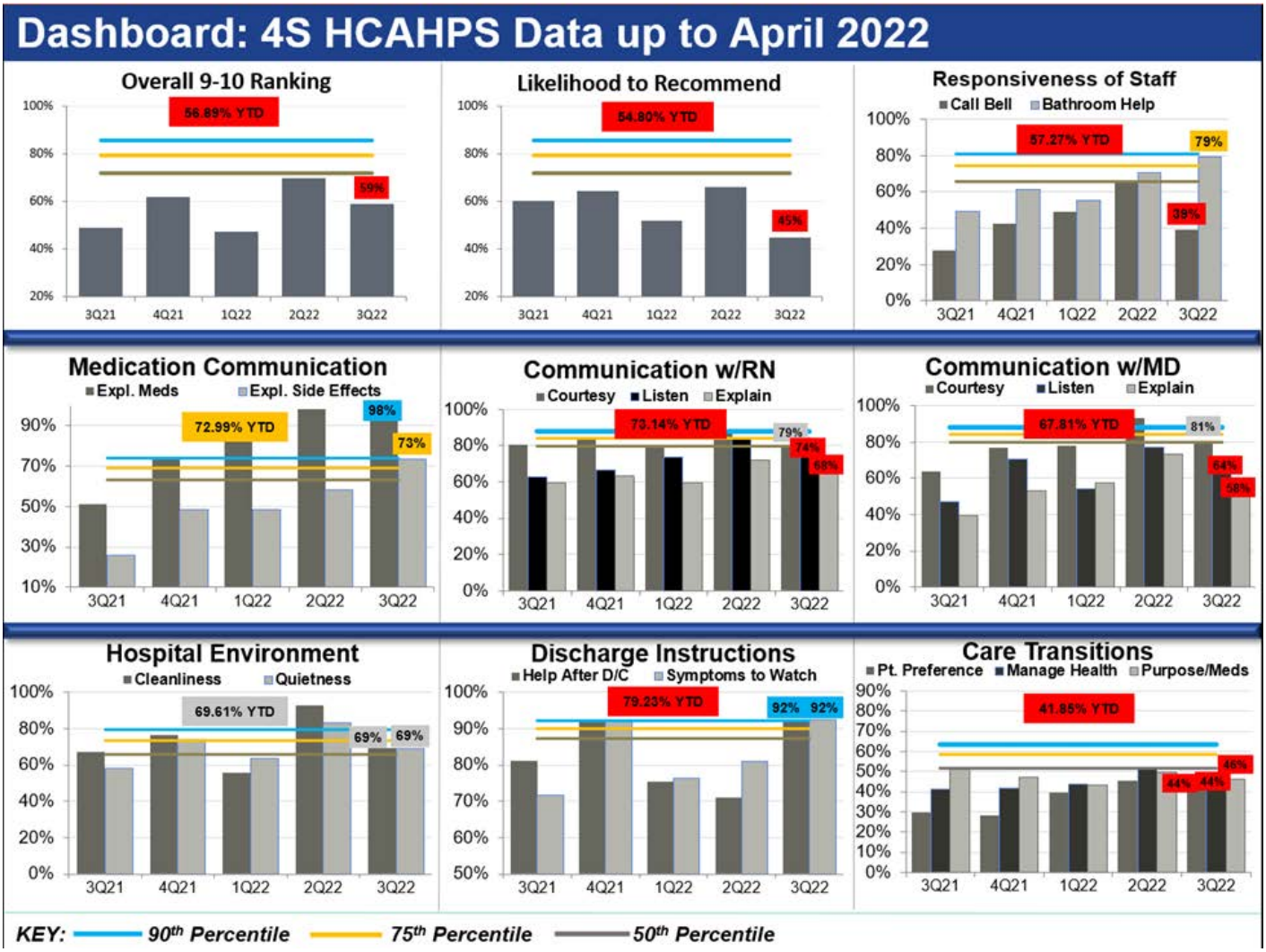
Develop and conduct performance improvement plans that focus on Nurse sensitive indicators See page 9:

- Reduction in patient falls
- CAUTI Prevention
- CLABSI Prevention
- Hospital-acquired pressure injury (HAPI) prevention
- Early mobility
- Inpatient Length of stay
- Patient Experience Metrics – See page 10 for 4 South's most recent dashboard

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals


Dashboard: 4S Quality up to April 2022
LOS
6.64 MTD
7.50 Oct21-Apr22
2022 Target:
Barcode Compliance
Medication
Wrist Band
30-Day Readmits
16.94% QTD
17.52% Oct21-Mar22
CAUTIs
0.0 QTD
0.0 Oct21-Apr22
2022 Target:
CLABSIs
0.0 QTD
0.85 Oct21-Apr22
2022 Target:
C-Diff Rate
0.0 QTD
0.0 Oct21-Apr22
2022 Target:
Vent-Assoc. Events
0.0 QTD
0.75 Oct21-Apr22
Target:
596 days w/no CAUTIs & 181 days w/no CLABSIs!!!
H.A. Pressure Injury
0.85 Oct21-Mar22
2022 Target:
Falls w/Injury
0.0 QTD
0.0 Oct21-Apr22
2022 Target:
Hand Hygiene
100% QTD
100% Oct21-Mar22
Target:
KEY:
4S
Threshold
Target
Stretch


Dashboard: 4S HCAHPS Data up to April 2022
Overall 9-10 Ranking
56.89% YTD
59%
Likelihood to Recommend
54.80% YTD
45%
Responsiveness of Staff
Call Bell
Bathroom Help
57.27% YTD
79%
39%
Medication Communication
Expl. Meds
Expl. Side Effects
72.99% YTD
98%
73%
Communication w/RN
Courtesy
Listen
Explain
73.14% YTD
79%
74%
68%
Communication w/MD
Courtesy
Listen
Explain
67.81% YTD
81%
64%
58%
Hospital Environment
Cleanliness
Quietness
69.61% YTD
69%
69%
Discharge Instructions
Help After D/C
Symptoms to Watch
79.23% YTD
92%
92%
Care Transitions
Pt. Preference
Manage Health
Purpose/Meds
41.85% YTD
46%
44%
44%
3Q21
4Q21
1Q22
2Q22
3Q22
KEY:
90th Percentile
75th Percentile
50th Percentile

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.3 Cardiac Care Unit – 5 North

A. Scope of Services	
Unit Description	5 North is a 36-bed cardiac unit. Rooms are all single occupancy and range from 531-566. 5 North has a centralized care station, 2 medication rooms, 2 clean utility rooms, a soiled utility equipment room, a breakroom, and a locker room. There are 18 nursing documentation stations scattered throughout the unit to bring patient care closer to the patient. The average daily census is 30 with an average length of stay of 4 days. The unit is budgeted for 2,266 discharges annually. Nursing care services for 5 North is appropriate for mild to moderate acuity patients admitted with a diagnosis of acute and chronic cardiovascular disease with associated co-morbidities and general medical patients.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Manager
Age of Patients Serviced	Patients aged 18 – 100 years+
Types of Patients	The most common diagnosis and procedures admitted 5 North include: • Congestive Heart Failure (CHF) • Pre / post peripheral or coronary angiogram (cardiac Catheterization) with minimal or medical intervention • Pacemaker or AICD implant (pre and post procedure) • Observation patients requiring pre-procedure testing (i.e. stress tests, echo, ultrasound) • Chest pain • Hypertension • Atrial fibrillation with and without cardioversion • Ultra-Filtration • TIA • Renal failure with and without dialysis • Sepsis • Tikosyn / Sotalol loading • Limited vasoactive infusions, i.e., Cardizem, Primacor, • Amiodarone, Dobutamine, Dopamine

	• Dehydration • Diabetes • Anemia
Procedures / Services	The most common procedures and services provided to 5 North patients include: • Admissions and assessments of patients • Discharge of patients with discharge education • Discharge planning • Assist with discharge planning for patient and caregivers • Obtaining and implementing physician orders • Patient inclusion with daily plan of care during daily multidisciplinary rounds • Patient teaching • Accurate and thorough documentation • IV therapy • Blood administration • Enteral nutrition • Routine EKG • Providing direct and indirect patient care • Patient comfort & safety • Maintaining skin integrity • Wound care • Performance and improvement monitoring • Emergency life support as needed • Administering medications • Cardiac medication loading therapy • Telemetry monitoring
Hours of Operation	24 / 7 – 365 days a year
B. Staffing Plan	
Staff Allocation	5 North is budgeted for a Worked Hour Per Unit of Service of 8.89 hours. The budgeted FTEs for 5 North include: • 1.0 FTE Patient Care Manager • 1.0 FTE Assistant Patient Care Manager • 32.6 FTEs Registered Nurses (RN) • 15.2 FTEs Patient Care Technician (PCT)

- 3.4 FTEs Unit Secretary (USY)

Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis.

The 5 North staffing guideline is based upon the number of patients on the unit. Anticipated admissions and discharges are also taken into consideration on a shift-by-shift basis.

The following grid represents unit staffing:
RN – 7am-7:30pm, 7pm-7:30am
PCT – 7am-3pm, 3pm-11pm, 11pm-7am
USY – 7am-3pm, 3pm-11pm

19 – 22 patients = 4 RN, 2 PCT and 1 USY
23 – 25 patients = 5 RN, 2 PCT and 1 USY
26 patients = 6 RN, 2 PCT and 1 USY
27 – 31 patients = 6 RN, 3 PCT and 1 USY
32 – 36 patients = 7 RN, 3 PCT and 1 USY

- An RN assigned to care for a patient on Ultrafiltration will have a reduced assignment that will be determined by the patient's clinical status.

Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5)

In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6)

Nursing support departments which provide regular services to 5 North include:

- Nursing wound and ostomy specialists
- Patient sitters and video monitoring system (virtual sitters) (See attachment 3.7, VMS and 1:1 patient observation policy)

	• Patient transport • Nurse case management • Student nurse associates • IV team • Nursing medical-surgical float pool • 24/7 Administrative nurse managers • Central monitoring technicians
Other Members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Orthopedic, Gastrointestinal, Urology, etc.) • Primary Care Physicians • Resident Doctors • Nurse Practitioners • Physician Assistants • RN Emergency Response Teams • Social Workers • Discharge Planning Assistants • Physical Therapists • Occupational Therapists • Speech Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians
Other Patient Support Services	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources

	• Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security
C. Qualifications of staff	
Skill Level Required for Nursing Staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a Bachelor's degree in nursing (BSN) • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • Basic life support Certification (BLS) Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and advanced cardiovascular life support (ACLS) Certification Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS Certification Patient Care Technician • High school diploma or GED required • Graduate from a hospital approved certified nursing assistant (CNA) program • BLS Certification

	Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Patient Care Technician • 4-week orientation program – Unit Secretary • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS or ACLS • Nursing specialty certification preferred
D. Equipment	
Unit Based Equipment for Patient Care	Assistive Devices: Wheelchairs, canes, walkers, turn and assist equipment, hi-low beds, specialty beds, bariatric equipment, hoyer lifts, gait belts, sit to stand devices, slide boards and matts, EZ mat hoyer lift and recliners Monitoring Devices: Wireless telemetry with care station overview, portable cardiac monitors, bed alarms integrated into nurse call system, chair alarms and pads, video monitoring (telesitter) cameras, portable vital signs machines with interface to EMR, glucoscans, bladder scanners, capnography monitors, and dopplers Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station and in nursing pods, electronic patient care boards in each patient room and language services

E. Communication and Collaboration

- RN to RN handoff is required for interdepartmental transfers
- PCT to PCT handoff is required at the change of shift
- USY to USY handoff is required at the change of shift
- Bedside handoff is required at the start of each shift or with change of care giver
- Physician / Nurse / Case Management collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds)
- Daily shifts change safety huddles
- Weekly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

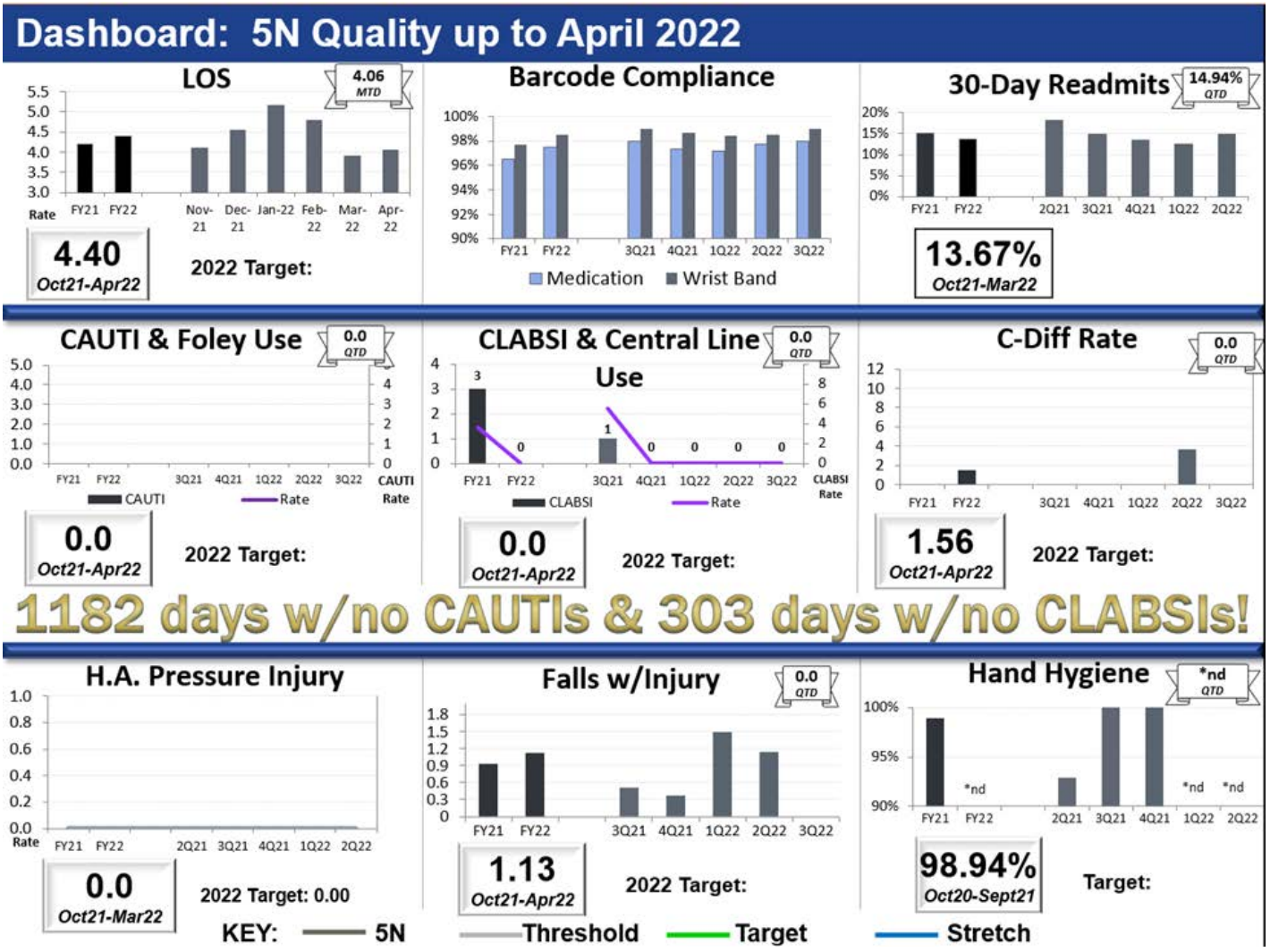
F. Quality Improvement

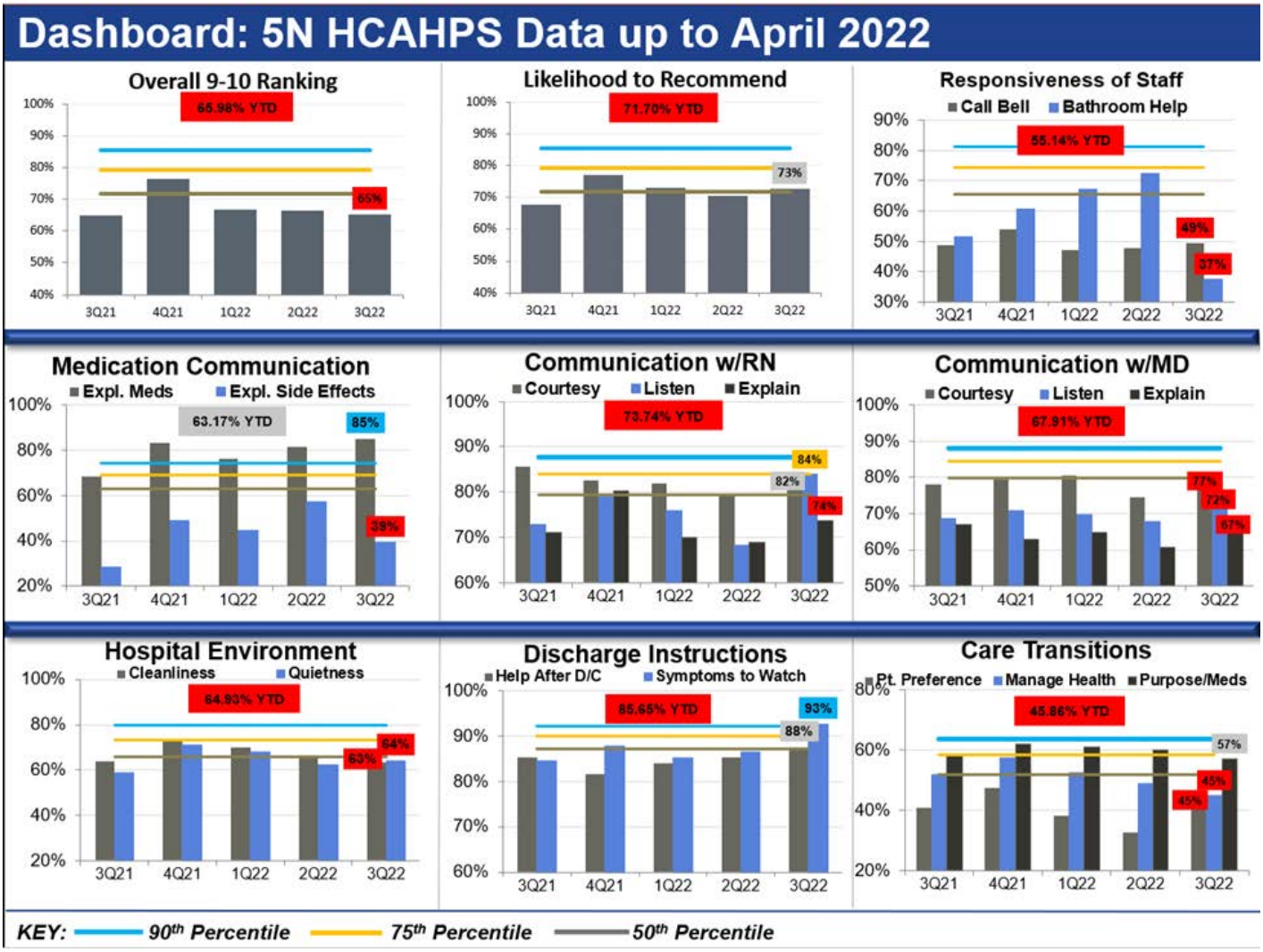
Develop and conduct performance improvement plans that focus on Nurse sensitive indicators See page 8:

- Reduction in patient falls
- CAUTI Prevention
- CLABSI Prevention
- Hospital-acquired pressure injury (HAPI) prevention
- Early mobility
- Inpatient Length of stay
- Patient Experience Metrics – See page 9 for 5 North's most recent dashboard

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals


Dashboard: 5N Quality up to April 2022
LOS
4.06 MTD
Rate
FY21 FY22 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22
4.40
Oct21-Apr22
2022 Target:
Barcode Compliance
FY21 FY22 3Q21 4Q21 1Q22 2Q22 3Q22
Medication
Wrist Band
30-Day Readmits
14.94% QTD
FY21 FY22 2Q21 3Q21 4Q21 1Q22 2Q22
13.67%
Oct21-Mar22
CAUTI & Foley Use
0.0 QTD
CAUTI
Rate
0.0
Oct21-Apr22
2022 Target:
CLABSI & Central Line Use
0.0 QTD
CLABSI
Rate
0.0
Oct21-Apr22
2022 Target:
C-Diff Rate
0.0 QTD
1.56
Oct21-Apr22
2022 Target:
1182 days w/no CAUTIs & 303 days w/no CLABSIs!
H.A. Pressure Injury
Rate
0.0
Oct21-Mar22
2022 Target: 0.00
Falls w/Injury
0.0 QTD
1.13
Oct21-Apr22
2022 Target:
Hand Hygiene
*nd QTD
98.94%
Oct20-Sept21
Target:
KEY:
5N
Threshold
Target
Stretch


Dashboard: 5N HCAHPS Data up to April 2022
Overall 9-10 Ranking
65.98% YTD
65%
Likelihood to Recommend
71.70% YTD
73%
Responsiveness of Staff
Call Bell
Bathroom Help
55.14% YTD
49%
37%
Medication Communication
Expl. Meds
Expl. Side Effects
63.17% YTD
85%
39%
Communication w/RN
Courtesy
Listen
Explain
73.74% YTD
84%
82%
74%
Communication w/MD
Courtesy
Listen
Explain
67.91% YTD
77%
72%
67%
Hospital Environment
Cleanliness
Quietness
64.93% YTD
64%
63%
Discharge Instructions
Help After D/C
Symptoms to Watch
85.65% YTD
93%
88%
Care Transitions
Pt. Preference
Manage Health
Purpose/Meds
45.86% YTD
57%
45%
45%
3Q21
4Q21
1Q22
2Q22
3Q22
KEY: 90th Percentile 75th Percentile 50th Percentile

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.4 Cardiothoracic Step-Down & Surgical Step-Down Unit – 5 South

A. Scope of Services	
Unit Description	5 South is a 30-bed step-down unit. Rooms are all single occupancy and range from 501-530. 5 South has a centralized care station, 2 medication rooms, 2 clean utility rooms, a soiled utility equipment room, a breakroom, and a locker room. There are 15 nursing documentation stations scattered throughout the unit to bring patient care closer to the patient. The average daily census is 24 with an average length of stay of 4 days. The unit is budgeted for 4,155 discharges annually. Nursing care services for 5 South is appropriate for moderate acuity patients that require post operative care of cardiothoracic surgeries, cardiac devices, and interventions as well as post operative specialty and general surgical patients that meet criteria for step down level care and overflow medical patients.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Manager
Age of Patients Serviced	Patients aged 18 – 100 years+
Types of Patients	The most common diagnosis and surgeries admitted to 5 South include: • Chest pain, unspecified • Non-ST elevation (NSTEMI) myocardial infarction • Nonrheumatic aortic (valve) stenosis • ST elevation (STEMI) myocardial infarction of unspecified site • Unstable angina • Atherosclerotic heart disease of native coronary artery without angina pectoris • Heart failure, unspecified • Other nonrheumatic mitral valve disorders • Unspecified atrial fibrillation • Other chest pain • Percutaneous Nephrolithotomy • Robotic Assisted Hiatal Hernia Repair

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	• Laparotomy Exploratory • Cystoscopy Ureteroscopy Laser Lithotripsy • Robotic Assisted Laparoscopic Low Anterior resection • Graft Endovascular AAA • Bypass Graft Femoral Popliteal • Nephrectomy • Radical Neck Dissection
Procedures / Services	The most common procedures and services provided to 5 South patients include: • Admissions and daily assessments of the patients • Discharge planning that starts on day of admission • Patient inclusion with daily plan of care during daily multidisciplinary rounds • Medications and treatments based on the patient admitting diagnosis and the care teams recommendations • Nursing Care Services such as: o Chest tube management o Temporary pacing as needed o Post operative management o Ambulation o Nasogastric tube placement and maintenance o Foley care and maintenance o IV therapy o Blood transfusions o Isolation care o Vascular care o Wound care (surgical dressings, wound vacuums, complex wound care) o Medical telemetry o Emergency life support as needed o General activities of daily living o Ambulation o Pain control teaching o Invasive hemodynamic monitoring o Ileostomy care o Colostomy care o Continuous bladder irrigation o Tracheostomy care o BiPap

	○ A-Line • Patient education throughout continuum of care
Hours of Operation	24 / 7 – 365 days a year
B. Staffing Plan	
Staff Allocation	5 South is budgeted for a Worked Hour Per Unit of Service of 11.37 hours. The budgeted FTEs for 5 South include: • 1.0 FTE Patient Care Manager • 1.0 FTE Assistant Patient Care Manager • 33.5 FTEs Registered Nurses (RN) • 13.4 FTEs Patient Care Technician (PCT) • 3.3 FTEs Unit Secretary (USY) Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis. The 5 South staffing guideline is based upon the number of patients on the unit. Anticipated admissions and discharges are also taken into consideration on a shift-by-shift basis. The following grid represents unit staffing: RN – 7am-7:30pm, 7pm-7:30am PCT – 7am-3pm, 3pm-11pm, 11pm-7am USY – 7am-3pm, 3pm-11pm 10 – 12 patients = 3 RN, 1 PCT and 1 USY 13 – 14 patients = 4 RN, 1 PCT and 1 USY 15 patients = 4 RN, 2 PCT and 1 USY 16 – 20 patients = 5 RN, 2 PCT and 1 USY 21 – 22 patients = 6 RN, 2 PCT and 1 USY 23 – 24 patients = 6 RN, 3 PCT and 1 USY 25 – 28 patients = 7 RN, 3 PCT and 1 USY 29 – 30 patients = 8 RN, 3 PCT and 1 USY

	• Neurosurgical Spine Surgeries (depending on physician orders): If an RN has a patient requiring any type of Q2H neuro-monitoring or vital signs he/she will follow the guide to maintain a 1:4 RN: patient ratio during the monitoring period. • Transition patients are 2:1 RN and will be re-evaluated every 24 hours. • SSDU are at a 3:1 ration based on census. Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5) In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6) Nursing support departments which provide regular services to 5 South include: • Nursing wound and ostomy specialists • Patient sitters and video monitoring system (virtual sitters) (See attachment 3.7, VMS and 1:1 patient observation policy) • Patient transport • Nurse case management • Student nurse associates • IV team • Nursing medical-surgical float pool • 24/7 Administrative nurse managers • Central monitoring technicians
Other Members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Orthopedic, Gastrointestinal, Urology, etc.) • Primary Care Physicians • Resident Doctors • Nurse Practitioners • Physician Assistants

	• RN Emergency Response Teams • Social Workers • Discharge Planning Assistants • Physical Therapists • Occupational Therapists • Speech Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians
Other Patient Support Services	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security
C. Qualifications of staff	
Skill Level Required for Nursing Staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a Bachelor's degree in nursing (BSN) • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty

	• Basic life support Certification (BLS) Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and advanced cardiovascular life support (ACLS) Certification Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS Certification Patient Care Technician • High school diploma or GED required • Graduate from a hospital approved certified nursing assistant (CNA) program • BLS Certification Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Patient Care Technician • 4-week orientation program – Unit Secretary • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • ACLS • Nursing specialty certification preferred

D. Equipment	
Unit Based Equipment for Patient Care	Assistive Devices: Wheelchairs, canes, walkers, turn and assist equipment, hi-low beds, specialty beds, bariatric equipment, hoyer lifts, gait belts, sit to stand devices, slide boards and matts, EZ mat hoyer lift and recliners Monitoring Devices: Wireless telemetry with care station overview, portable cardiac monitors, bedside monitors, external pacemakers, bed alarms integrated into nurse call system, chair alarms and pads, video monitoring (telesitter) cameras, portable vital signs machines with interface to EMR, glucoscans, bladder scanners, capnography monitors, and dopplers Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station and in nursing pods, electronic patient care boards in each patient room and language services

E. Communication and Collaboration

- RN to RN handoff is required for interdepartmental transfers
- PCT to PCT handoff is required at the change of shift
- USY to USY handoff is required at the change of shift
- Bedside handoff is required at the start of each shift or with change of care giver
- Physician / Nurse / Case Management collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds)
- Daily shifts change safety huddles
- Weekly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

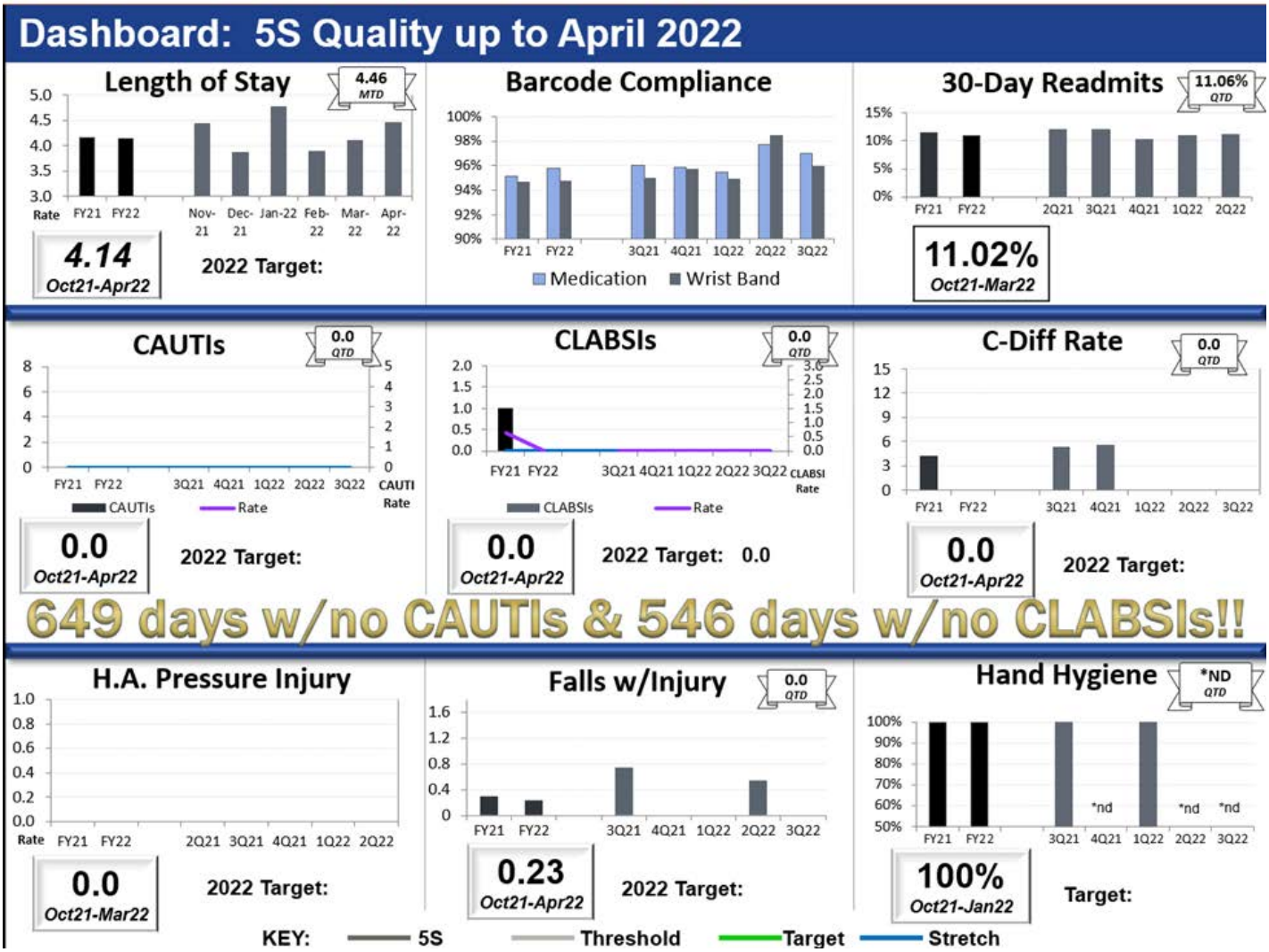
F. Quality Improvement

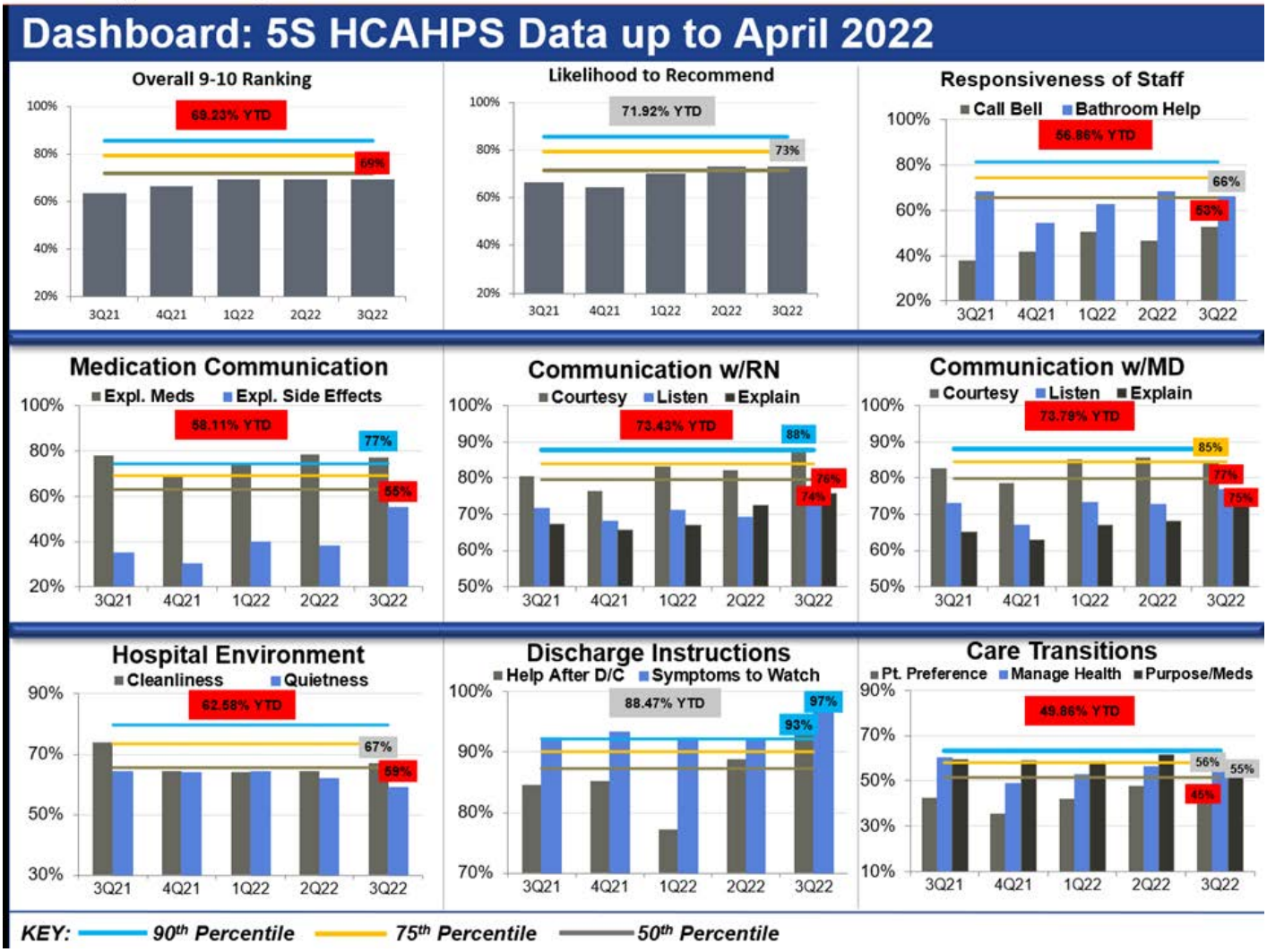
Develop and conduct performance improvement plans that focus on Nurse sensitive indicators
See page 8:

- Reduction in patient falls
- CAUTI Prevention
- CLABSI Prevention
- Hospital-acquired pressure injury (HAPI) prevention
- Early mobility
- Inpatient Length of stay
- Patient Experience Metrics – See page 9 for 5 South's most recent dashboard

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals


Dashboard: 5S Quality up to April 2022
Length of Stay
4.46 MTD
4.14 Oct21-Apr22
2022 Target:
Barcode Compliance
Medication
Wrist Band
30-Day Readmits
11.06% QTD
11.02% Oct21-Mar22
CAUTIs
0.0 QTD
0.0 Oct21-Apr22
2022 Target:
CLABSIs
0.0 QTD
0.0 Oct21-Apr22
2022 Target: 0.0
C-Diff Rate
0.0 QTD
0.0 Oct21-Apr22
2022 Target:
649 days w/no CAUTIs & 546 days w/no CLABSIs!!
H.A. Pressure Injury
0.0 Oct21-Mar22
2022 Target:
Falls w/Injury
0.0 QTD
0.23 Oct21-Apr22
2022 Target:
Hand Hygiene
*ND QTD
100% Oct21-Jan22
Target:
KEY: 5S Threshold Target Stretch


Dashboard: 5S HCAHPS Data up to April 2022
Overall 9-10 Ranking
69.23% YTD
69%
Likelihood to Recommend
71.92% YTD
73%
Responsiveness of Staff
Call Bell
Bathroom Help
56.86% YTD
66%
63%
Medication Communication
Expl. Meds
Expl. Side Effects
58.11% YTD
77%
55%
Communication w/RN
Courtesy
Listen
Explain
73.43% YTD
88%
76%
74%
Communication w/MD
Courtesy
Listen
Explain
73.79% YTD
85%
77%
75%
Hospital Environment
Cleanliness
Quietness
62.58% YTD
67%
59%
Discharge Instructions
Help After D/C
Symptoms to Watch
88.47% YTD
97%
93%
Care Transitions
Pt. Preference
Manage Health
Purpose/Meds
49.86% YTD
56%
55%
45%
3Q21
4Q21
1Q22
2Q22
3Q22
KEY: 90th Percentile 75th Percentile 50th Percentile

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.5 Medical Surgical Unit – 6 North

A. Scope of Services	
Unit Description	6 North is a 36-bed medical surgical unit. Rooms are all single occupancy and range from 631-667. 6 North has a centralized care station, 2 medication rooms, 2 clean utility rooms, a soiled utility equipment room, a breakroom, and a locker room. There are 18 nursing documentation stations scattered throughout the unit to bring patient care closer to the patient. In addition, 6 North infrastructure includes a physical therapy room. The average daily census is 33 with an average length of stay of 4.5 days. The unit is budgeted for 1,766 discharges annually. Nursing care services for 6 North is appropriate for mild to moderate acuity patients that require nursing care post-operatively, emergency room admissions, or overflow from the medical units.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Manager
Age of Patients Serviced	Patients aged 18 – 100 years+
Types of Patients	The most common surgeries admitted to 6 North include: • Laparotomy Exploratory • Laparoscopic Cholecystectomy • Robotic assisted Laparoscopic Sigmoid colostomy • Cystoscopy Ureteroscopy Laser Lithotripsy • Closure Ileostomy • Robotic Assisted Laparoscopic Low Anterior resection • ERCP • Laminectomy/Fusions • Hip Fractures • Anterior Cervical Fusions
Procedures / Services	The most common procedures and services provided to 6 North patients include: • Admissions and nursing assessments patients • Discharge planning that starts on day of admission

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Revised: June 2023

	• Patient inclusion with daily plan of care during daily multidisciplinary rounds • Medications and treatments based on the patient admitting diagnosis and the care teams recommendations • Nursing Care Services such as: o Ileostomy care o Colostomy care o Continuous bladder irrigation o Tracheostomy care o Nasogastric tube placement and maintenance o Foley care and maintenance o IV therapy o Blood transfusions o Isolation care o Wound care (surgical dressings, wound vacuums, complex wound care) o Medical telemetry o Emergency life support as needed o General activities of daily living o Ambulation o Pain control teaching o Patient-controlled analgesia and epidural • Patient education throughout continuum of care • Documentation of nursing assessment and care in the Cerner Electronic Medical Record
Hours of Operation	24 / 7 – 365 days a year
B. Staffing Plan	
Staff Allocation	6 North is budgeted for a Worked Hour Per Unit of Service of 9.369 hours. The budgeted FTEs for 6 North include: • 1.0 FTE Patient Care Manager • 1.0 FTE Assistant Patient Care Manager • 1.0 FTE Orthopedic Patient and Program Coordinator • 26.3 FTEs Registered Nurses (RN) • 15.6 FTEs Patient Care Technician (PCT) • 3.0 FTEs Unit Secretary (USY)

Revised: June 2022
Revised: June 2023

	Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis. The 6 North staffing guideline is based upon the number of patients on the unit. Anticipated admissions and discharges are also taken into consideration on a shift-by-shift basis. The following grid represents unit staffing: RN – 7am-7:30pm, 7pm-7:30am PCT – 7am-3pm, 3pm-11pm, 11pm-7am USY – 7am-3pm, 3pm-11pm 10 – 12 patients = 2 RN, 1 PCT and 1 USY 13 patients = 3 RN, 1 PCT and 1 USY 14 – 17 patients = 3 RN, 2 PCT and 1 USY 18 – 22 patients = 4 RN, 2 PCT and 1 USY 23 – 24 patients = 5 RN, 2 PCT and 1 USY 25 – 30 patients = 5 RN, 3 PCT and 1 USY 31 – 36 patients = 6 RN, 3 PCT and 1 USY Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5) In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6) Nursing support departments which provide regular services to 6 North include: • Nursing wound and ostomy specialists • Patient sitters and video monitoring system (virtual sitters) (See attachment 3.7, VMS and 1:1 patient observation policy) • Patient transport • Nurse case management

	• Student nurse associates • IV team • Nursing medical-surgical float pool • 24/7 Administrative nurse managers • Central monitoring technicians
Other members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Orthopedic, Gastrointestinal, Urology, etc.) • Primary Care Physicians • Resident Doctors • Nurse Practitioners • Physician Assistants • RN Emergency Response Teams • Social Workers • Discharge Planning Assistants • Physical Therapists • Occupational Therapists • Speech Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians
Other Patient Support Services	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management

	• Quality • Risk / Legal • Safety and Security
C. Qualifications of staff	
Skill level required for Nursing staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a Bachelor's degree in nursing (BSN) • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • Basic life support Certification (BLS) Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and advanced cardiovascular life support (ACLS) Certification Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS Certification Patient Care Technician • High school diploma or GED required • Graduate from a hospital approved certified nursing assistant (CNA) program • BLS Certification Unit Secretary • High school diploma or equivalent

Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Patient Care Technician • 4-week orientation program – Unit Secretary • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS or ACLS • Nursing specialty certification preferred
D. Equipment	
Unit Based equipment for Patient Care	Assistive Devices: Wheelchairs, canes, walkers, turn and assist equipment, hi-low beds, specialty beds, bariatric equipment, hoyer lifts, gait belts, sit to stand devices, slide boards and matts, EZ mat hoyer lift and recliners Monitoring Devices: Wireless telemetry with care station overview, portable cardiac monitors, bed alarms integrated into nurse call system, chair alarms and pads, video monitoring (telesitter) cameras, portable vital signs machines with interface to EMR, glucoscans, bladder scanners, capnography monitors, and dopplers Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station and in nursing pods, electronic patient care boards in each patient room and language services
E. Communication and Collaboration	
• RN to RN handoff is required for interdepartmental transfers • PCT to PCT handoff is required at the change of shift	

- USY to USY handoff is required at the change of shift
- Bedside handoff is required at the start of each shift or with change of care giver
- Physician / Nurse / Case Management collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds)
- Daily shifts change safety huddles
- Weekly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

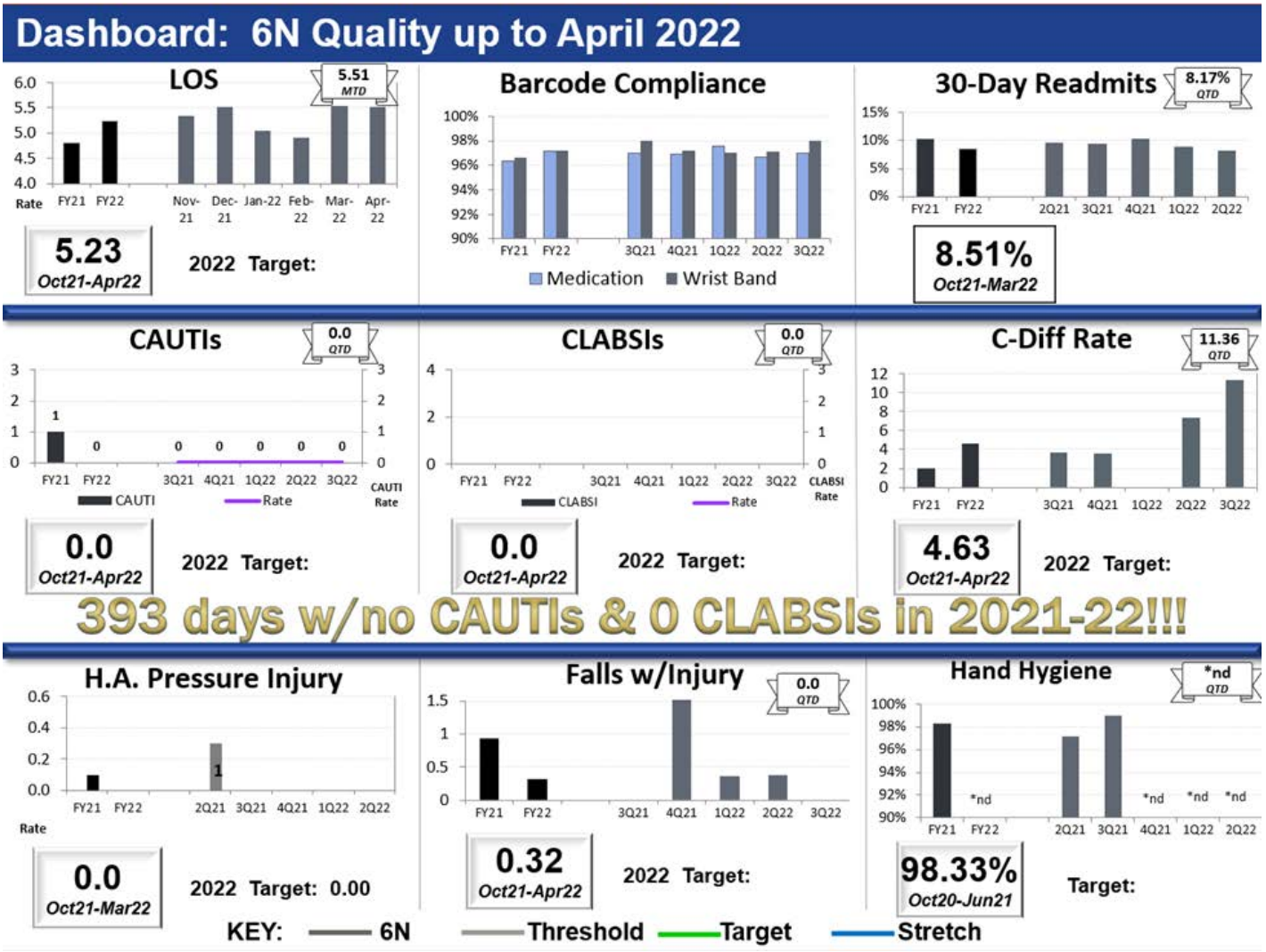
F. Quality Improvement

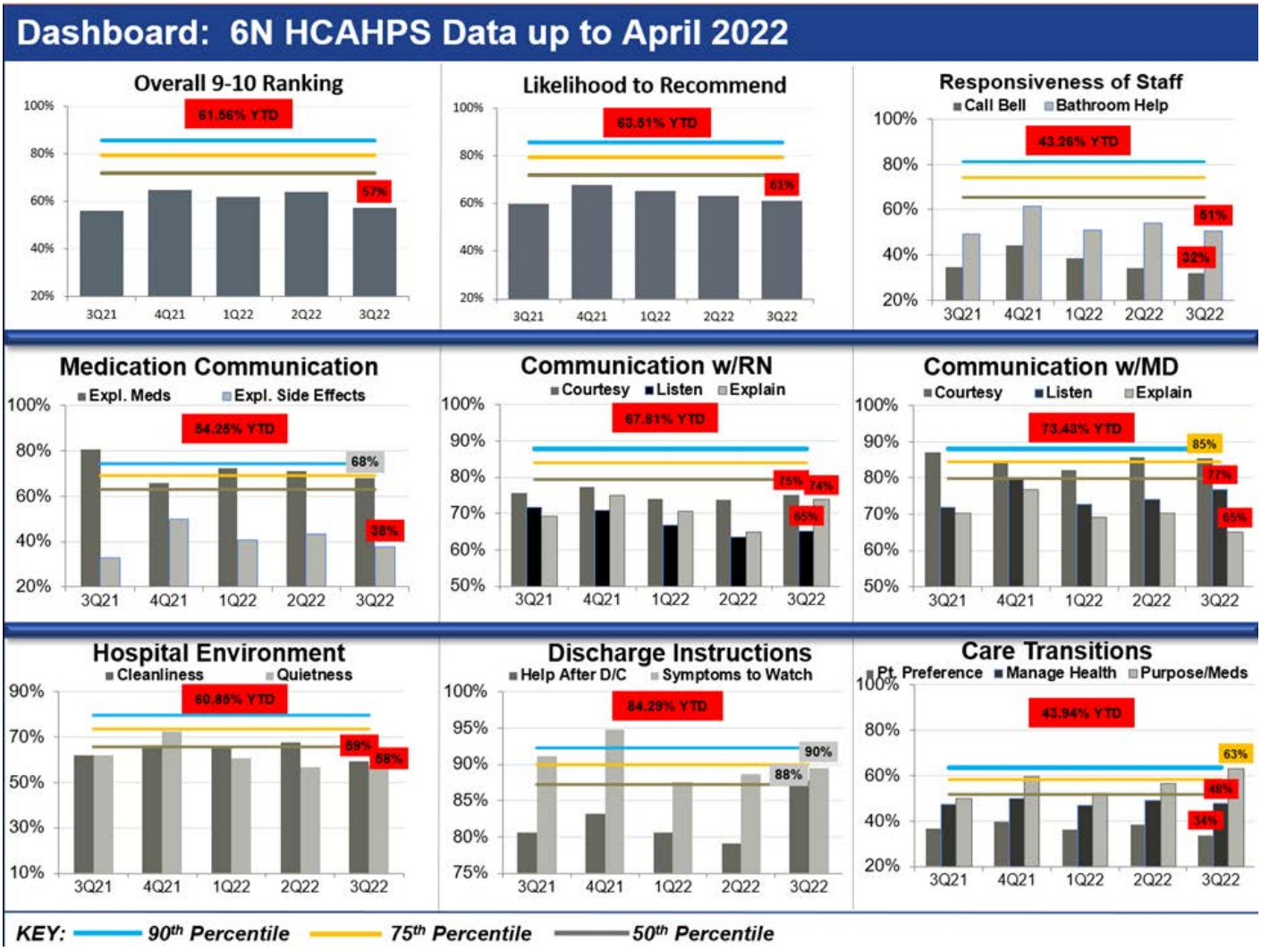
Develop and conduct performance improvement plans that focus on Nurse sensitive indicators See page 8:

- Reduction in patient falls
- CAUTI Prevention
- CLABSI Prevention
- Hospital-acquired pressure injury (HAPI) prevention
- Early mobility
- Inpatient Length of stay
- Patient Experience Metrics – See page 9 for 6 North's most recent dashboard

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals


Dashboard: 6N Quality up to April 2022
LOS
5.51 MTD
5.23 Oct21-Apr22
2022 Target:
Barcode Compliance
Medication
Wrist Band
30-Day Readmits
8.17% QTD
8.51% Oct21-Mar22
CAUTIs
0.0 QTD
0.0 Oct21-Apr22
2022 Target:
CLABSIs
0.0 QTD
0.0 Oct21-Apr22
2022 Target:
C-Diff Rate
11.36 QTD
4.63 Oct21-Apr22
2022 Target:
393 days w/no CAUTIs & 0 CLABSIs in 2021-22!!!
H.A. Pressure Injury
0.0 Oct21-Mar22
2022 Target: 0.00
Falls w/Injury
0.0 QTD
0.32 Oct21-Apr22
2022 Target:
Hand Hygiene
*nd QTD
98.33% Oct20-Jun21
Target:
KEY: 6N Threshold Target Stretch


Dashboard: 6N HCAHPS Data up to April 2022
Overall 9-10 Ranking
61.56% YTD
57%
Likelihood to Recommend
63.51% YTD
61%
Responsiveness of Staff
Call Bell
Bathroom Help
43.26% YTD
51%
52%
Medication Communication
Expl. Meds
Expl. Side Effects
64.25% YTD
68%
38%
Communication w/RN
Courtesy
Listen
Explain
67.81% YTD
75%
74%
65%
Communication w/MD
Courtesy
Listen
Explain
73.43% YTD
85%
77%
65%
Hospital Environment
Cleanliness
Quietness
60.85% YTD
59%
58%
Discharge Instructions
Help After D/C
Symptoms to Watch
84.29% YTD
90%
88%
Care Transitions
Pt. Preference
Manage Health
Purpose/Meds
43.94% YTD
63%
48%
34%
3Q21
4Q21
1Q22
2Q22
3Q22
KEY: 90th Percentile 75th Percentile 50th Percentile

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.6 Neuroscience Care Unit – 6 South

A. Scope of Services	
Unit Description	6 South is a 30-bed medical surgical unit. Rooms are all single occupancy and range from 601-630. 6 South has a centralized care station, 2 medication rooms, 2 clean utility rooms, a soiled utility equipment room, a breakroom, and a locker room. There are 15 nursing documentation stations scattered throughout the unit to bring patient care closer to the patient. The average daily census is 27 with an average length of stay of 4.6 days. The unit is budgeted for 1,991 discharges annually. Nursing care services for 6 South is appropriate for mild to moderate acuity medical patients. In addition, 6 South is the designated stroke unit. Patients generally considered for admission to this unit include various medical, neurologic, neuro-surgical, and spinal diagnosis.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Manager
Age of Patients Serviced	Patients aged 18 – 100 years+
Types of Patients	The most common diagnosis admitted to 6 South include: • Cerebral infarction, unspecified • Altered mental status, unspecified • Cerebellar stroke syndrome • Transient cerebral ischemic attack, unspecified • Urinary tract infection, site not specified • Gastrointestinal hemorrhage, unspecified • Pneumonia, unspecified organism • Syncope and collapse • Dizziness Chronic obstructive pulmonary disease with (acute) exacerbation
Procedures / Services	The most common procedures and services provided to 6 South patients include: • Admissions and daily assessments of the patients • Discharge planning that starts on day of admission

	• Patient inclusion with daily plan of care during daily multidisciplinary rounds • Medications and treatments based on the patient admitting diagnosis and the care team's recommendations • Nursing Care Services such as: • Ileostomy care • Colostomy care • Continuous bladder irrigation • Tracheostomy care • Nasogastric tube placement and maintenance • Urinary Catheter care and maintenance • IV therapy • Blood transfusions • Isolation care • Wound care (surgical dressings, wound vacuums, complex wound care) • Medical telemetry • Emergency life support as needed • General activities of daily living • Ambulation • Pain control teaching • Continuous epilepsy monitoring • Multidisciplinary care planning • Neuro assessments to include NIH Stroke Scale • Patient education throughout continuum of care includes stroke specific education
Hours of Operation	24 / 7 – 365 days a year
B. Staffing Plan	
Staff Allocation	6 South is budgeted for a Worked Hour Per Unit of Service of 10.6 hours. The budgeted FTEs for 6 South include: • 1.0 FTE Patient Care Manager • 1.0 FTE Assistant Patient Care Manager • 26.2 FTEs Registered Nurses (RN) • 14.5 FTEs Patient Care Technician (PCT) • 3.2 FTEs Unit Secretary (USY)

	Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis. The 6 South staffing guideline is based upon the number of patients on the unit. Anticipated admissions and discharges are also taken into consideration on a shift-by-shift basis. The following grid represents unit staffing: RN – 7am-7:30pm, 7pm-7:30am PCT – 7am-3pm, 3pm-11pm, 11pm-7am USY – 7am-3pm, 3pm-11pm 14 patients = 3 RN, 1 PCT and 1 USY 15 patients = 3 RN, 2 PCT and 1 USY 16 – 21 patients = 4 RN, 2 PCT and 1 USY 22 – 26 patients = 5 RN, 3 PCT and 1 USY 27 – 30 patients = 6 RN, 3 PCT and 1 USY For patients requiring every 2 hours (National Institute of Health Stroke Scale) nursing neurological assessment 4 patients = 1 RN Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5) In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6) Nursing support departments which provide regular services to 6 South include: • Nursing wound and ostomy specialists • Patient sitters and video monitoring system (virtual sitters) (See attachment 3.7, VMS and 1:1 patient observation policy) • Patient transport

	• Nurse case management • Student nurse associates • IV team • Nursing medical-surgical float pool • 24/7 Administrative nurse managers • Central monitoring technicians
Other Members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Orthopedic, Gastrointestinal, Urology, etc.) • Primary Care Physicians • Resident Doctors • Nurse Practitioners • Physician Assistants • RN Emergency Response Teams • Social Workers • Discharge Planning Assistants • Physical Therapists • Occupational Therapists • Speech Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians
Other Patient Support Services	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems

	• Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security
C. Qualifications of staff	
Skill Level Required for Nursing Staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a Bachelor's degree in nursing (BSN) • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • Basic life support Certification (BLS) Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and advanced cardiovascular life support (ACLS) Certification Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS Certification Patient Care Technician • High school diploma or GED required • Graduate from a hospital approved certified nursing assistant (CNA) program • BLS Certification Unit Secretary • High school diploma or equivalent

Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Patient Care Technician • 4-week orientation program – Unit Secretary • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS or ACLS • Nursing specialty certification preferred • National Institute of Health Stroke Scale (NIHSS) • Eight hours of stroke education annually
D. Equipment	
Unit Based Equipment for Patient Care	Assistive Devices: Wheelchairs, canes, walkers, turn and assist equipment, hi-low beds, specialty beds, bariatric equipment, hoyer lifts, gait belts, sit to stand devices, slide boards and matts, EZ mat hoyer lift and recliners Monitoring Devices: Wireless telemetry with care station overview, portable cardiac monitors, bed alarms integrated into nurse call system, chair alarms and pads, video monitoring (telesitter) cameras, portable vital signs machines with interface to EMR, glucoscans, bladder scanners, capnography monitors, and dopplers Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station and in nursing pods, electronic patient care boards in each patient room and language services

E. Communication and Collaboration

- RN to RN handoff is required for interdepartmental transfers
- PCT to PCT handoff is required at the change of shift
- USY to USY handoff is required at the change of shift
- Bedside handoff is required at the start of each shift or with change of care giver
- Physician / Nurse / Case Management collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds)
- Daily shifts change safety huddles
- Weekly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

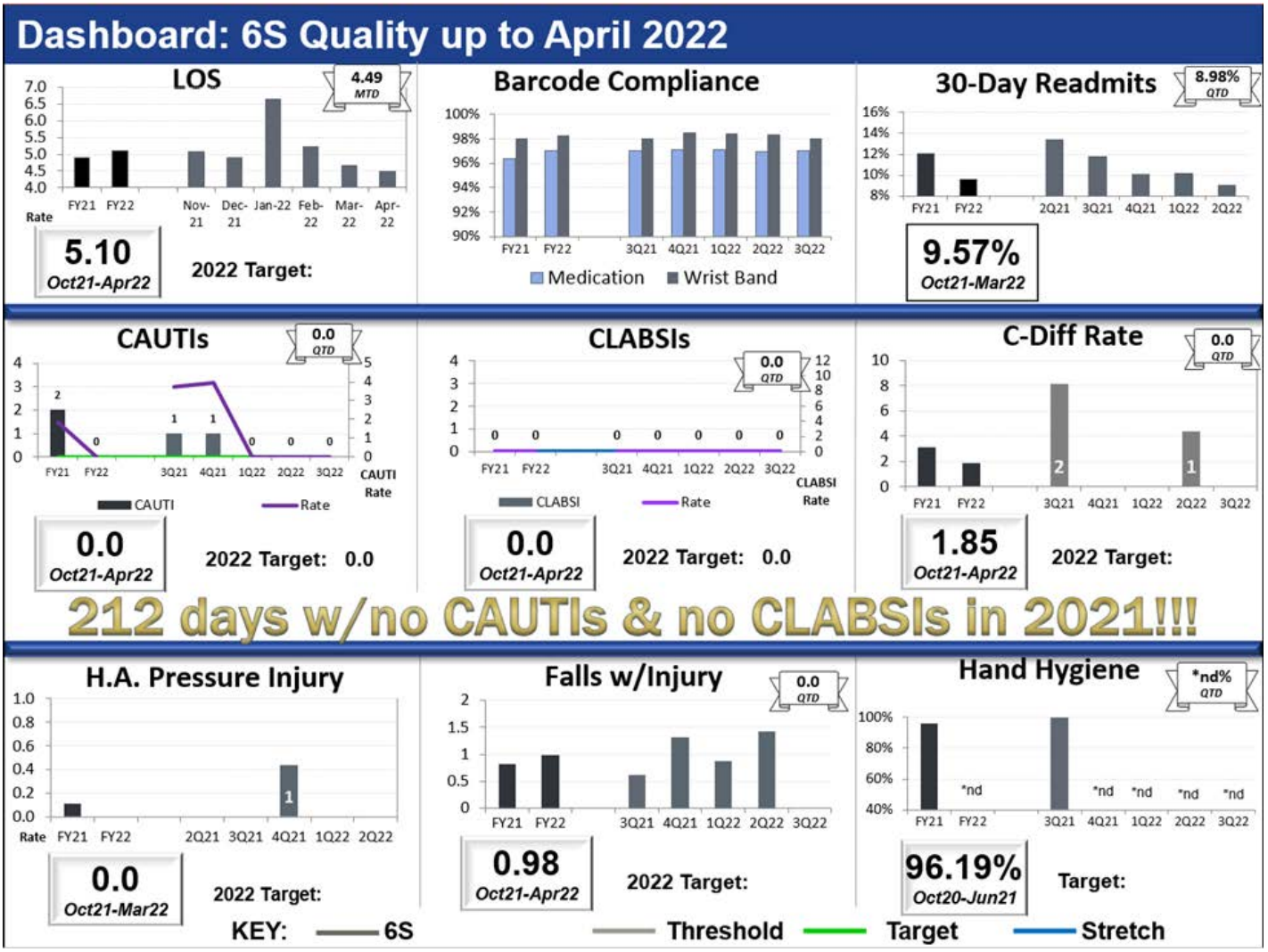
F. Quality Improvement

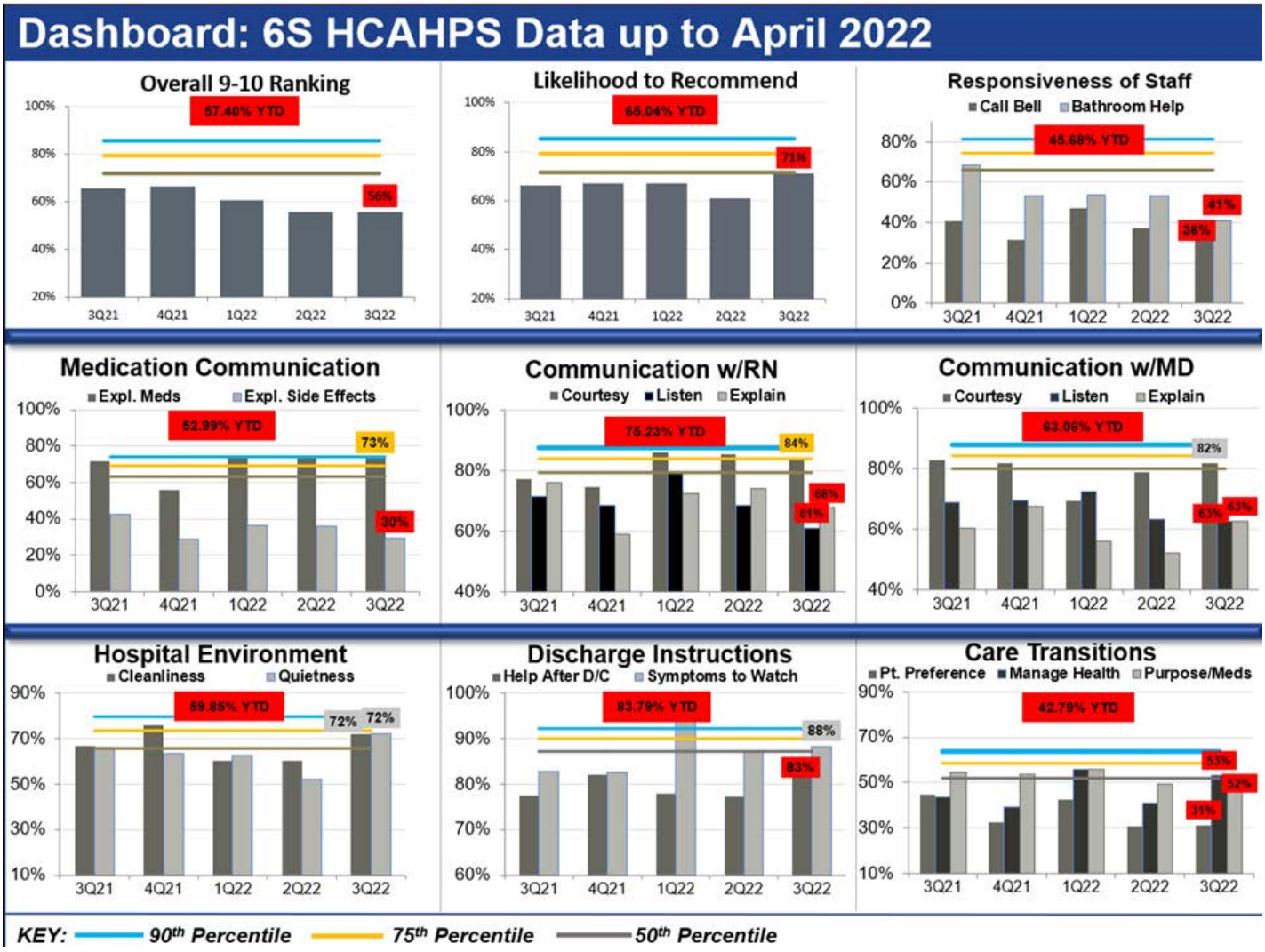
Develop and conduct performance improvement plans that focus on Nurse sensitive indicators See page 8:

- Reduction in patient falls
- CAUTI Prevention
- CLABSI Prevention
- Hospital-acquired pressure injury (HAPI) prevention
- Early mobility
- Inpatient Length of stay
- Patient Experience Metrics – See page 9 for 6 South's most recent dashboard

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals


Dashboard: 6S Quality up to April 2022
LOS
4.49 MTD
Rate
5.10
Oct21-Apr22
2022 Target:
Barcode Compliance
Medication
Wrist Band
30-Day Readmits
8.98% QTD
9.57%
Oct21-Mar22
CAUTIs
0.0 QTD
CAUTI
Rate
0.0
Oct21-Apr22
2022 Target: 0.0
CLABSIs
0.0 QTD
CLABSI
Rate
0.0
Oct21-Apr22
2022 Target: 0.0
C-Diff Rate
0.0 QTD
1.85
Oct21-Apr22
2022 Target:
212 days w/no CAUTIs & no CLABSIs in 2021!!!
H.A. Pressure Injury
0.0
Oct21-Mar22
2022 Target:
Falls w/Injury
0.0 QTD
0.98
Oct21-Apr22
2022 Target:
Hand Hygiene
*nd% QTD
96.19%
Oct20-Jun21
Target:
KEY:
6S
Threshold
Target
Stretch


Dashboard: 6S HCAHPS Data up to April 2022
Overall 9-10 Ranking
57.40% YTD
56%
Likelihood to Recommend
65.04% YTD
71%
Responsiveness of Staff
Call Bell
Bathroom Help
45.68% YTD
41%
36%
Medication Communication
Expl. Meds
Expl. Side Effects
52.99% YTD
73%
30%
Communication w/RN
Courtesy
Listen
Explain
75.23% YTD
84%
68%
61%
Communication w/MD
Courtesy
Listen
Explain
63.06% YTD
82%
63%
63%
Hospital Environment
Cleanliness
Quietness
59.86% YTD
72%
72%
Discharge Instructions
Help After D/C
Symptoms to Watch
83.79% YTD
88%
83%
Care Transitions
Pt. Preference
Manage Health
Purpose/Meds
42.79% YTD
53%
52%
31%
3Q21
4Q21
1Q22
2Q22
3Q22
KEY:
90th Percentile
75th Percentile
50th Percentile

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.7 Medicine – 7 North

A. Scope of Services	
Unit Description	7 North is a 36-bed medical surgical unit. Rooms are all single occupancy and range from 731 to 766. 7 North has a centralized care station, 2 medication rooms, 2 clean utility rooms, a soiled utility equipment room, a breakroom, and a locker room. There are 18 nursing documentation stations scattered throughout the unit to bring patient care closer to the patient. The average daily census is 32 with an average length of stay of 4.9 days. The unit is budgeted for 1,903 discharges annually. Nursing care services for 7 North is appropriate for mild to moderate acuity patients that require nursing care post-operatively, emergency room admissions, or overflow from the medical units.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Manager
Age of Patients Serviced	Patients aged 18 – 100 years+
Types of Patients	The most common diagnosis and surgeries admitted to 7 North include: • Sepsis • Pneumonia • Chronic obstructive pulmonary disease with (acute) exacerbation • Shortness of breath • Urinary tract infection • Bacterial pneumonia • Altered mental status • Fever • Acute kidney failure • Syncope and collapse • Covid-19
Procedures / Services	The most common procedures and services provided to 7 North patients include: • Admissions and daily assessments of the patients

	• Discharge planning that starts on day of admission • Patient inclusion with daily plan of care during daily multidisciplinary rounds • Medications and treatments based on the patient admitting diagnosis and the care teams recommendations • Nursing Care Services such as: o Ileostomy care o Colostomy care o Tracheostomy care o Nasogastric tube placement and maintenance o Foley care and maintenance o IV therapy o Blood transfusions o Isolation care o Vascular care o Wound care (surgical dressings, wound vacuums, complex wound care) o Medical telemetry o Emergency life support as needed o General activities of daily living o Ambulation o Pain control teaching • Patient education throughout continuum of care
Hours of Operation	24 / 7 – 365 days a year
B. Staffing Plan	
Staff Allocation	7 North is budgeted for a Worked Hour Per Unit of Service of 8.198 hours. The budgeted FTEs for 7 North include: • 1.0 FTE Patient Care Manager • 1.0 FTE Assistant Patient Care Manager • 26.3 FTEs Registered Nurses (RN) • 14.5 FTEs Patient Care Technician (PCT) • 3.2 FTEs Unit Secretary (USY) Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care

	Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis. The 7 North staffing guideline is based upon the number of patients on the unit. Anticipated admissions and discharges are also taken into consideration on a shift-by-shift basis. The following grid represents unit staffing: RN – 7am-7:30pm, 7pm-7:30am PCT – 7am-3pm, 3pm-11pm, 11pm-7am USY – 7am-3pm, 3pm-11pm 13 – 17 patients = 3 RN, 2 PCT and 1 USY 18 – 21 patients = 4 RN, 2 PCT and 1 USY 22 patients = 5 RN, 2 PCT and 1 USY 23 – 26 patients = 5 RN, 3 PCT and 1 USY 27 – 31 patients = 6 RN, 3 PCT and 1 USY 32 – 36 patients = 7 RN, 3 PCT and 1 USY Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5) In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6) Nursing support departments which provide regular services to 7 North include: • Nursing wound and ostomy specialists • Patient sitters and video monitoring system (virtual sitters) (See attachment 3.7, VMS and 1:1 patient observation policy) • Patient transport • Nurse case management • Student nurse associates • IV team • Nursing medical-surgical float pool • 24/7 Administrative nurse managers • Central monitoring technicians

Other Members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Orthopedic, Gastrointestinal, Urology, etc.) • Primary Care Physicians • Resident Doctors • Nurse Practitioners • Physician Assistants • RN Emergency Response Teams • Social Workers • Discharge Planning Assistants • Physical Therapists • Occupational Therapists • Speech Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians
Other Patient Support Services	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security

C. Qualifications of staff	
Skill Level Required for Nursing Staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a Bachelor's degree in nursing (BSN) • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • Basic life support Certification (BLS) Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and advanced cardiovascular life support (ACLS) Certification Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS Certification Patient Care Technician • High school diploma or GED required • Graduate from a hospital approved certified nursing assistant (CNA) program • BLS Certification Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Patient Care Technician • 4-week orientation program – Unit Secretary

	• Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS or ACLS • Nursing specialty certification preferred
D. Equipment	
Unit Based Equipment for Patient Care	Assistive Devices: Wheelchairs, canes, walkers, turn and assist equipment, hi-low beds, specialty beds, bariatric equipment, hoyer lifts, gait belts, sit to stand devices, slide boards and matts, EZ mat hoyer lift and recliners Monitoring Devices: Wireless telemetry with care station overview, portable cardiac monitors, bed alarms integrated into nurse call system, chair alarms and pads, video monitoring (telesitter) cameras, portable vital signs machines with interface to EMR, glucoscans, bladder scanners, capnography monitors, and dopplers Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station and in nursing pods, electronic patient care boards in each patient room and language services
E. Communication and Collaboration	
• RN to RN handoff is required for interdepartmental transfers • PCT to PCT handoff is required at the change of shift • USY to USY handoff is required at the change of shift • Bedside handoff is required at the start of each shift or with change of care giver • Physician / Nurse / Case Management collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds) • Daily shifts change safety huddles	

- Weekly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

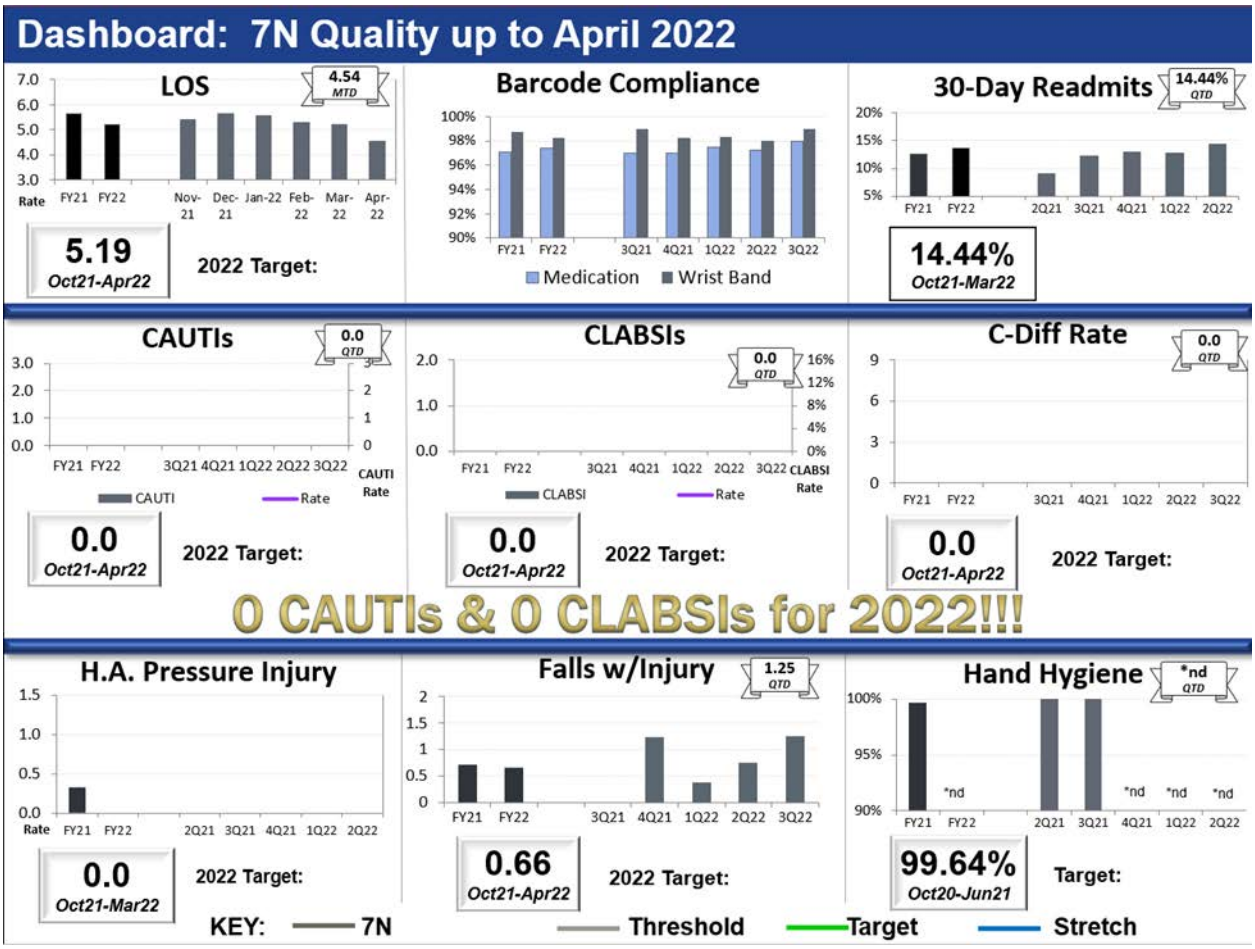
F. Quality Improvement

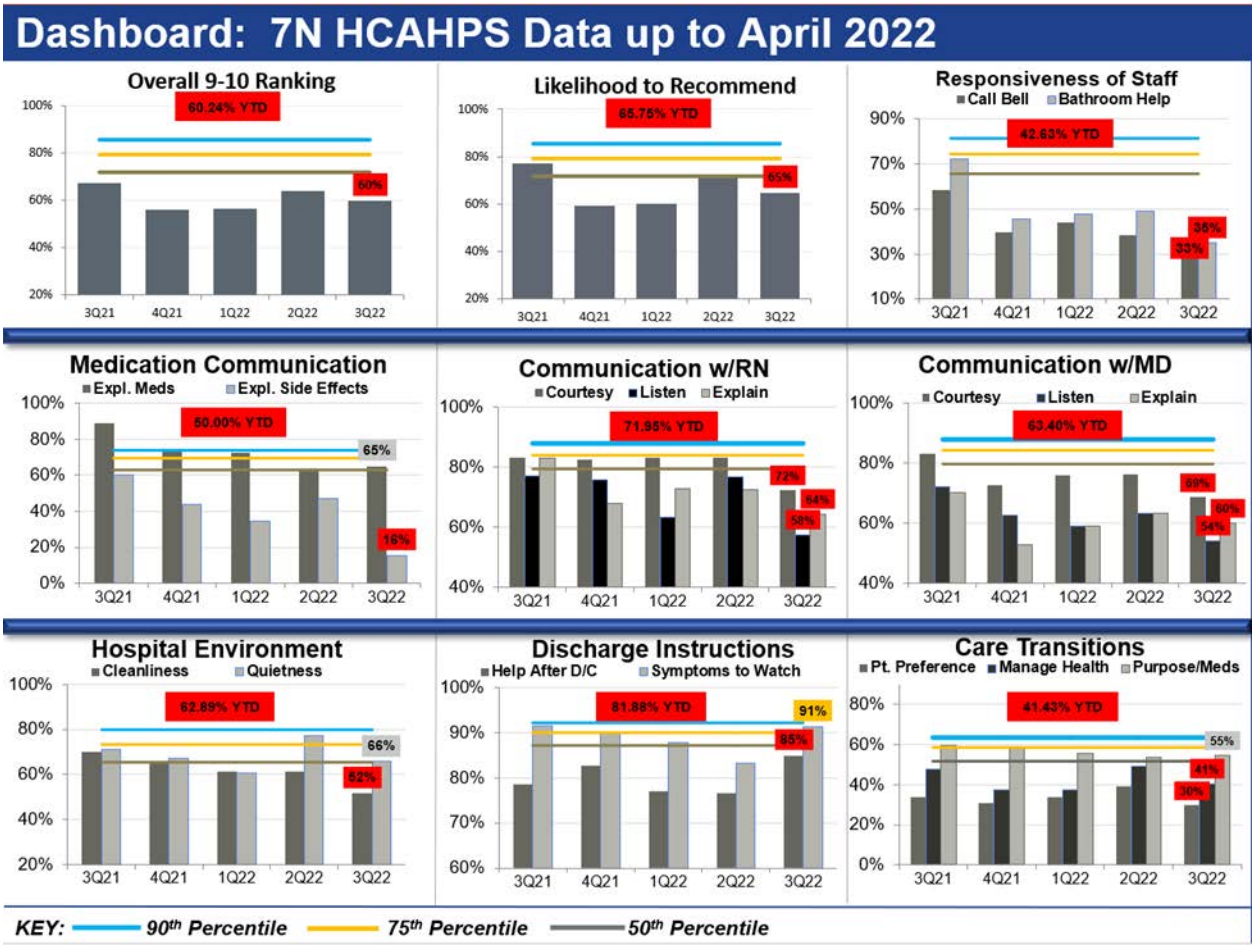
Develop and conduct performance improvement plans that focus on Nurse sensitive indicators See page 8:

- Reduction in patient falls
- CAUTI Prevention
- CLABSI Prevention
- Hospital-acquired pressure injury (HAPI) prevention
- Early mobility
- Inpatient Length of stay
- Patient Experience Metrics – See page 9 for 7 North's most recent dashboard

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals


Dashboard: 7N Quality up to April 2022
LOS
4.54 MTD
5.19 Oct21-Apr22
2022 Target:
Barcode Compliance
Medication
Wrist Band
30-Day Readmits
14.44% QTD
14.44% Oct21-Mar22
CAUTIs
0.0 QTD
0.0 Oct21-Apr22
2022 Target:
CLABSIs
0.0 QTD
0.0 Oct21-Apr22
2022 Target:
C-Diff Rate
0.0 QTD
0.0 Oct21-Apr22
2022 Target:
0 CAUTIs & 0 CLABSIs for 2022!!!
H.A. Pressure Injury
0.0 Oct21-Mar22
2022 Target:
Falls w/Injury
1.25 QTD
0.66 Oct21-Apr22
2022 Target:
Hand Hygiene
*nd QTD
99.64% Oct20-Jun21
Target:
KEY:
7N
Threshold
Target
Stretch


Dashboard: 7N HCAHPS Data up to April 2022
Overall 9-10 Ranking
60.24% YTD
60%
Likelihood to Recommend
65.75% YTD
65%
Responsiveness of Staff
Call Bell
Bathroom Help
42.63% YTD
Medication Communication
Expl. Meds
Expl. Side Effects
50.00% YTD
65%
Communication w/RN
Courtesy
Listen
Explain
71.95% YTD
72%
64%
58%
Communication w/MD
63.40% YTD
69%
60%
54%
Hospital Environment
Cleanliness
Quietness
62.89% YTD
66%
Discharge Instructions
Help After D/C
Symptoms to Watch
81.88% YTD
91%
85%
Care Transitions
Pt. Preference
Manage Health
Purpose/Meds
41.43% YTD
55%
41%
3Q21
4Q21
1Q22
2Q22
3Q22
KEY: 90th Percentile 75th Percentile 50th Percentile

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.8 Oncology / Medical Surgical Unit– 7 South

A. Scope of Services	
Unit Description	7 South is a 30-bed oncology / medical surgical unit. Rooms are all single occupancy and range from 701-730. 7 South has a centralized care station, 2 medication rooms, 2 clean utility rooms, a soiled utility equipment room, a breakroom, and a locker room. There are 15 nursing documentation stations scattered throughout the unit to bring patient care closer to the patient. The average daily census is 27 with an average length of stay of 4.4 days. The Unit is budgeted for 1,766 discharges annually. Nursing care services for 7 South are appropriate for mild to moderate acuity patients that require nursing care for medical and surgical oncology and medical overflow.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Manager
Age of Patients Serviced	Patients aged 18 – 100 years+
Types of Patients	The most common diagnosis and surgeries admitted to 7 South include: • Dehydration • Anemia, unspecified • Urinary tract infection, site not specified • Fever, unspecified • Pneumonia, unspecified organism • Neutropenia, unspecified • Malignant neoplasm of unspecified part of unspecified bronchus or lung • Generalized abdominal pain • Weakness • Altered mental status, unspecified • Laparotomy exploratory • Colonoscopy • Robotic assisted laparoscopic hysterectomy • Deep inferior epigastric perforator flap surgery • Laparoscopic appendectomy

	• I and D breast • Hysterectomy supra-cervical • Mastectomy • Laparoscopy diagnostic
Procedures / Services	The most common procedures and services provided to 7 South patients include: • Admissions and daily assessments of the patients. • Discharge planning that starts on day of admission. • Patient inclusion with daily plan of care during daily multidisciplinary rounds • Medications and treatments based on the patient admitting diagnosis and the care teams recommendations. • Nursing Care Services such as: o Pain Management o Medication administration including chemotherapy administration o Patient education throughout continuum of care o General activities of daily living including ambulation o Ileostomy care, o Colostomy care, o Continuous bladder irrigation o IV therapy o Tracheostomy care, o Nasogastric tube placement and maintenance, o Foley care and maintenance, o Pleurx drainage, o Vascular care o Infection control o IV therapy o Blood transfusions o Isolation care o Wound care (surgical dressings, wound vacuums, complex wound care), o Medical telemetry o Emergency life support as needed (including but not limited to oncologic emergencies, neutropenia sepsis, hypersensitivity to

	chemotherapy medications, cardiac abnormalities related to cardio-toxic chemotherapy) o General activities of daily living o Ambulation o Pain control and education • Patient education throughout continuum of care
Hours of Operation	24 / 7 – 365 days a year
B. Staffing Plan	
Staff Allocation	7 South is budgeted for a Worked Hour Per Unit of Service of 9.2 hours. The budgeted FTEs for 7 South include: • 1.0 FTE Patient Care Manager • 1.0 FTE Assistant Patient Care Manager • 26.9 FTEs Registered Nurses (RN) • 14.7 FTEs Patient Care Technician (PCT) • 3.3 FTEs Unit Secretary (USY) Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis. The 7 South staffing guideline is based upon the number of patients on the unit. Anticipated admissions and discharges are also taken into consideration on a shift-by-shift basis. The following grid represents unit staffing: RN – 7am-7:30pm, 7pm-7:30am PCT – 7am-3pm, 3pm-11pm, 11pm-7am USY – 7am-3pm, 3pm-11pm 12 – 14 patients = 3 RN, 1 PCT and 1 USY 15 patients = 3 RN, 2 PCT and 1 USY 16 – 21 patients = 4 RN, 2 PCT and 1 USY 22 – 26 patients = 5 RN, 3 PCT and 1 USY

	27 – 30 patients = 6 RN, 3 PCT and 1 USY • DIEP Flap Surgical patients: require 1:1 nursing, post operatively for 24-48 hours after arrival to the floor. Following the initial 24-48 hours period, the assigned RN should have no more than 3 additional patients. • Intravenous Chemotherapy: require to have a 1:4 nurse patient ratio during the induction period. • VASC for Breast Surgery Patients: ratio is 2 nurses: 1-2 patients as a nurse is at VASC with the patient. Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5) In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6) Nursing support departments which provide regular services to 7 South include: • Nursing wound and ostomy specialists • Patient sitters and video monitoring system (virtual sitters) (See attachment 3.7, VMS and 1:1 patient observation policy) • Patient transport • Nurse case management • Student nurse associates • IV team • Nursing medical-surgical float pool • 24/7 Administrative nurse managers • Central monitoring technicians
Other Members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Orthopedic, Gastrointestinal, Urology, etc.) • Primary Care Physicians • Resident Doctors • Nurse Practitioners • Physician Assistants • RN Emergency Response Teams

	• Social Workers • Discharge Planning Assistants • Physical Therapists • Occupational Therapists • Speech Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians
Other Patient Support Services:	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security
C. Qualifications of staff	
Skill Level Required for Nursing Staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a Bachelor's degree in nursing (BSN) • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • Basic life support Certification (BLS)

	Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and advanced cardiovascular life support (ACLS) Certification Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS Certification • Chemotherapy Immunotherapy certification within one year of hire Patient Care Technician • High school diploma or GED required • Graduate from a hospital approved certified nursing assistant (CNA) program • BLS Certification Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Patient Care Technician • 4-week orientation program – Unit Secretary • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS or ACLS • Nursing specialty certification in Oncology • Annual Oncology specific competencies

D. Equipment	
Unit Based Equipment for Patient Care	Assistive Devices: Wheelchairs, canes, walkers, turn and assist equipment, hi-low beds, specialty beds, bariatric equipment, hoyer lifts, gait belts, sit to stand devices, slide boards and matts, EZ mat hoyer lift and recliners Monitoring Devices: Wireless telemetry with care station overview, portable cardiac monitors, bed alarms integrated into nurse call system, chair alarms and pads, video monitoring (telesitter) cameras, portable vital signs machines with interface to EMR, glucoscans, bladder scanners, capnography monitors, and dopplers Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station and in nursing pods, electronic patient care boards in each patient room and language services

E. Communication and Collaboration

- RN to RN handoff is required for interdepartmental transfers
- PCT to PCT handoff is required at the change of shift
- USY to USY handoff is required at the change of shift
- Bedside handoff is required at the start of each shift or with change of care giver
- Physician / Nurse / Case Management collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds)
- Daily shifts change safety huddles
- Weekly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

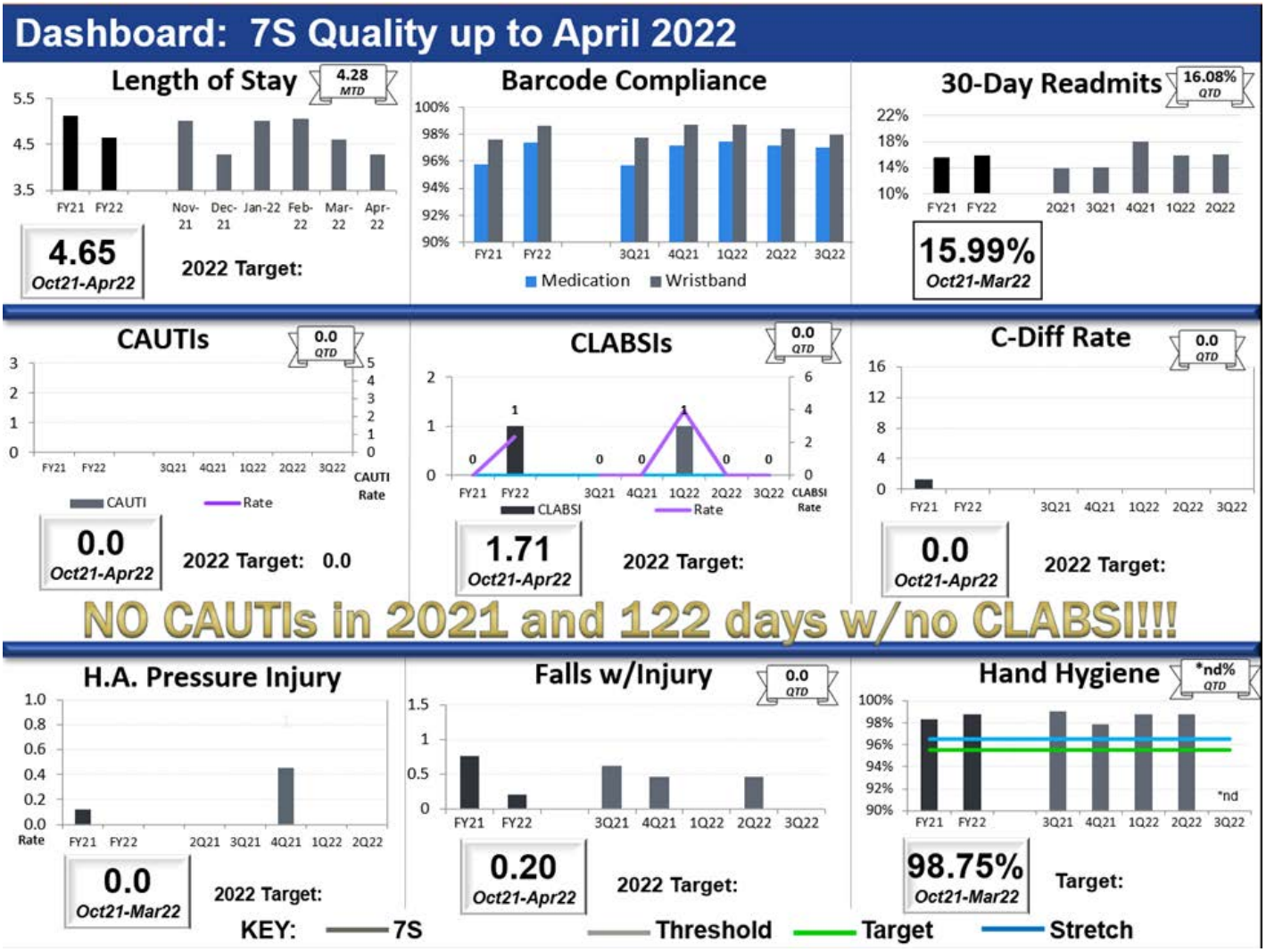
F. Quality Improvement

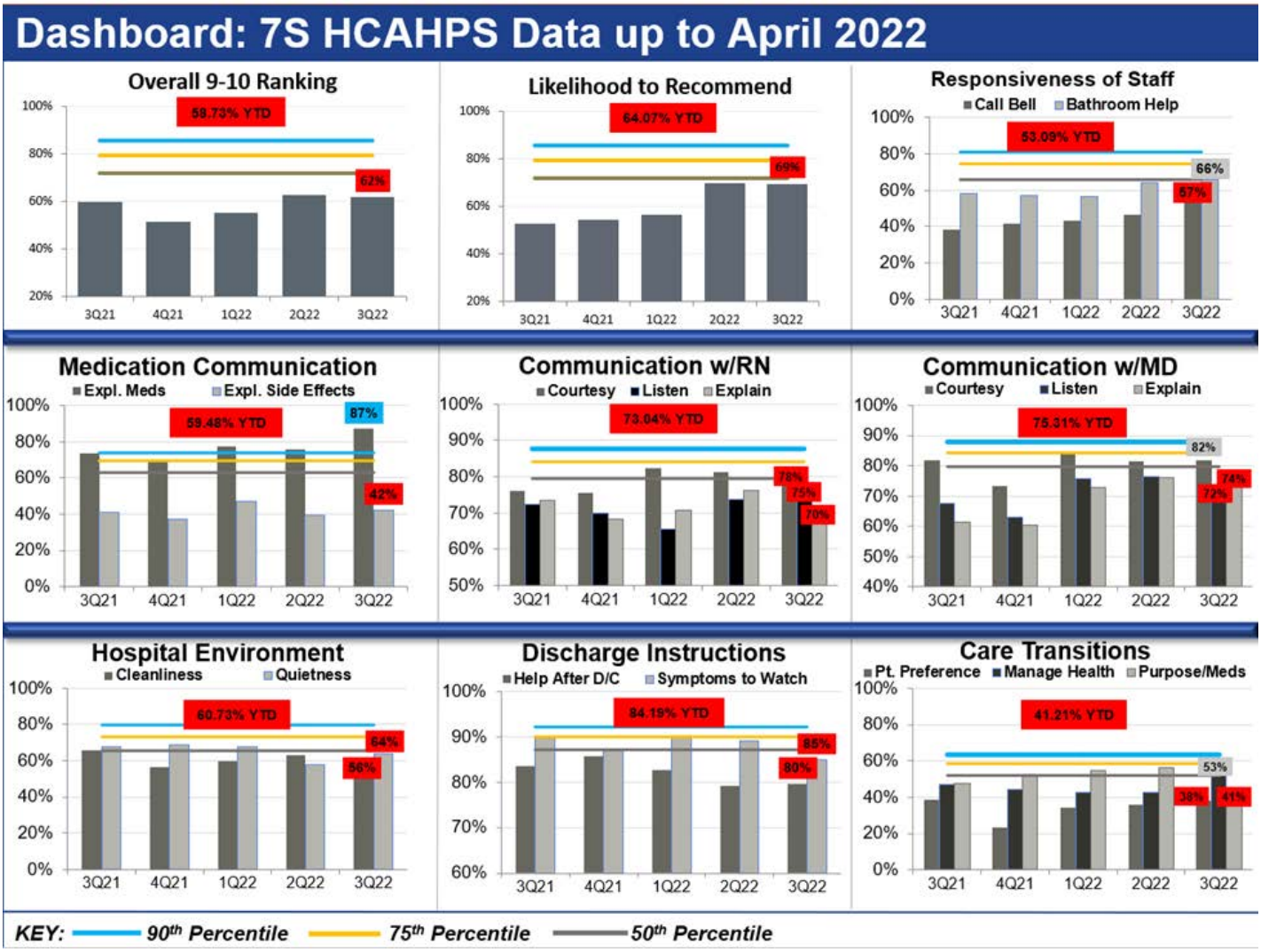
Develop and conduct performance improvement plans that focus on Nurse sensitive indicators
See page 9:

- Reduction in patient falls
- CAUTI Prevention
- CLABSI Prevention
- Hospital-acquired pressure injury (HAPI) prevention
- Early mobility
- Inpatient Length of stay
- Patient Experience Metrics – See page 10 for 7 South's most recent dashboard

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals


Dashboard: 7S Quality up to April 2022
Length of Stay
4.28 MTD
4.65 Oct21-Apr22
2022 Target:
Barcode Compliance
Medication
Wristband
30-Day Readmits
16.08% QTD
15.99% Oct21-Mar22
CAUTIs
0.0 QTD
0.0 Oct21-Apr22
2022 Target: 0.0
CLABSIs
0.0 QTD
1.71 Oct21-Apr22
2022 Target:
C-Diff Rate
0.0 QTD
0.0 Oct21-Apr22
2022 Target:
NO CAUTIs in 2021 and 122 days w/no CLABSI!!!
H.A. Pressure Injury
0.0 Oct21-Mar22
2022 Target:
Falls w/Injury
0.0 QTD
0.20 Oct21-Apr22
2022 Target:
Hand Hygiene
*nd% QTD
98.75% Oct21-Mar22
Target:
KEY: 7S Threshold Target Stretch


Dashboard: 7S HCAHPS Data up to April 2022
Overall 9-10 Ranking
59.73% YTD
62%
Likelihood to Recommend
64.07% YTD
69%
Responsiveness of Staff
Call Bell
Bathroom Help
53.09% YTD
66%
57%
Medication Communication
Expl. Meds
Expl. Side Effects
59.48% YTD
87%
42%
Communication w/RN
Courtesy
Listen
Explain
73.04% YTD
78%
75%
70%
Communication w/MD
Courtesy
Listen
Explain
75.31% YTD
82%
74%
72%
Hospital Environment
Cleanliness
Quietness
60.73% YTD
64%
56%
Discharge Instructions
Help After D/C
Symptoms to Watch
84.19% YTD
85%
80%
Care Transitions
Pt. Preference
Manage Health
Purpose/Meds
41.21% YTD
53%
38%
41%
3Q21
4Q21
1Q22
2Q22
3Q22
KEY: 90th Percentile 75th Percentile 50th Percentile

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.9 Intensive Care Unit – 2 South

A. Scope of Services	
Unit Description	2 South is a 30-bed Intensive Care Unit. Rooms are all single occupancy and range from 201-230. 2 South has 4 centralized care stations, 3 medication rooms, 3 clean utility rooms, 2 soiled utility equipment rooms, a breakroom, and a locker room. There are 15 nursing documentation stations scattered throughout the unit to bring patient care closer to the patient. The average daily census is 20.1 with an average length of stay of 3.21 days. Nursing care services for 2 South is appropriate provides care for adult critical care patients including medical, surgical, neuro, cardiac, cardiothoracic, and trauma. The central purpose of the Intensive Care Unit is to concentrate expert staff and sophisticated equipment to effectively treat patients with life-threatening or potentially life-threatening conditions.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Managers
Age of Patients Serviced	Patients aged 18 – 100 years+
Types of Patients	The most common types of patients admitted to 2 South include: • Critically ill • High risk postoperative • Hemodynamically unstable
Procedures / Services	The most common procedures and services provided to 2 South patients include: • Admission and ongoing assessments • Ongoing patient/family teaching and support • Electronic medical record documentation • Cardiopulmonary monitoring • Complicated hemodynamic monitoring • Invasive hemodynamic monitoring • Medication administration and titration • Titration and maintenance of cardiac/vasoactive drips • IV therapies and antimicrobial stewardship • Electrolyte management and repletion • nutritional support • Volume resuscitation and management

	• Blood product administration, massive transfusions, and auto transfusions • Plasma-pheresis • Exchange transfusion • Cardio-pulmonary resuscitation • Ultrasound guided central line placement • Airway management, invasive and non-invasive ventilation and ventilation weaning • Safety monitoring • Sedation and sedation weaning • Chest tube placement and management • Delirium monitoring • Early mobilization • Maintenance of skin integrity • Wound management • Post procedure or surgical recovery • Multidisciplinary rounds with goals of care • Discharge planning • Bedside bronchoscopy • Bedside TEE • Bedside cardioversion • Temporary pacing • Invasive pressure monitoring and interpretation: Swanz-Ganz and Flotrac • Impella (ventricular assist device) • Intra-aortic balloon pump support (IABP) • Bedside catheterization for emergent cardiopulmonary resuscitation extracorporeal mechanical oxygenation therapy (ECPR ECMO) • V-V extracorporeal mechanical oxygenation therapy (ECMO) • V-A extracorporeal mechanical oxygenation therapy (ECMO) • Ventricular assist device management (VAD) • Cerebral perfusion monitoring • tPA administration and post tPA monitoring • EKOS ultrasonic catheter directed tPA for pulmonary embolism and deep venous thrombi treatment • Invasive and non-invasive targeted temperature management (TTM) • Continuous EEG • External ventriculostomy device (EVD) monitoring • Bedside EVD placement procedure • NIHSS and MNIHSS monitoring post CVA • Prone positioning of intubated patients for ARDS treatment

	• Pressure monitoring and interpretation • Deep Brain Stimulation post op care • Gleolan post op care • Continuous renal replacement therapy CRRT including CVVH, CVVHD, CVVHDF • Peritoneal dialysis • Hemodialysis • iSTAT testing • Bedside percutaneous tracheostomy procedure • Bedside percutaneous peg tube placement procedure • Intraabdominal chemotherapy • Management of therapeutic open abdomen and washouts • Vascular care • Wound care, wound vacs, and complex wound management
Hours of Operation	24 / 7 – 365 days a year
B. Staffing Plan	
Staff Allocation	2 South is budgeted for a Worked Hour Per Unit of Service of 21.7 hours. The budgeted FTEs for 2 South include: • 1.0 FTE Patient Care Manager • 2.0 FTE Assistant Patient Care Manager • 73.6 FTEs Registered Nurses (RN) (Includes charge nurses) • 14.5 FTEs Patient Care Technician (PCT) • 8.7 FTEs Unit Secretary (USY) Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis. The 2 South staffing guideline is based upon the number of patients on the unit, procedural bed needs and patient acuity. As well as guidelines provided by the American Association of Critical-Care Nurses. Patient throughput is also taken into consideration on a shift-by-shift basis. The following grid represents unit staffing: RN – 7am-7:30pm, 7pm-7:30am

PCT – 7am-3pm, 1pm-9pm, 3pm-11pm, 11pm-7am
USY – 7am-3pm, 3pm-11pm, 11pm-7am

Critical Care

Census	RN	1:1	RN	1:1	RN	1:1	RN	PCT	USY
30	17	1	17	2	18	3	18	4	2
29	17	1	17	2	17	3	18	4	2
28	16	1	16	2	17	3	17	4	2
27	16	1	16	2	16	3	17	4	2
26	15	1	15	2	16	3	16	4	2
25	15	1	15	2	15	3	16	4	2
24	14	1	14	2	15	3	15	4	2
23	14	1	14	2	14	3	15	3	2
22	13	1	13	2	14	3	14	3	2
21	13	1	13	2	13	3	14	3	2
20	12	1	12	2	13	3	13	3	2
19	12	1	12	2	12	3	13	3	2
18	11	1	11	2	12	3	12	3	2
17	11	1	11	2	11	3	12	2	2
16	10	1	10	2	11	3	11	2	2
15	10	1	10	2	10	3	11	2	2
14	9	1	9	2	10	3	10	2	2
13	9	1	9	2	9	3	10	2	2
12	8	1	8	2	9	3	9	2	1
11	8	1	8	2	8	3	9	2	1
10	7	1	7	2	8	3	8	1 or 2	1
9	7	1	7	2	7	3	8	1	1
8	6	1	6	2	7	3	7	1	1
7	6	1	6	2	6	3	7	1	1
6	5	1	5	2	6	3	6	1	1
5	5	1	5	2	5	3	6	0	1
4	5	1	5	2	5	3	5	0	1
3	5	1	5	2	5	3	5	0	1
2	4	1	4			4		0	1
1	4	1	4			4		0	1

- RNs may have a reduced patient assignment if a patient's condition is clinically determined per Critical Care leadership guidelines to require it. Reduced census corresponds with the likelihood of admits. Post op hearts are 1:1 x 6-12h.

Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5)

	In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6) Nursing support departments which provide regular services to 2 South include: • Nursing wound and ostomy specialists • Patient sitters and video monitoring system (virtual sitters) (See attachment 3.7, VMS and 1:1 patient observation policy) • Patient transport • Nurse case management • Student nurse associates • IV team • Nursing medical-surgical float pool • 24/7 Administrative nurse managers • Central monitoring technicians
Other Members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Orthopedic, Gastrointestinal, Urology, etc.) • Primary Care Physicians • Resident Doctors • Nurse Practitioners • Physician Assistants • RN Emergency Response Teams • Social Workers • Discharge Planning Assistants • Physical Therapists • Occupational Therapists • Speech Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians
Other Patient Support Services:	• Administration • Patient Access • Biomedical Engineering

	• Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security
C. Qualifications of staff	
Skill Level Required for Nursing Staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a Bachelor's degree in nursing (BSN) • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • Basic life support Certification (BLS) Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and advanced cardiovascular life support (ACLS) Certification Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS Certification Specialty Technician • High school diploma or GED required • Graduate from a hospital approved certified nursing assistant (CNA) program • BLS Certification

	Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Specialty Technician • 4-week orientation program – Unit Secretary • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned, including American Association of Critical-Care Nurses (AACN) and Essentials of Critical Care Orientation (ECCO) as a foundation for all new hires to critical care • BLS and ACLS • Nursing specialty certification preferred, Examples: o Critical Care Registered Nurse (CCRN) o Cardiac Surgery Certification (CSC) o Certified Neuroscience Registered Nurse (CNRN) o Stroke Certified Registered Nurse (SCRN) o Trauma Care After Resuscitation (TCAR)
D. Equipment	
Unit Based Equipment for Patient Care	Assistive Devices: Wheelchairs, canes, walkers, turn and assist equipment, hi-low beds, specialty beds, bariatric equipment, hoyer lifts, gait belts, sit to stand devices, slide boards and matts, EZ mat hoyer lift and recliners Monitoring Devices: Cardiopulmonary monitoring with care station overview, portable cardiac monitors, bed alarms integrated into nurse call system, chair alarms and pads, video monitoring (telesitter) cameras, glucoscans, bladder scanners, capnography monitors, cerebral perfusion monitors, cardiac output monitors, intra cranial pressure, invasive blood pressure monitors and dopplers Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, intra-aortic balloon pump, continuous renal replacement therapy, extracorporeal membrane oxygenation, targeted temperature management, rapid infusion, EkoSonic® Endovascular System (EKOS), wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting

	software, email, landlines at care station and in nursing pods, electronic patient care boards in each patient room and language services

E. Communication and Collaboration

- RN to RN handoff is required for interdepartmental transfers
- PCT to PCT handoff is required at the change of shift
- USY to USY handoff is required at the change of shift
- Bedside handoff is required at the start of each shift or with change of care giver
- Physician / Nurse / Case Management / Pharmacy / Nutrition collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds)
- Daily shifts change safety huddles
- Weekly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

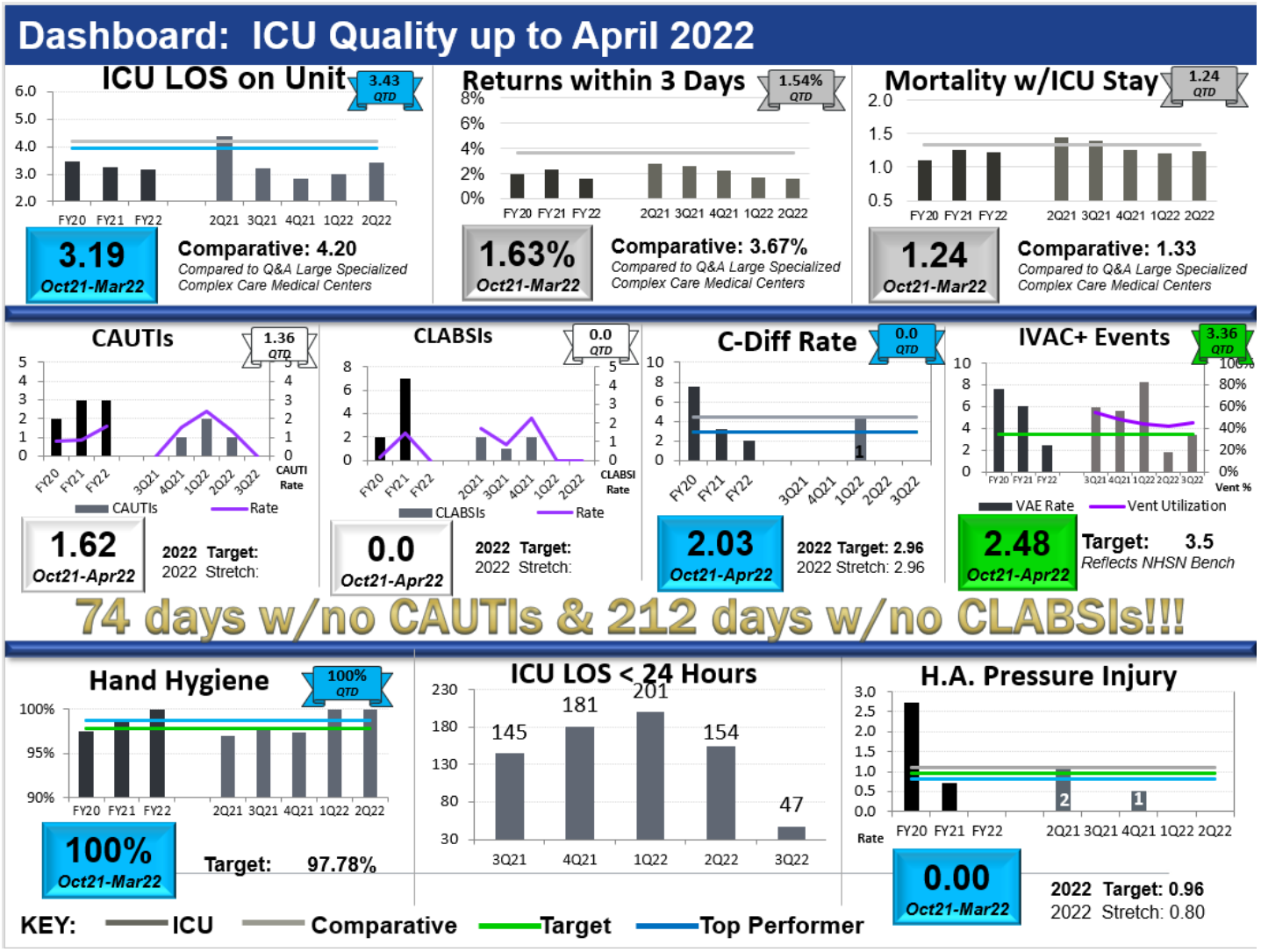
F. Quality Improvement

Develop and conduct performance improvement plans that focus on Nurse sensitive indicators
See page 9:

- Reduction in patient falls
- CAUTI Prevention
- CLABSI Prevention
- Hospital-acquired pressure injury (HAPI) prevention
- Early mobility
- Inpatient Length of stay
- Vasopressor titration
- RASS and sedation

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals


Dashboard: ICU Quality up to April 2022
ICU LOS on Unit
3.43 QTD
3.19
Oct21-Mar22
Comparative: 4.20
Compared to Q&A Large Specialized Complex Care Medical Centers
Returns within 3 Days
1.54% QTD
1.63%
Oct21-Mar22
Comparative: 3.67%
Compared to Q&A Large Specialized Complex Care Medical Centers
Mortality w/ICU Stay
1.24 QTD
1.24
Oct21-Mar22
Comparative: 1.33
Compared to Q&A Large Specialized Complex Care Medical Centers
CAUTIs
1.36 QTD
1.62
Oct21-Apr22
2022 Target:
2022 Stretch:
CLABSIs
0.0 QTD
0.0
Oct21-Apr22
2022 Target:
2022 Stretch:
C-Diff Rate
0.0 QTD
2.03
Oct21-Apr22
2022 Target: 2.96
2022 Stretch: 2.96
IVAC+ Events
3.36 QTD
2.48
Oct21-Apr22
Target: 3.5
Reflects NHSN Bench
74 days w/no CAUTIs & 212 days w/no CLABSIs!!!
Hand Hygiene
100% QTD
100%
Oct21-Mar22
Target: 97.78%
ICU LOS < 24 Hours
145
181
201
154
47
H.A. Pressure Injury
0.00
Oct21-Mar22
2022 Target: 0.96
2022 Stretch: 0.80
KEY: ICU Comparative Target Top Performer

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.10 Emergency Department

A. Scope of Services	
Unit Description	The Emergency Department (ED) has 64 single occupancy rooms and range from 1-61 plus trauma bays 1, 2 and 3. The ED has 9 centralized care stations, 2 ob/gyn rooms, 4 pediatric rooms, and 3 psych rooms. Trauma elevators are central to the unit and access both the Helipad and the Critical Care Unit. Staff break rooms and locker rooms are also available. The average daily visits are 155 with an average length of stay of 252 minutes. The unit is budgeted for 55,000 visits annually. The ED offers emergency medical coverage for all types of patients across the patient lifespan, from birth to elder care.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Manager x 2
Age of Patients Serviced	All ages, birth through geriatrics – Trauma, pediatric, ob/gyn and psychiatric specific treatment areas
Types of Patients	The most common diagnosis admitted to the ED include: • The critically ill • The traumatically injured • Patients with acute illnesses • Patients with chronic illnesses • Follow-up care on selected patients • Patients needing emergent CT/ X-ray and Ultrasound testing • Patients needing emergent laboratory testing • Patients requiring Trauma Level II care
Procedures / Services	The most common procedures and services provided to the ED patients include: • Emergency stabilization o Critical o Intermediate o Minor care
Hours of Operation	24 / 7 – 365 days a year

Revised: June 2022
Reviewed: November 2023

B. Staffing Plan	
Staff Allocation	The ED is budgeted for a Worked Hour Per Unit of Service of 3.4 hours. The budgeted FTEs for the ED include: • 1.0 FTE Patient Care Manager • 3.0 FTE Assistant Patient Care Manager • 67.3 FTEs Registered Nurses (RN) • 40.3 FTEs Emergency Department Technicians (EDT) • 11 FTEs Unit Secretary (USY) • 5 FTEs LPN Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis. The ED staffing guideline is based upon the number of patients on the unit along with guidelines provided by the Emergency Nurses Association. Anticipated admissions and discharges are also taken into consideration on a shift-by-shift basis. 7AM = 8 RN, 1 LNP, 5 EDT and 2 USY 11AM = 16 RN, 2 LPN, 7 EDT and 2 USY 3PM = 16 RN, 8 EDT and 3 USY 7PM = 16 RN, 8 EDT and 3 USY 11PM = 13 RN, 8 EDT and 2 USY 3AM = 8 RN, 5 EDT and 1 USY ED Core/Expansion/Annex- 4 or 5:1 Minor Care can be 10:1 with PA and PCT All Trauma patients will remain 1:1 until further dispositioned by Provider Core 4-5:1 RN as per Emergency Nurses Association (ENA) Guidelines Minor Care can be 10:1 with PA and PCT All Trauma patients will remain 1:1 until further dispositioned by provider Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5)

	In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6) Nursing support departments which provide regular services to the ED include: • Nursing wound and ostomy specialists • Patient sitters and video monitoring system (virtual sitters) (See attachment 3.7, VMS and 1:1 patient observation policy) • Patient transport • Nurse case management • Student nurse associates • IV team • Nursing medical-surgical float pool • 24/7 Administrative nurse managers • Central monitoring technicians
Other members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Orthopedic, Gastrointestinal, Urology, etc.) • Primary Care Physicians • Resident Doctors • Nurse Practitioners • Physician Assistants • Social Workers • Discharge Planning Assistants • Physical Therapists • Occupational Therapists • Speech Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians
Other Patient Support Services	• Administration • Patient Access • Biomedical Engineering • Employee Health Services

	• Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security
C. Qualifications of staff	
Skill level required for Nursing staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a Bachelor's degree in nursing (BSN) • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • Basic life support Certification (BLS) • Advanced care life support (ACLS) • Pediatric Advanced Care Life Support (PALS) Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and advanced cardiovascular life support (ACLS) Certification • Pediatric Advanced Care Life Support (PALS) Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • Current BLS certification/ACLS/PALS/ within one year • TNCC preferred Emergency Department Technicians • High school diploma or GED required

	• Graduate from a hospital approved certified nursing assistant (CNA) program or emergency medical technicians (EMT) • BLS Certification Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Emergency Department Technicians • 4-week orientation program – Unit Secretary • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS, ACLS and PALS • Nursing specialty certification preferred • Mandatory educational requirements for adult and pediatric populations as determined by patient populations
D. Equipment	
Unit Based equipment for Patient Care	Assistive Devices: Wheelchairs, canes, walkers, turn and assist equipment, hi-low beds, specialty beds, bariatric equipment, hoyer lifts, gait belts, sit to stand devices, slide boards and matts, EZ mat hoyer lift and recliners Monitoring Devices: Wireless telemetry with care station overview, portable cardiac monitors, bed alarms integrated into nurse call system, chair alarms and pads, video monitoring (telesitter) cameras, portable vital signs machines with interface to EMR, glucoscans, bladder scanners, capnography monitors, and dopplers Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, rapid infusers, ISTATS, tele stroke, ultrasound machines, IO device intraosseous access devices, wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station and in nursing pods, electronic patient care boards in each patient room and language services

E. Communication and Collaboration

- RN to RN handoff is required for interdepartmental transfers
- PCT to PCT handoff is required at the change of shift
- USY to USY handoff is required at the change of shift
- Bedside handoff is required at the start of each shift or with change of care giver
- Physician / Nurse / Case Management collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds)
- Daily shifts change safety huddles
- Monthly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

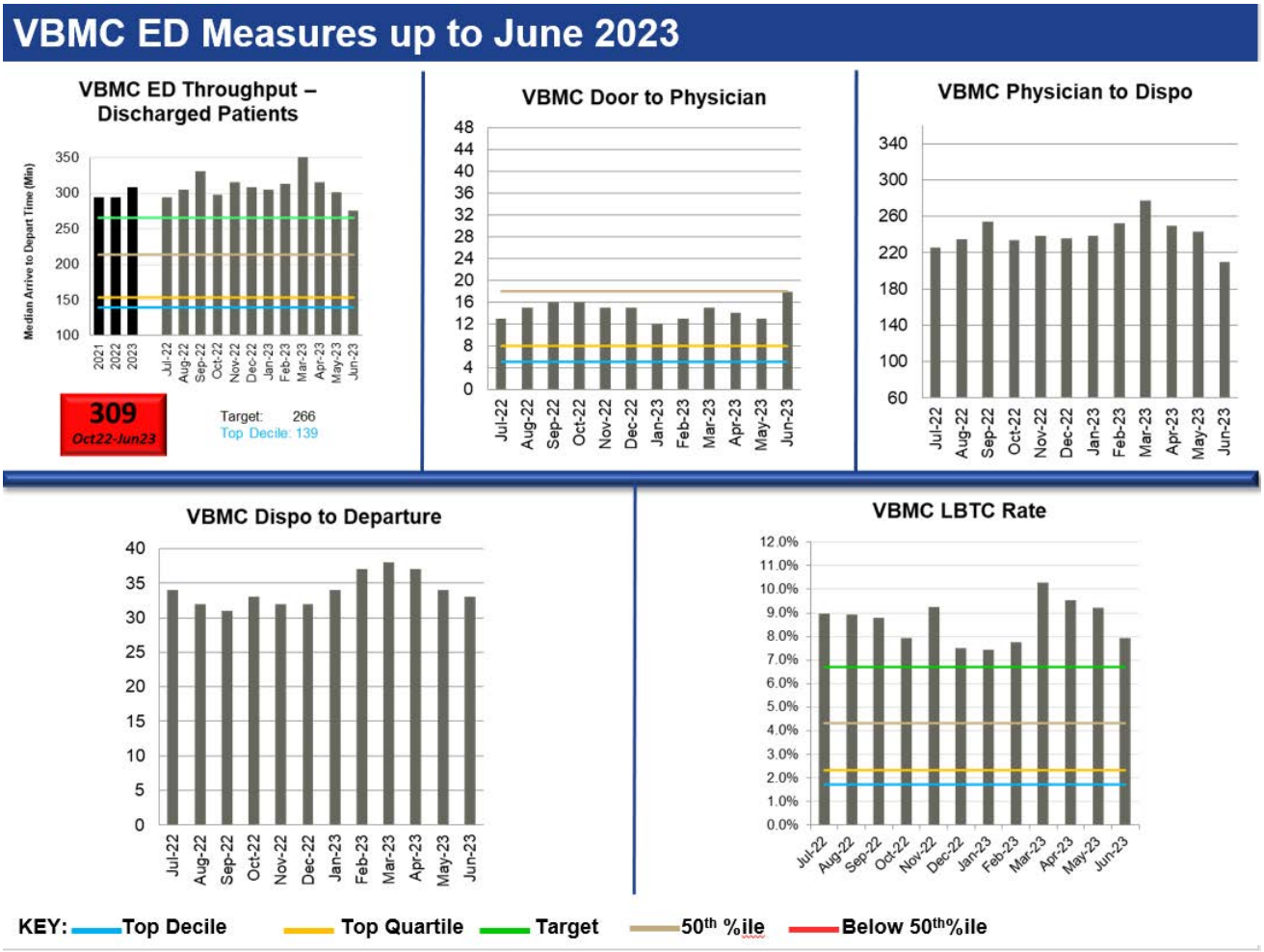
F. Quality Improvement

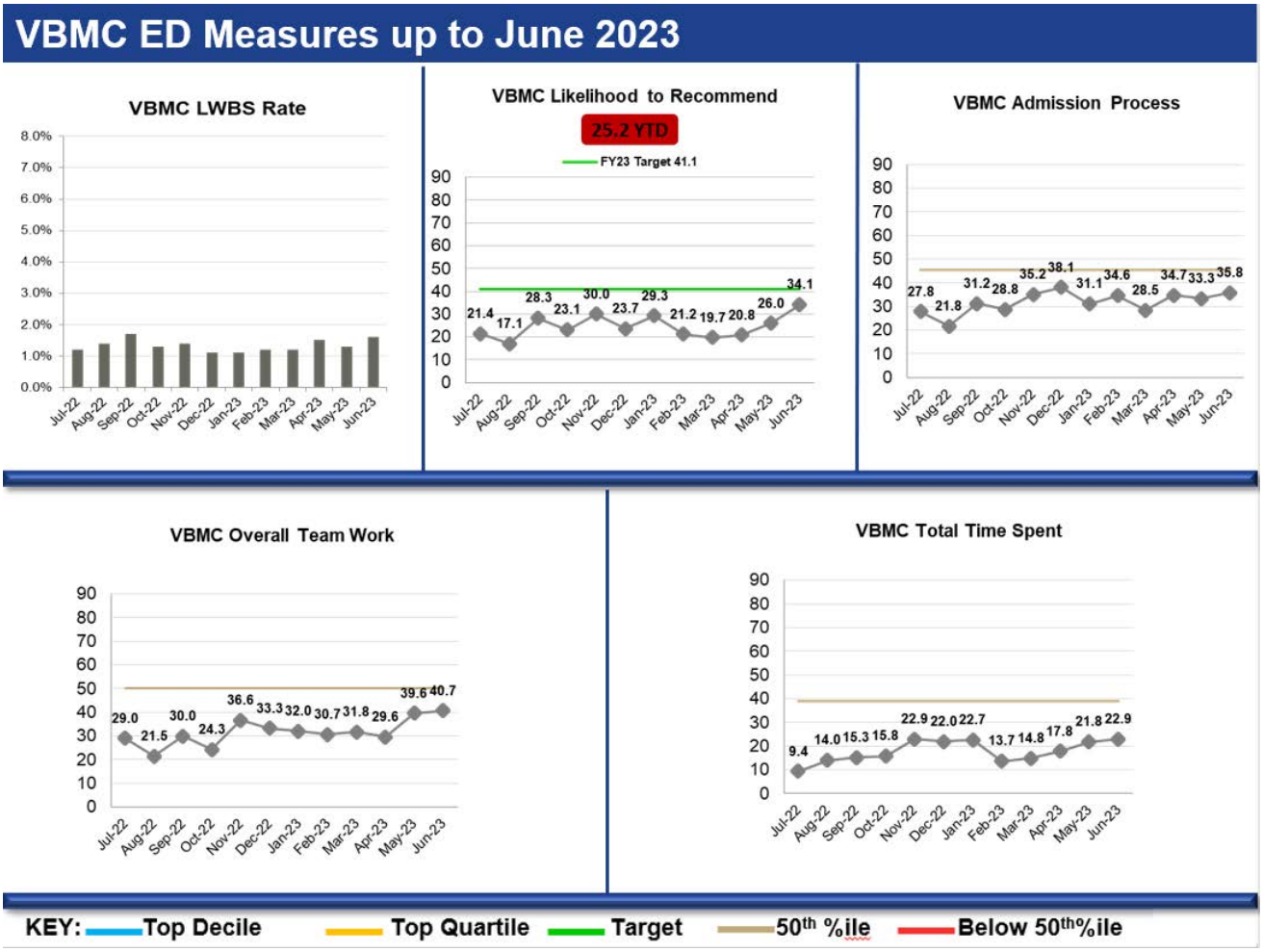
Develop and conduct performance improvement plans that focus on Nurse sensitive indicators See page 7:

- Encounter Volume
- ED Throughput
    - Admitted Patients
    - Admitted / OBS Patients
    - Discharged Patients
- Median Admit Decision to ED Departure for Admitted Patients
- Discharged patients
    - Median Door to Provider
    - % LOS >6 Hours
- LWBS/AMA Rate
- Patient Experience Metrics – See page 8 for the ED's most recent dashboard

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals


VBMC ED Measures up to June 2023
VBMC ED Throughput – Discharged Patients
Median Arrive to Depart Time (Min)
350
300
250
200
150
100
2021
2022
2023
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
309
Oct22-Jun23
Target: 266
Top Decile: 139
VBMC Door to Physician
48
44
40
36
32
28
24
20
16
12
8
4
0
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
VBMC Physician to Dispo
340
300
260
220
180
140
100
60
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
VBMC Dispo to Departure
40
35
30
25
20
15
10
5
0
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
VBMC LBTC Rate
12.0%
11.0%
10.0%
9.0%
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
KEY: Top Decile
Top Quartile
Target
50th %ile
Below 50th%ile


VBMC ED Measures up to June 2023
VBMC LWBS Rate
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23
VBMC Likelihood to Recommend
25.2 YTD
FY23 Target 41.1
90 80 70 60 50 40 30 20 10 0
21.4 17.1 28.3 23.1 30.0 23.7 29.3 21.2 19.7 20.8 26.0 34.1
Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23
VBMC Admission Process
90 80 70 60 50 40 30 20 10 0
27.8 21.8 31.2 28.8 35.2 38.1 31.1 34.6 28.5 34.7 33.3 35.8
Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23
VBMC Overall Team Work
90 80 70 60 50 40 30 20 10 0
29.0 21.5 30.0 24.3 36.6 33.3 32.0 30.7 31.8 29.6 39.6 40.7
Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23
VBMC Total Time Spent
90 80 70 60 50 40 30 20 10 0
9.4 14.0 15.3 15.8 22.9 22.0 22.7 13.7 14.8 17.8 21.8 22.9
Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23
KEY: Top Decile Top Quartile Target 50th %ile Below 50th%ile

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.11 Mother Baby Unit

A. Scope of Services	
Unit Description	Mother Baby Unit (MBU) is a maternity unit with 27 single occupancy patient rooms and 2 double bedded rooms. There is a newborn nursery for newborn transition and newborn procedures. MBU provides care for mild to moderate acuity patients that require nursing care after cesarean or vaginal delivery, antepartum care including non-stress tests and overflow of gynecological patients from medical units. As well as care of well newborns over 35 weeks gestation. MBU has 3 centralized care stations, 2 medication rooms, 2 clean utility rooms, 2 soiled utility equipment rooms, a breakroom, and a locker room. The average daily census is 32.46 with an average length of stay of 2.5 days. The unit is budgeted for 4,837 discharges annually.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Manager
Age of Patients Serviced	Patients aged – birth to childbearing age
Types of Patients	The types of patients admitted to MBU include: • well newborns • postpartum mothers • antepartum patients requiring observation or inpatient stay
Procedures / Services	The diagnosis and surgeries admitted to MBU include: • Full term uncomplicated delivery • C Section Primary • C Section Repeat • Single Liveborn infant delivered vaginally • Single Liveborn infant delivered by cesarean • Twin liveborn infant delivered by cesarean • Admissions and assessments of patients • Discharge of patients with discharge education • Obtaining and implementing physician orders • Initiating individualized care plans • Patient teaching • Documentation

	• IV therapy & blood administration • Providing direct and indirect patient care • Discharge planning • Patient comfort & safety • Maintaining skin integrity • Wound care • Performance and improvement monitoring • Emergency life support as needed • Administering medications • Fetal monitoring • Neonatal procedures, treatment and care include: o Assisting with circumcisions o Phototherapy o Metabolic screening o Hearing screening o Car seat testing and o Breastfeeding support
Hours of Operation	24 / 7 – 365 days a year
B. Staffing Plan	
Staff Allocation	MBU is budgeted for a Worked Hour Per Unit of Service of 7.630 hours. The budgeted FTEs for MBU include: • 1.0 FTE Patient Care Manager • 1.0 FTE Assistant Patient Care Manager • 33.3 FTEs Registered Nurses (RN) • 10.2 FTEs Patient Care Technician (PCT) • 3.4 FTEs Unit Secretary (USY) Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis. The MBU staffing guideline is based upon the number of patients on the unit and the Association of Women's Health, Obstetric and Neonatal (AWHONN)Staffing Guidelines for Perinatal Units.

	Anticipated admissions and discharges are also taken into consideration on a shift-by-shift basis. The following grid represents unit staffing: RN – 7am-7:30pm, 7pm-7:30am PCT – 7am-3pm, 3pm-11pm, 11pm-7am USY – 7am-3pm, 3pm-11pm MOTHER BABY Minimum Staffing 3-4 RNs on day shift, 1 Perinatal tech, 1 USY Core Staffing 8 RNs on day shift (includes 1 in nursery), 2 Perinatal techs, 1 USY Minimum Staffing, 3-4 RNs on night shift, 1 Perinatal tech, 1 USY Core staffing 7-8 RNs on night shift (includes up to 2 in nursery depending on census), 2 Perinatal techs, 1 USY Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5) In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6) Nursing support departments which provide regular services MBU include: • Nursing wound and ostomy specialists • Patient sitters and video monitoring system (virtual sitters) (See attachment 3.7, VMS and 1:1 patient observation policy) • Patient transport • Nurse case management • Nurse Practitioners and Midwives • Bereavement Counselors • Lactation Consultants • Student nurse associates • IV team • Nursing medical-surgical float pool • 24/7 Administrative nurse managers • Central monitoring technicians in CMU
Other members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Orthopedic, Gastrointestinal, Urology, Cardiology, Medicine etc.)

	• Primary Care Physicians • Certified Nurse Midwives • Nurse Practitioners • Physician Assistants • RN Emergency Response Teams • Social Workers • Case Management • Physical Therapists • Occupational Therapists • Speech Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians
Other Patient Support Services	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security
C. Qualifications of staff	
Skill level required for Nursing staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a Bachelor's degree in nursing (BSN)

	• Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • Basic life support Certification (BLS) Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and advanced cardiovascular life support (ACLS) Certification Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS and NRP Certifications Perinatal Technicians / Patient Care Technicians II • Unit trained tech • BLS Lactation Consultants • International Board Certification as a Lactation Consultant Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Perinatal Technician • 4-week orientation program – Unit Secretary • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS or NRP (as determined by the unit) • Unit Based OB Skills

	• Nursing specialty certification preferred
D. Equipment	
Unit Based equipment for Patient Care	Assistive Devices: Wheelchairs, walkers, hi-low beds, bariatric equipment, slide boards and matts Monitoring Devices: Wired fetal monitoring with care station overview, bed alarms integrated into nurse call system, portable vital signs machines with interface to EMR, Accuchecks, bladder scanners, dopplers Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, wireless scanner and printer for lab specimen labels and WOWs with wireless scanners, hearing screen machine Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station and in nursing pods, dry erase patient care boards in each patient room and one language service iPad

E. Communication and Collaboration

- RN to RN handoff is required for interdepartmental transfers
- PCT to PCT handoff is required at the change of shift
- USY to USY handoff is required at the change of shift
- Bedside handoff is required at the start of each shift or with change of care giver
- Physician / Nurse / Case Management collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds)
- Daily shifts change safety huddles
- Bimonthly Updates
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

F. Quality Improvement

Develop and conduct performance improvement plans that focus on Nurse sensitive indicators:

- Breastfeeding support for NICU moms
- Hand Hygiene
- Reduction in foley days
- Reduction in CAUTI rates

- Patient Experience Metrics

G. Patient / Family Education

Provide focused education on topics related to postpartum care and newborn care such as:

- Breastfeeding support
- Signs and symptoms of maternal depression
- Signs and symptoms of pre-eclampsia
- Safe sleep practices
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.12 Labor and Delivery Unit

A. Scope of Services	
Unit Description	Labor and Delivery is a 10-bed labor and delivery unit with a 6-bay triage, 2 operating rooms and 3 bay recovery area. Rooms are single occupancy. Labor and Delivery has a centralized care station, a medication room, a clean utility room, a soiled utility equipment room, a breakroom, and a locker room. The average daily census is 6.8. The unit is budgeted for 3,486 deliveries and c-sections annually.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Manager
Age of Patients Serviced	Patients aged 0 – 60 years
Types of Patients	The most common patients and surgeries admitted to Labor and Delivery include: • Triage potential labor patients, OB patients above 18 weeks gestation for OB and non-OB complaints • Labor support • Pre-op preparation, circulate in OR and post-op recovery c-sections • Newborn care up to 2 hours of life • Unstable and stable antepartum patients requiring continuous electronic fetal monitoring • Post-partum patients with complications and possible readmission up to 2 weeks post delivery • Emergency D&C • Possible hysterectomy • Removal of cerclage • Assist with external versions • Assist with epidurals
Procedures / Services	The most common procedures and services provided to Labor and Delivery patients include: • Fetal monitoring • Pain management • Labor support

	• Catheter care • Intravenous infusions • Epidural support • Admissions and assessments of patients • Discharge of patients with discharge education • Obtaining and implementing physician orders • Initiating individualized care plans • Patient teaching • Documentation • IV therapy & blood administration • Providing direct and indirect patient care • Discharge planning • Patient comfort & safety • Maintaining skin integrity • Wound care • Performance and improvement monitoring • Emergency life support as needed • Administering medications and fetal monitoring • Respond to OB Emergencies in the Emergency Department
Hours of Operation	24 / 7 – 365 days a year
B. Staffing Plan	
Staff Allocation	Labor and Delivery is budgeted for a Worked Hour Per Unit of Service of 41.51 hours. The budgeted FTEs for Labor and Delivery include: (includes triage and operating room) • 1.0 FTE Patient Care Manager LDRP/MBU • 2.0 FTE Assistant Patient Care Manager LDRP/MBU • 47.6 FTEs Registered Nurses (RN) • 3 FTEs Perinatal Technicians • 10 FTEs Labor and Delivery Scrub Techs • 5.1 FTEs Unit Secretary (USY) Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the

	Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis. The Labor and Delivery staffing guideline is based upon the number of patients on the unit along with patient acuity using the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) staffing guidelines for perinatal units as appropriate and when applicable. Anticipated admissions are also taken into consideration on a shift-by-shift basis. The following grid represents unit staffing: RN – 7am-7:30pm, 7pm-7:30am Perinatal Technicians – 7am-3pm, 3pm-11pm, 11pm-7am USY – 7am-3pm, 3pm-11pm, 11pm-7am **Core staffing** 7-9 RNs on day shift (includes 2 in triage), 2 Perinatal Technicians **Core staffing** 7-8 RNs on night shift, 2 Perinatal Technicians Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5) In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6) Nursing support departments which provide regular services Labor and Delivery include: • Nursing wound and ostomy specialists • Patient sitters and video monitoring system (virtual sitters) (See attachment 3.7, VMS and 1:1 patient observation policy) Available if needed. • Patient transport • Nurse case management • Student nurse associates • 24/7 Administrative nurse managers • Central monitoring technicians in CMU

Other members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Orthopedic, Gastrointestinal, Urology, Cardiology, Medicine, etc.) • Primary Care Physicians • Nurse Practitioners • Certified Nurse Midwives • Physician Assistants • RN Emergency Response Teams • Social Workers • Discharge Planning Assistants • Physical Therapists • Occupational Therapists • Speech Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians
Other Patient Support Services	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security

C. Qualifications of staff	
Skill level required for Nursing staff	Patient Care Manager • Graduate from an accredited school of nursing with a Bachelor's, Master's, or Doctoral degree • Current nursing license (in good standing) from New York State • ACLS, NRP, BLS • Certified in Fetal Monitoring Assistant Patient Care Manager • Graduate from an accredited school of nursing with a Bachelor's or Master's degree • Current nursing license (in good standing) from New York State • Certified in fetal monitoring • NRP, BLS and ACLS Trained Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • ACLS, BLS, NRP Trained • Fetal monitoring Perinatal Technicians • Unit trained scrub techs • BLS trained Labor and Delivery Scrub Techs • CST • BLS trained Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Perinatal Technician • 4-week orientation program – Unit Secretary

	• Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS, ACLS, NRP (as determined by the unit) • Unit based OB skills • Nursing specialty certification as required
D. Equipment	
Unit Based equipment for Patient Care	Assistive Devices: Wheelchairs, hi-low beds, Labor beds, bariatric equipment, slide boards and matts, EZ mat Monitoring Devices: Wireless and wired fetal monitoring with care station overview, cardiac monitors built into EFM machine, bed alarms integrated into nurse call system, portable vital signs machines with interface to EMR, glucoscans, bladder scanners, capnography monitors, and dopplers Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station and in nursing pods, dry erase patient care boards in each patient room and one language services iPad
E. Communication and Collaboration	

- RN to RN handoff is required for interdepartmental transfers
- PCT to PCT handoff is required at the change of shift
- USY to USY handoff is required at the change of shift
- Bedside handoff is required at the start of each shift or with change of care giver
- Physician / Nurse / Case Management collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds)
- Daily shifts change safety huddles
- Bi-Monthly updates

- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

F. Quality Improvement

Develop and conduct performance improvement plans that focus on Nurse sensitive indicators:

- Reduction in surgical site infections
- NYS collaborative on Obstetric Hemorrhage
- Venous thromboembolism management
- Severe hypertension and obstetric hemorrhage
- Patient Experience Metrics

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.13 Neonatal Intensive Care Unit

A. Scope of Services	
Unit Description	The Neonatal Intensive Care Unit (NICU) is a 15 bedded unit which provides care to infants 22 weeks gestation to term requiring level III specialized care. Care in the NICU is appropriate for infants who have complications after birth which may include prematurity, low birth weight, sepsis, congenital anomalies, and other conditions related to birth. NICU has 2 centralized care stations, a clean utility room, a soiled utility equipment room, a breakroom, family sleep room, locker area for parents, breast/lactation pumping room and a locker room. The average daily census for NICU is 8.8 with an average length of stay of 15.2days. 2022 Annual discharges targeted at 345.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Manager
Age of Patients Serviced	Patients aged – birth
Types of Patients	The most common diagnosis admitted to NICU include: • Infants who have complications after birth • Prematurity • Low birth weight • Sepsis • Congenital anomalies • Other conditions related to birth
Procedures / Services	The most common procedures and services provided to NICU patients include: • Ventilator support inclusive of high frequency oscillatory • JET ventilation • Nitric Oxide therapy • Conventional ventilation • Continuous Positive Airway Pressure (CPAP) • Transcutaneous monitoring • Pulse oximetry • Continuous cardiac monitoring • Blood exchange transfusion

	• Administration of medications • Peripheral IV insertion • Total Parenteral Nutrition • High intensity phototherapy • Admissions and assessments of patients • Discharge of patients with discharge education • Obtaining and implementing physician orders • Initiating individualized care plans • Patient teaching, documentation • IV therapy & blood administration • Enteral nutrition • Discharge planning • Patient comfort & safety • Maintaining skin integrity • Improvement monitoring • Emergency life support as needed • Administering medications • Respiratory and cardiac support • Umbilical lines • PICC lines • Exchange transfusion • Lumbar Puncture • Circumcision • Hearing screening • NICU transport team • ROP eye examinations • Echocardiography • Head Ultrasound
Hours of Operation	24 / 7 – 365 days a year
B. Staffing Plan	
Staff Allocation	NICU is budgeted for a Worked Hour Per Unit of Service of 16.84 hours. The budgeted FTEs include: • 1.0 FTE Patient Care Manager NICU/Pediatrics • 0.9 FTE Assistant Patient Care Manager NICU/Peds • 28.9 FTEs Registered Nurses (RN) • 1.2 FTEs Infant Care Technician (PCT) • 2.6 FTEs Unit Secretary (USY)

Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis.

The NICU staffing guideline is based upon the number of patients on the unit and the Association of Women's Health, Obstetric and Neonatal (AWHONN) Staffing Guidelines for Perinatal Units. Anticipated admissions and discharges are also taken into consideration on a shift-by-shift basis.

The following grid represents unit staffing:
RN – 7am-7:30pm, 7pm-7:30am
Infant Care Technician – 7am-3pm, 3pm-11pm, 11pm-7am
USY – 7am-3pm, 3pm-11pm

Staffing assessed each shift and staffing based on acuity and census. Minimum staff is 3 RN's

NICU

CENSUS	DAY SHIFT	NIGHT SHIFT
22 - up	RN 9-10	RN 9-10
19-21	RN 8-9	RN 8-9
15-18	RN 7-8	RN 7-8
385 and 387 should be open when census 15 and above. Charge with no assignment if possible.		
12-14	RN 6	RN 6
9-11	RN 4-5	RN 4-5
7-8	RN 3-4 plus call	RN 3-4 plus call
0-6	RN 3 plus call	RN 3 plus call

- NICU Charge Nurse should have a 1-2 infant assignment. Census over 15, the Charge RN should not have an assignment if staffing permits.
- The acuity in the unit, the possibility of going out on transport and the potential for admissions should be considered when staffing the unit.
- Infant Care Tech should remain in the NICU for a census of 10 and over.

	• The Unit Secretary should not be flexed in the NICU unless census 6 or less. • On Call RN should be secured with a census of 8 and less. Use of "on call" with a census of 8 or more, should be evaluated each shift based on census and acuity. Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5) In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6) Nursing support departments which provide regular services NICU include: • Nursing wound and ostomy specialists • Nurse case management • 24/7 Administrative nurse managers
Other members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (neonatologists) • Resident Doctors • Nurse Practitioners • Physician Assistants • Social Workers • Case Management • Physical Therapists • Occupational Therapists • Speech Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians • Specialist Consults o GI o Cardiology o Infectious Disease

	o Pulmonologist o ophthalmologist
Other Patient Support Services	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security
C. Qualifications of staff	
Skill level required for Nursing staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a Bachelor's degree in nursing (BSN) • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • Neonatal Resuscitation Program (NRP) • Basic life support Certification (BLS) • Specialty certification preferred Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and NRP • Specialty certification preferred

	Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS Certification • NRP Certification Infant Care Technicians • BLS healthcare provider certification preferred • Successful completion of Certified Nurse Aide Training Program or 1 year experience in a similar role Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Infant Care Technician • 4-week orientation program – Unit Secretary • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS or NRP • Nursing specialty certification preferred
D. Equipment	
Unit Based equipment for Patient Care	Assistive Devices: Wheelchairs,isolettes, infant warmers, bassinettes, giraffe care stations, mama roos, and positioning aides Monitoring Devices: Cardiac monitors, Accucheck, ISTATS, hearing screener and pulse oximetry Patient Care Devices: Ventilators, jaundice meter, oxygen blenders, Neotee, Neopuff, medication infusion pumps syringe module, infant scales, bili lights, infusion pumps, blood warmers, breast milk storage, cardiac defibrillator, breast milk warmer, breast milk infusion pumps and wireless scanner and printer for

	lab specimen labels and computers with wireless scanners with electronic medical records (Cerner) <u>Communication Devices:</u> Vocera portable communication devices, HIPAA compliant clinician to clinician texting software, email, landlines at care station, and language services

E. Communication and Collaboration

- RN to RN handoff is required for interdepartmental transfers
- PCT to PCT handoff is required at the change of shift
- USY to USY handoff is required at the change of shift
- Bedside handoff is required at the start of each shift or with change of care giver
- Physician / Nurse / Case Management collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds) inclusive of nutrition and pharmacy
- Daily shifts change safety huddles
- Weekly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

F. Quality Improvement

Develop and conduct performance improvement plans that focus on Nurse sensitive indicators See page 8:

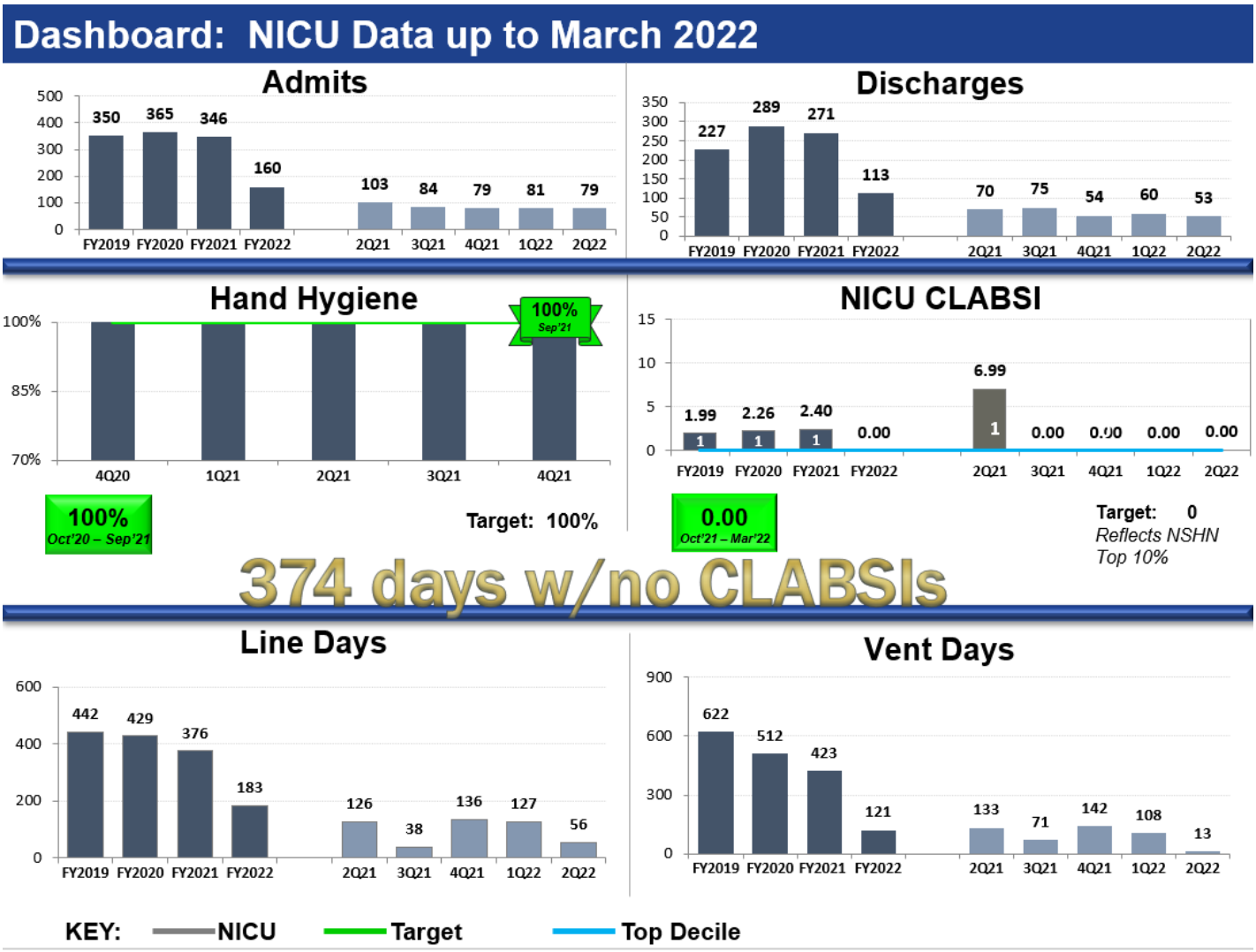
- CLABSI
- Thermoregulation
- Hepatitis B administration prior to discharge
- Breastmilk to infants 1500 grams and less
- Hand washing compliance
- Patient Experience Metrics – See page 9 for NICU's most recent dashboard

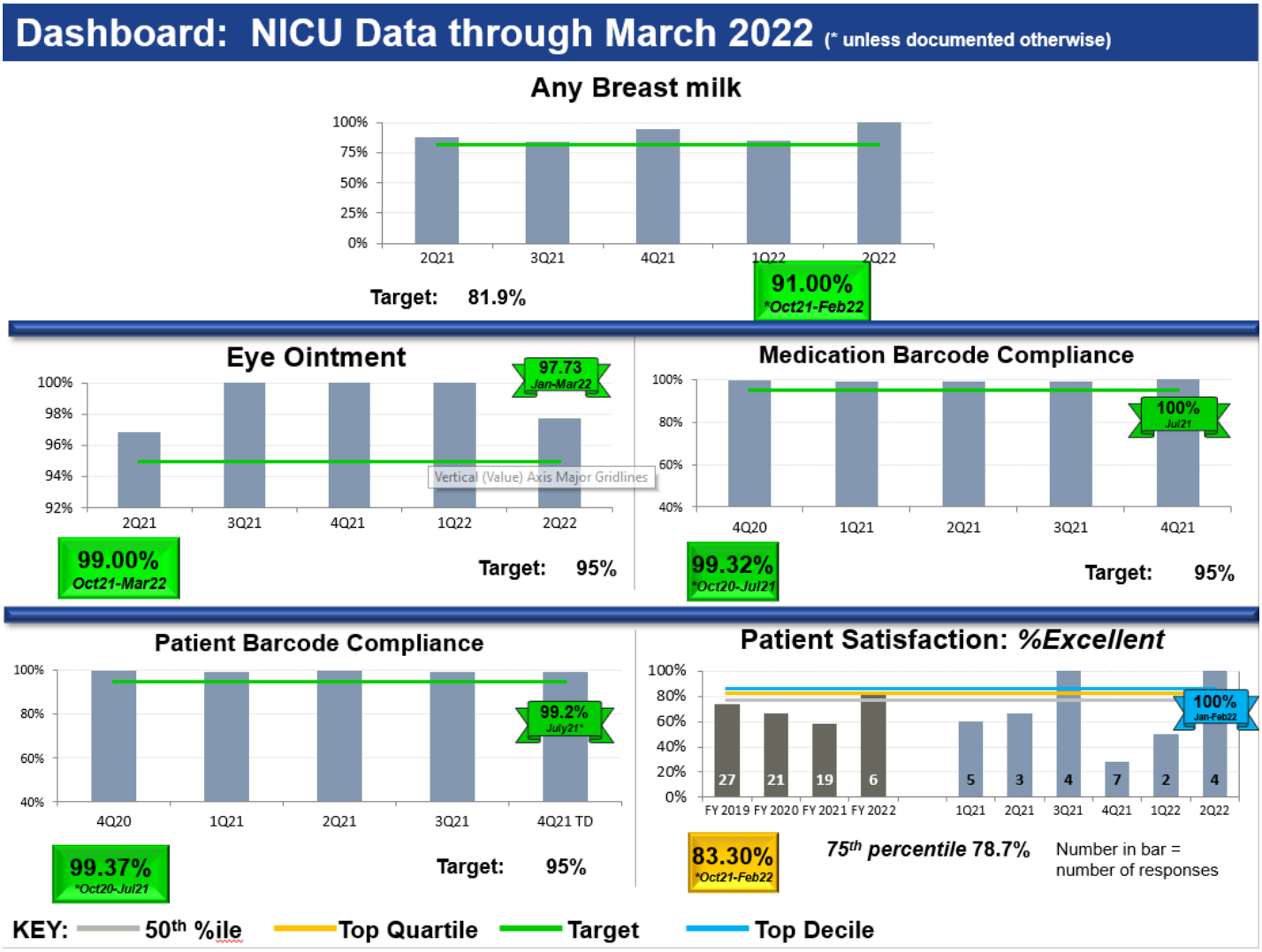
G. Patient / Family Education

- The NICU provides a Family-centered approach to care, encompassing the parents and sick infant as a single unit. Thus, including the family in all decision making and kept well informed and have complete understanding of all patient care activities/procedures.
- Patient education is to begin at admission and added upon throughout hospitalization and to involve appropriate family members and/or caregivers as necessary. Education modalities include but not limited to: Clinical Reference Handouts from CERNER;

Medication purpose and side effects- CERNER; Demonstrations with return demonstration and/or teach back

- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals
- Vermont Oxford Network and NYS NICU Database




Dashboard: NICU Data through March 2022 (* unless documented otherwise)
Any Breast milk
100%
75%
50%
25%
0%
2Q21
3Q21
4Q21
1Q22
2Q22
Target: 81.9%
91.00%
*Oct21-Feb22
Eye Ointment
97.73
Jan-Mar22
100%
98%
96%
94%
92%
Vertical (Value) Axis Major Gridlines
99.00%
Oct21-Mar22
Target: 95%
Medication Barcode Compliance
100%
80%
60%
40%
100%
Jul21
4Q20
1Q21
2Q21
3Q21
4Q21
99.32%
*Oct20-Jul21
Target: 95%
Patient Barcode Compliance
100%
80%
60%
40%
99.2%
July21*
4Q20
1Q21
2Q21
3Q21
4Q21 TD
99.37%
*Oct20-Jul21
Target: 95%
Patient Satisfaction: %Excellent
100%
80%
60%
40%
20%
0%
100%
Jan-Feb22
27
21
19
6
5
3
4
7
2
4
FY 2019
FY 2020
FY 2021
FY 2022
1Q21
2Q21
3Q21
4Q21
1Q22
2Q22
83.30%
*Oct21-Feb22
75th percentile 78.7%
Number in bar = number of responses
KEY: 50th %ile
Top Quartile
Target
Top Decile

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.14 Pediatrics Unit

A. Scope of Services	
Unit Description	The Pediatric unit is a 9-bed acute care inpatient unit. Rooms are single occupancy. The room numbers run from 482-497. The Pediatric unit has a centralized care station, a medication room, a clean utility room, a soiled utility equipment room, a breakroom, locker room, treatment room, nutrition room, playroom, parent lounge, and patient waiting area. The targeted average length of stay for the reopened unit as of April 2022 is based on 2019 data, 2.9 days. The unit is projected for 300 discharges for 2022.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Manager
Age of Patients Serviced	Patients aged 0 – 18. Up to 21 at the pediatrician hospitalist discretion
Types of Patients	The most common diagnoses/surgeries admitted to Pediatrics: • EEG portable monitoring • Pediatric Medical Surgical • Appendicitis • Tonsillectomy and Adenoidectomy • Chronic Ill Patients: o Cystic Fibrosis o Sickle Cell Disease o Diabetes • R/O sepsis • Respiratory o Asthma requiring continuous albuterol nebulizer treatments o Croup o Bronchiolitis o RSV o Pneumonia • Seizures -unknown origin • Gastroenteritis • Dehydration

Procedures / Services	The most common procedures and services provided to the Pediatric unit patients include: • Admission and daily assessment of the patients. • Discharge planning that starts on the day of admission. • Initiating individualized plan of care • Patient teaching on daily basis regarding medications, side effects, plan of care for the day and patient goals for safe discharge. • Obtaining and implementing physician orders • Nursing documentation • Providing direct and indirect patient care • IV therapy and blood administration • Administering medications • Vital signs and pain assessment every 4 hours • Patient comfort and safety rounds
Hours of Operation	24 / 7 – 365 days a year
B. Staffing Plan	
Staff Allocation	The Pediatric unit is budgeted for a Worked Hour Per Unit of Service of 13.7 hours. The budgeted FTEs for the Pediatric unit include: • 1.0 FTE Patient Care Manager Pediatrics/NICU • 0.9 FTE Assistant Patient Care Manager Pediatrics/NICU • 9.7 FTEs Registered Nurses (RN) • 2.0 FTEs Patient Care Technician (PCT) • 2.0 FTEs Unit Secretary (USY) Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis. The Pediatric unit staffing guideline is based upon the number of patients on the unit. Anticipated admissions and discharges are also taken into consideration on a shift-by-shift basis.

The following grid represents unit staffing:
RN – 7am-7:30pm, 7pm-7:30am
PCT – 7am-3pm, 3pm-11pm, (11pm-7am as needed)
USY – 7am-3pm, 3pm-11pm

Census	Day Shift	Night Shift	Day Shift	Night Shift
9	RN 3	RN 3	USY 1	USY 1
8	RN 3	RN 3	USY 1	USY 1
	RNs based on acuity and admission. If 3 RNs, no PCT	RNs based on acuity and admission. If 3 RNs, no PCT		
0-7	RN 2	RN 2	USY 1	USY 1
	PCT at 7 based on acuity	PCT at 7 based on acuity		

- RN Staffing 1:1 – newly diagnosed diabetes on insulin drip
- The Unit secretary should not be flexed unless census less than 3

Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5)

In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6)

Nursing support departments which provide regular services The Pediatric Unit include:

- Nursing wound and ostomy specialists
- Patient sitters and video monitoring system (virtual sitters) (See attachment 3.7, VMS and 1:1 patient observation policy)
- Patient transport
- Nurse case management
- Laboratory Services
- IV team
- Nursing medical-surgical float pool

	• 24/7 Administrative nurse managers
Other members of the Care Team	In addition to nursing departments, the clinical team consists of: • Director of Pediatric Hospitalists • Pediatric hospitalists • Specialist Physicians (Orthopedic, Gastrointestinal, Urology, etc.) consultants • Primary Care Physicians • Resident Doctors • RN Emergency Response Teams • Social Workers • Case Management • Physical Therapists • Occupational Therapists • Speech Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians
Other Patient Support Services	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security

C. Qualifications of staff	
Skill level required for Nursing staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a Bachelor's degree in nursing (BSN) • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and PALS Certification Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and PALS Certification Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS and PALS Certification Patient Care Technician • High school diploma or GED required • Graduate from a hospital approved certified nursing assistant (CNA) program • BLS Certification Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Patient Care Technician • 4-week orientation program – Unit Secretary • Annual hospital mandatory education • Annual nursing competency assessment

	• All online learning modules assigned • BLS and PALS Trained • Nursing specialty certification preferred
D. Equipment	
Unit Based equipment for Patient Care	Assistive Devices: Strollers, highchairs, cribs, infant seats, bassinettes, wheelchairs, hi-low beds, specialty beds, hoyer lifts, gait belts, slide boards and matts, and recliners Monitoring Devices: Wireless cardiac monitoring with care station overview, portable cardiac monitors, bed alarms integrated into nurse call system, chair alarms and pads, video monitoring (telesitter) cameras, portable vital signs machines with interface to EMR, accuchecks, and capnography monitors Patient Care Devices: Infusion pumps, venodynes, cardiac defibrillator, wireless scanner and printer for lab specimen labels and computers with wireless scanners with electronic medical records (Cerner), Vital Sign Machines Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station and in nursing pods, and language services
E. Communication and Collaboration	

- RN to RN handoff is required for interdepartmental transfers
- PCT to PCT handoff is required at the change of shift
- USY to USY handoff is required at the change of shift
- Bedside handoff is required at the start of each shift or with change of care giver
- Physician / Nurse / Case Management collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds)
- Daily shifts change safety huddles
- Weekly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

F. Quality Improvement

Develop and conduct performance improvement plans that focus on Nurse sensitive indicators:

- Reduction in patient falls
- CAUTI Prevention
- CLABSI Prevention
- Hospital-acquired pressure injury (HAPI) prevention
- Early mobility
- Inpatient Length of stay
- Patient Experience Metrics
- Through put- Admission orders in ED to arrival on unit (Pediatrics)

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals

A. Scope of Services	
Unit Description	Surgical Services for Pre-op/Phase II, Operating Room, PACU Pre-op Holding/Phase II: 32 patient bay unit with 1 isolation room 2 medication rooms 1 nurses station in front with 6 workstations and 1 nurses station in back with 4 workstations 5 bathrooms 2 clean storage 1 dirty utility room PACU 24 bay unit with 1 isolation room 1 nurses station in front with 3 work stations, 1 nurses station in back with 2 work stations 1 medication room 1 clean storage 1 dirty utility Operating Rooms Consists of 10 general operating rooms with 4 robots, 1 hybrid room with a hybrid control room, 2 cardiac thoracic ORs 5 equipment storage rooms 1 clean core storage with 2 clean elevators to central sterile 1 dirty utility room with elevator to central sterile 1 implant storage room 1 Education/nurse manager office 1 lounge 1 male locker room 1 female locker room 1 Control desk with 3 workstations
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager • Assistant Patient Care Manager
Age of Patients Serviced	Patients aged newborn – 100 years + for Pre-Op, OR and PACU for VBOR

Types of Patients	The most common surgeries admitted to Surgical Services include: o General Surgery o Oncology o Vascular o Neuro o Thoracic o Cardiac o Urology o Orthopedic o Gynecological o Pain management
Procedures / Services	The most common procedures and services provided to Surgical Services patients include: OR: o General o Oncology o Vascular o Neuro o Thoracic o Cardiac o Urology o Orthopedic o Gynecological o Pain management
Hours of Operation	24 / 7 – 365 days a year for all areas of VBOR
B. Staffing Plan	
Staff Allocation	Surgical Services is budgeted for a Worked Hour Per Unit of Service based on room prime time utilization. The budgeted FTEs for Surgical Services include: • 1.0 FTE Patient Care Manager OR Main • 1. FTE Patient Care Manager PACU/PRE-OP Main • 1 FTE Assistant Patient Care Manger PACU/PRE-OP Main • 2 Assistant Patient Care Manager OR Main • 36 FTEs Registered Nurses OR Main • 40 FTEs Registered Nurses PACU/PRE-OP • 33 FTEs Surgical Technicians • 2 Chart Coordinators OR Main

- 3 Pre-Surgical testing RN
- 2 Pre-Surgical Testing Clerical
- 3 FTEs Schedulers Main OR
- 1 FTEs Administration Assistant
- 4 FTEs Unit Secretaries PACU/PRE-OP/OR shared
- 18 FTEs Patient Care Technician/Transport/EVS OR
- 6 Anesthesia Technicians OR Main

Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis.

The Surgical Services staffing guideline are based upon the number of patients on the unit along with guidelines provided by the Association of Perioperative Nurses Association (ASPAN)for pre-op, PACU and Phase II. The operating room staffing guidelines follow recommendations set by the Association of Operating Room Nurses.

Anticipated admissions and discharges are also taken into consideration on a shift-by-shift basis.

Pre-op/Phase II:
Staffing per ASPAN standards
Nurse patient ratios are based on acuity up to 3:1 allowing time to meet admitting and discharge criteria per ASPAN standards with a cap of 2 patients for admission with the same OR start time until all task are complete.

Pre-op holding – Per ASPAN standards
(pre-op / phase II has 38 bays)
6am – 4 RN's
8 am 1
9am 1
Nurses may flex 2 hours dependent on OR schedule
6 FTE RN 4/10-hour shift
Pre-op first case starts no more than 2 patients with the same start time. Additional patients can be assigned once nurse is available to provide appropriate level of attention to admitting criteria.
Phase II will have 1 to 3 patients allowing time to meet admitting criteria per ASPAN standards.
Support and assignments will be managed at the Discretion of the charge nurse in both pre-op and phase II recovery

PACU:
Staffing per ASPAN standards.
Critical Care patients are 1:1 Nurse patient ratio until meeting critical elements.
Pediatric: 1:1 Nurse patient ratio until critical elements met and care provider at bedside.
1:2 Nurse patient ratio in Phase I which allows for appropriate assessment, planning, implementing and evaluation.

PACU - Per ASPAN standards
(PACU has 24 bays and 1 isolation room)
7:30 am. – 2 RN's
9:00 am – 2 RN's
10:00 am. – 2 RN's
11 am – 1 RNs
7pm - 2 RNs
Phase I care will remain 2:1 following ASPAN standards.
Holds for the floor will be assigned by the PACU charge nurse and assignments may be re-distributed to meet ASPAN guidelines for ongoing surgeries.

Main OR:
Follow AORN standards
1 RN and 1 Surgical Tech per OR
PCT 1 per 3 OR's, 1 Anesthesia Tech per 2-3 OR's
Standard OR hours are from 7 am to 3:30 pm.

OR

DAY Shift
15 RN's for 10 OR Rooms at VBMC main OR, and 2-3 rooms at VASC.
The number of rooms running vary from day to day at both sites.
Evening Shift
3pm – 7pm – 8-9 RN's for 6-8 rooms
7pm-11pm- 3-4 RN's – 2-4 rooms
Nights
11pm – 7am – 2 RN's for 1 trauma room and 1 OR if necessary.

- OR RN's work 8 and 12hr shifts. Call begins at 7pm.

CTOR OR:
Follow AORN Standards

	1 RN and 1 Surgical Tech per OR Standard hours 6:30 am until 3 pm Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5) In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6) Nursing support departments which provide regular services Surgical Services include: • Patient transport • Nurse case management • Student nurse associates • 24/7 Administrative nurse managers
On-Call Employment Requirements	On-Call Requirements for OR: include second call (trauma) cover vacancy of scheduled shifts. Hours may include times between 0700-0700. Staff include RN, Surgical Tech, Anesthesia Tech. On-Call Requirements for PACU: include cover vacancies of schedules shifts. Hours may include between 0700-0700. Staff include RN's
Other members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Orthopedic, Gastrointestinal, Urology, etc.) • Primary Care Physicians to include Anesthesiologists/CRNA's • Resident Doctors • Nurse Practitioners • Physician Assistants • Social Workers • Physical Therapists • Occupational Therapists • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians • Radiology Technicians • Manager CSP

	• Supervisor CSP • Central Sterile Processing Tech 2 • Surgical Technologists • Anesthesia Technologists • Specialty Technicians • Unit Secretaries • Certified CSP Tech • Perfusionists
Other Patient Support Services	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security
C. Qualifications of staff	
Skill level required for Nursing staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a bachelor's degree in nursing (BSN) • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • Basic life support Certification (BLS) Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty

	• BLS and advanced cardiovascular life support (ACLS) Certification Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS required for all areas and ACLS, PALS, GI & PACU are required and OR preferred Surgical Technologist • High School Diploma • Graduate of accredited Surgical Technology program • Association of Surgical Technologist certification required Peri-operative Patient Care Technician • Graduate from a certified nursing assistant program preferred • BLS Anesthesia Technician • High School diploma • 6 months in related field (surg tech or endo tech) Specialty Technician • High School diploma • Previous experience as nursing assistant Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS or ACLS (as determined by the unit) • Nursing Specialty Certification as preferred
D. Equipment	

Unit Based equipment for Patient Care	Surgical Equipment: See pages 10 through 34 Assistive Devices: Wheelchairs, canes, walkers, turn and assist equipment, hi-low beds, specialty beds, bariatric equipment, hoyer lifts, gait belts, sit to stand devices, slide boards and matts, EZ mat hoyer lift and recliners Monitoring Devices: Cardiac monitors and central monitoring stations, portable vital signs machines, bladder scanners, and dopplers, THOMS monitor Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station and in nursing pods, electronic patient care boards in each patient room and language services

E. Communication and Collaboration

- RN to RN handoff is required for interdepartmental transfers
- Bedside handoff is required at each transition of care
- Daily shifts change safety huddles
- Weekly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

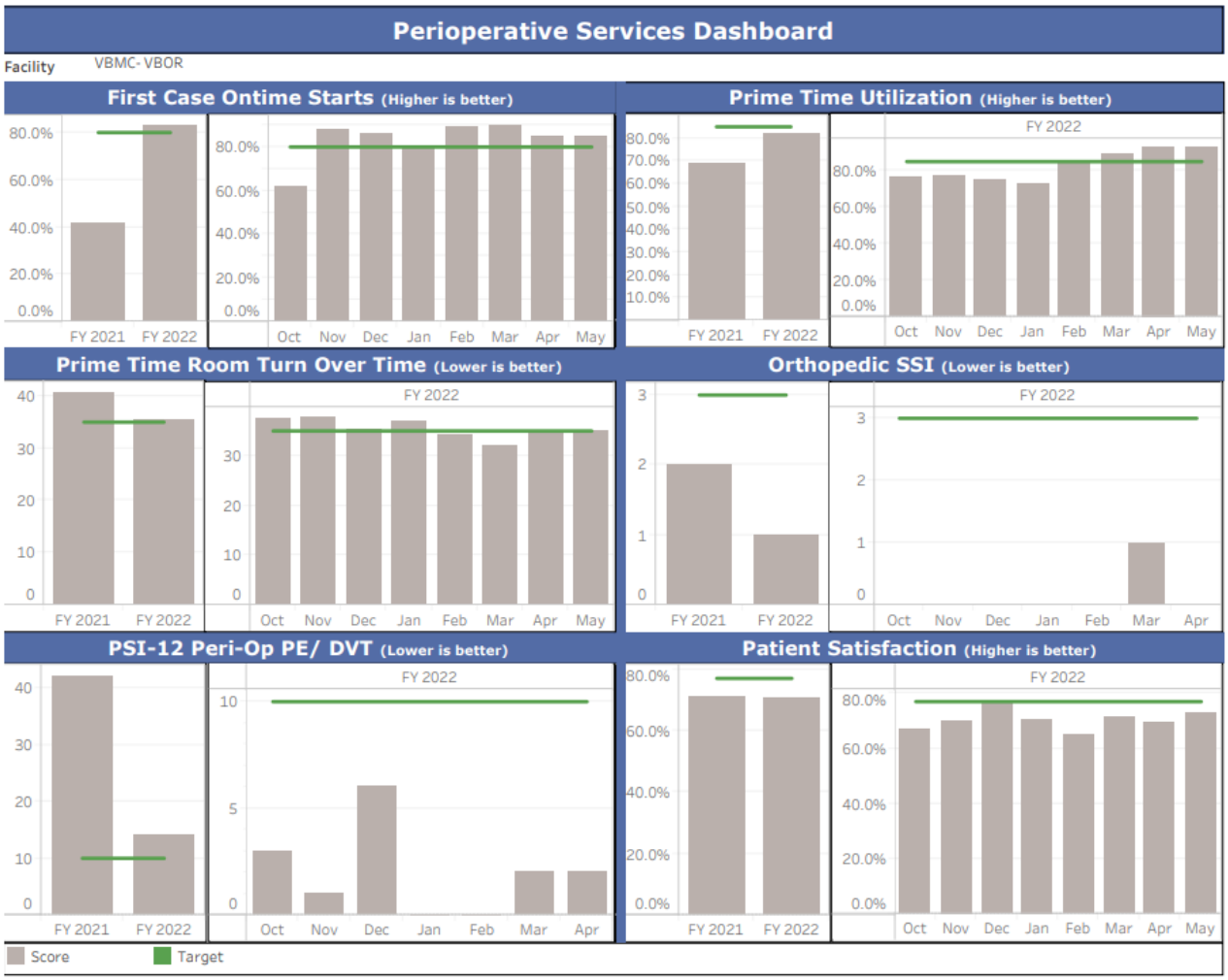
F. Quality Improvement

Develop and conduct performance improvement plans that focus on Nurse sensitive indicators:

- Surgical Site infection
- OR efficiency: First case on time starts and turnover
- CAUTI Prevention
- CLABSI Prevention
- Hospital-acquired pressure injury (HAPI) prevention
- Early mobility
- Inpatient Length of stay
- Patient Experience Metrics

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals



Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.16 Cardiac Catheterization & Electrophysiology Lab

A. Scope of Services	
Unit Description	The Cardiac Catheterization & Electrophysiology Lab (CCL) is comprised of 4 procedure rooms, and a 10-bay holding area. Service is provided to inpatients, outpatients, and transfer patients with cardiac diagnosis for diagnostic and interventional coronary procedures, electrophysiology procedures, and structural heart procedures.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services / Chief Nursing Officer • Director of Patient Care Services • Patient Care Manager
Age of Patients Serviced	Patients aged 18 – 100 years+
Types of Patients	The most common procedures in CCL include: • Percutaneous coronary intervention (PCI) • Transcatheter aortic valve replacement (TAVR) • Watchman • Pacemaker implant • Mitral clip • Acute myocardial infarction • Obstructive coronary artery disease • Cardiac value insufficiency • Cardiac electrical disorders • Arrhythmias • Atrial fibrillation • Irregular heartbeat
Procedures / Services	The most common procedures and services provided to CCL patients include: • Diagnostic cardiac catheterization including coronary angiogram and right and left heart studies • Percutaneous Coronary Interventions including PTCA, coronary stenting and coronary atherectomy • Diagnostic electrophysiology studies and ablations • Cardiac Implantable Electronic Device procedures, including Pacemakers, Implantable Cardioverter Defibrillators, and Implantable Loop Recorders. • Peripheral diagnostic and interventional procedures

	• Structural Heart Procedures, including TAVR, Watchman, and Mitral clip procedures. • IABP • Ventricular Assist Procedures, including Impella • Temporary pacemakers • Emergent procedures, including STEMI and pericardiocentesis
Hours of Operation	Regular hours of operation 0530 AM to 2030 PM Monday to Friday, excluding holidays. On call available 24 / 7 – 365 days a year
B. Staffing Plan	
Staff Allocation	The budgeted FTEs for CCL include: • 1 FTE Manager • 24 FTEs Registered Nurses (RN) • 10 FTEs Cardiovascular Technologists (CVT) • 1 FTE Technician • 1 FTE Unit Secretary (USY) Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis. The CCL staffing guideline is based upon the number of patients on the unit. Anticipated admissions and discharges are also taken into consideration on a shift-by-shift basis.

	Cath Lab & EP Coronary/Structural heart Room with conscious sedation: 4 staff Options: 3 RN 1 CVT or 2 RN 2 CVT EP with anesthesia present: 3 staff Options: 2 RN 1 CVT 2 RN 1 CVT 1RN 2 CVT – during generator change only EP with conscious sedation: 4 staff (see coronary model) Holding: Volume dependent 1 charge and 4-5 RN 1 PCT TEE 1 RN Dependent on # of rooms running each room is staffed with 4 staff with 2 RNs and 2 CVTs. Goes down to 3 staff in the room (i.e. 2 RNs / 1 CVT for call and dependent on staffing – per industry standards) Holding area is staffed with 4 RNs – 1:3 RN Ration On call area is staffed with 2 RNs and 1 CVT Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5) In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6) Nursing support departments which provide regular services to CCL include: • Patient transport • 24/7 Administrative nurse managers
Other members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Critical Care, Anesthesia, CT Surgeons, etc.) • Primary Care Physicians • Resident Physicians • Nurse Practitioners

	• Physician Assistants • RN Emergency Response Teams • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Radiology Technicians
Other Patient Support Services:	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security
C. Qualifications of staff	
Skill level required for Nursing staff	Patient Care Manager • Graduate from an accredited school of nursing with a minimum of a Bachelor's degree in nursing (BSN) • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • Basic life support Certification (BLS) Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS Certification

	Cardiovascular Technologists • Graduate of accredited school of radiology • Current radiology tech license (in good standing) from New York State • BLS and advanced cardiovascular life support (ACLS) Certification Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program – Registered Nurse • 4-6-week orientation program – Technologists • 4-week orientation program – Unit Secretary • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS or ACLS • Nursing specialty certification preferred
D. Equipment	
Unit Based equipment for Patient Care	Assistive Devices: Wheelchairs, canes, walkers, turn and assist equipment, specialty beds, bariatric equipment, hoyer lifts, gait belts, slide boards and matts, and EZ mat hoyer lifts Monitoring Devices: Wireless telemetry with care station overview, portable cardiac monitors, bed alarms integrated into nurse call system, chair alarms and pads, glucoscans, bladder scanners, capnography monitors, and dopplers Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, intra-aortic balloon pump, impella, rapid infusion pumps, wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station and in

	nursing pods, electronic patient care boards in each patient room and language services

E. Communication and Collaboration

- RN to RN handoff is required for interdepartmental transfers
- PCT to PCT handoff is required at the change of shift
- USY to USY handoff is required at the change of shift
- Bedside handoff is required at the start of each shift or with change of care giver
- Physician / Nurse / Case Management collaborative rounding to discuss patient care and identify any barriers to discharge (Multidisciplinary rounds)
- Daily shifts change safety huddles
- Weekly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

F. Quality Improvement

Develop and conduct performance improvement plans that focus on Nurse sensitive indicators:

- Reduction in patient falls
- CAUTI Prevention
- CLABSI Prevention
- Hospital-acquired pressure injury (HAPI) prevention
- Room turnaround
- Pre & post procedure patient calls
- Procedural time out
- Patient Experience Metrics

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals

A. Scope of Services	
Unit Description	Dyson Infusion is 23 chair unit. There are 3 private rooms if needed. Dyson Infusion has a centralized care station, an Oncology Pharmacy, 1 clean utility rooms, a soiled utility equipment room, a breakroom, and a waiting room. There are 8 nursing documentation stations scattered throughout the unit to bring patient care closer to the patient. The average daily census is 36. Outpatient Infusion (Non-Chemo) is an 11-chair unit. There are 5 double occupancy rooms, and 1 single room, 1 med room, 1 clean utility room, a soiled utility room, and a breakroom. There are 3 nursing documentation stations scattered throughout the unit. The average daily census is 17.
Nursing Leadership	Nursing Division leadership for both units include: • VP Patient Care Services / Chief Nursing Officer • Director of Cancer Services Nuvance West • Clinical Coordinator
Age of Patients Serviced	Patients on both units are ages 18 – 100 years+
Types of Patients	The most common types of patients in Dyson Infusion include: • Oncology and Hematology patients The most common types of patients in Outpatient Infusion: • Oncology and Hematology patients • Neurology, Rheumatology and GI patients • Iron deficient patients • Various other patient types
Procedures / Services	The most common procedures and services provided to Dyson Infusion patients include: • Chemotherapy and Immunotherapy • Blood product administration • Supportive Care, Hydration The most common procedures and services provided to Outpatient Infusion patients are: • Immunotherapy, Iron Infusions, blood product administration, Port-a-cath care, Injections, Phlebotomy, Hydration/supportive care
Hours of Operation	Dyson Infusion: 365 days a year. Mon-Fri – 0800-1730, weekends and holidays 0730-1300 or prn Outpatient Infusion: Monday-Friday 0800-1700

B. Staffing Plan

Staff Allocation

The budgeted FTEs for Dyson Infusion include:

- 1 FTE Clinical Coordinator overseeing both units
- 11 FTEs Registered Nurses (RN)
- 2 Part-time (0.3 FTE) RNs
- 2 FTE Medical Assistants
- 2 FTE Oncology Coordinators

The budgeted FTEs for Outpatient Infusion include:

- 1 FTE Clinical Coordinator overseeing both units
- 2 FTE Registered Nurses
- 1 Medical Assistant
- 1 FTE Oncology Coordinator

Both units' staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199 SEIU) In addition to the 4-week cycle, Patient Care Manager follows the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis.

The following represents both units staffing:
RN – 8a-1730
MA – 8a-1630
Front Desk – 8a-1630

Dyson Infusion Center and Outpatient Infusion Center Guidelines:

Infusion Center

1 nurse to 7 patients
A target of 4 patients would be for chemo or complex patients and the other 3 could be shorter treatments such as antibiotics, and injection, blood transfusion, etc.

Non-Chemo Infusion Center

1 nurse to 5-6 patients
A target of 4 patients in total for transfusion, IVIG or, 1st Rituxan/Ocrevus, 2-4 in total established immunotherapy patients, 12-14 shots/iron/port flush/antibiotics/phlebotomy.

The Dyson Infusion and Outpatient Infusion staffing guidelines is based upon the number of patients on the unit.

Meal breaks for both units are allocated following the Meal and Rest Breaks Policy (See attachment 3.5)

	Nursing support departments which provide regular services to Dyson and Outpatient Infusion include: • Lab courier • IV team
Other members of the Care Team	In addition to nursing departments, the clinical team consists of: • Specialist Physicians (Oncology, Gastrointestinal, Urology, etc.) • Primary Care Physicians • Nurse Practitioners • Physician Assistants • RN Emergency Response Teams • Social Workers • Chaplains • Pharmacists and Pharmacy technicians • Respiratory Therapists • Volunteer and Guest Services • Infection Control Practitioner • Professional Development Specialists • Dieticians
Other Patient Support Services:	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Materials Management • Health Information Management • Quality • Risk / Legal • Safety and Security
C. Qualifications of staff	
Skill level required for Nursing staff	Clinical Coordinator • Graduate from an accredited school of nursing with a minimum of a bachelor's degree in nursing (BSN)

	• Current nursing license (in good standing) from New York State • Certification in Oncology • BLS, ACLS Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS and ACLS Certification • Chemo-Immunotherapy Certificate • OCN within 2 years of hire Medical Assistants • High School Diploma or equivalent • BLS Oncology Care Coordinator • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 4-12-week orientation program – Registered Nurse • 4-6-week orientation program – MA • 4-week orientation program – Front Desk • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS and ACLS • Nursing specialty certification in Oncology
D. Equipment	
Unit Based equipment for Patient Care	<u>Assistive Devices:</u> Wheelchairs, canes, walkers <u>Monitoring Devices:</u> nurse call system, glucoscans <u>Patient Care Devices:</u> Infusion pumps, blood warmers, wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) <u>Communication Devices:</u> Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station

E. Communication and Collaboration

- Daily safety huddles/huddle board
- Unit Staff meeting monthly and prn
- Hospital and Nursing Committees (See attachment 3.8)

F. Quality Improvement

Develop and conduct performance improvement plans that focus on Nurse sensitive indicators:

- Reduction in patient falls
- CAUTI Prevention
- Chair turnaround
- Post chemo and infusion pump patient calls
- Patient Experience Metrics

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.18 Interventional Radiology & Imaging Services

A. Scope of Services	
Unit Description	IR; Pre-op/Phase II, Procedure Room, Imaging Services Pre-op Holding/Phase II: 6 patient bay Suite 1 nurses' station with 4 workstations 1 bathroom 1 dirty utility room 1 supply room Procedure Rooms: Consists of 4 IR procure rooms, 2 CT rooms, Nuclear Medicine, 2 MRI rooms, 2 US rooms.
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services • Director of Patient Care Services • Patient Care Manager
Age of Patients Serviced	Patients aged 18 – 100 years +
Types of Patients	The most common procedure admitted to Interventional Radiology & Imaging Services: o Embolization/Embolectomies o Thrombectomies o Angiograms o Tunneled/non-tunneled PICCS and Ports o Cholangiogram o IVC Filter o AV dial graphs o Moderate Sedation o Biopsies o Thoracentesis/Paracentesis o CCTA o Cystograms o Biliary Stent o Contrast Injection
Hours of Operation	6:30am to 9:30pm Monday through Friday on call coverage nights, weekends, and holidays

B. Staffing Plan	
Staff Allocation	Interventional Radiology & Imaging Services is budgeted for a Worked Hour Per Unit of Service based on room prime time utilization. The budgeted FTEs include: • 1 FTE Patient Care Manager • 18 FTEs, 2 PTEs, 1 PDP Registered Nurses • 7 FTEs, 2 Traveler IR Technologists Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis. The Interventional Radiology & Imaging Services staffing guideline are based upon the number of patients on the unit along with guidelines provided by the Society of Gastrointestinal Nurses Association (SGNA)

IR Pre/Post

Monday - Friday			
Time	Pre/Post	Procedural	# RNS ONSITE
6:30 AM	2	0	2
7:00 AM	2	0	2
7:30 AM	2	1	3
8:00 AM	2	6	8
8:30 AM	2	6	8
9:00 AM	2	7	9
9:30 AM	2	7	9
10:00 AM	2	9	11
10:30 AM	2	9	11
11:00 AM	2	9	11
11:30 AM	2	9	11
12:00 PM	2	9	11
12:30 PM	2	9	11
1:00 PM	2	9	11
1:30 PM	2	9	11
2:00 PM	2	9	11
2:30 PM	2	9	11
3:00 PM	2	9	11
3:30 PM	2	6	8
4:00 PM	2	6	8
4:30 PM	2	6	8
5:00 PM	2	6	8
5:30 PM	2	6	8
6:00 PM	2	2	4
6:30 PM	2	2	4
7:00 PM	2	2	4
7:30 PM	2	2	4
8:00 PM	2	2	4
8:30 PM	2	2	4
9:00 PM	1	1	2
9:30 PM	1	1	2
10:00 PM	1	0	1
10:30 PM	1	0	1

Weekends - Sat. & Sun		
Time	# RNS	# RNS ONSITE
7:00 AM	1	1
8:00 AM	1	1
9:00 AM	1	1
10:00 AM	1	1
11:00 AM	1	1
12:00 PM	1	1
1:00 PM	1	1
2:00 PM	1	1
3:00 PM	1	1
4:00 PM	1	1
5:00 PM	1	1
6:00 PM	1	1
7:00 PM	1	1
8:00 PM	1	1
9:00 PM	1	1

Two nurses on call from Friday 7p - Monday 7a

Pre-op/Phase II:
Staffing per SGNA standards
Nurse patient ratios are based on acuity up to 3:1 allowing time to meet admitting and discharge criteria per SIGNA standards with a cap of 2 patients for admission with the same procedure start time until all tasks are complete.

Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5)

In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6)

Nursing support departments which provide regular services include:

	• Patient transport • Nurse case management • Student nurse associates • 24/7 Administrative nurse managers
On-Call Employment Requirements	<u>On-Call Requirements for Interventional Radiology & Imaging Services</u>: Hours are inclusive of weekdays 05:30pm-07:00 am weekdays. And 0700 am to 0700 pm weekends and holidays Staff include RN and Interventional Technologists.
Other members of the Care Team	In addition to nursing departments, the clinical team consists of: • Physicians • Anesthesiologists/CRNA's • Resident Doctors • Pharmacists and Pharmacy Technicians • Laboratory Technicians • Infection Control Practitioner • Professional Development Specialists • Radiology Technologist • Anesthesia Technologists • Guest Services/Registration • Materials Management • Central Sterile
Other Patient Support Services	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Health Information Management • Quality • Risk / Legal • Safety and Security • Respiratory therapy

C. Qualifications of staff	
Skill level required for Nursing staff	Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS required for all areas and ACLS, and PALS Radiology Technologist • American College of Radiology (ARRT) Certification as applicable • Valid New York State (NYS) Radiological License • New York State (NYS) Injection License • Basic Life support (BLS) Certification Interventional/Special Procedures Technologist • American College of Radiology (ARRT) Certification • Valid New York State (NYS) Radiological License • New York State (NYS) Injection License • Basic Life support (BLS) Certification
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS, ACLS, PALS (as determined by the unit) • Nursing Specialty Certification as preferred
D. Equipment	
Unit Based equipment for Patient Care	**Interventional Radiology & Imaging Services:** Siemens and Philips radiologic imaging/procedural equipment, fluoroscopy compatible stretchers. Fluid management systems and suction. Imaging guidance, such as x-ray fluoroscopy, computed tomography, magnetic resonance imaging, or ultrasound. IVUS intravascular ultrasound, Angiojet, CSI & Jetstream atherectomy device, Inari thrombectomy device. **Assistive Devices:** Wheelchairs, canes, walkers, turn and assist equipment, hi-low beds, specialty beds, bariatric equipment, Hoyer lifts, gait belts, sit to stand devices, slide boards and matts, EZ mat Hoyer lift and recliners. **Monitoring Devices**: Portable vital signs machines, bladder scanners, and dopplers, and anesthesia cart.

	Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, scanner and printer for lab specimen labels and computers/scanners in each patient room with electronic medical records (Cerner). **Communication Devices:** Vocera, HIPAA compliant texting software (Tigertext), email, landlines at care station, and in nursing pods, electronic patient care boards in each patient room and language services as applicable.

E. Communication and Collaboration

- RN to RN handoff is required for interdepartmental transfers
- Bedside handoff is required at each transition of care
- Daily shifts change safety huddles
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

F. Quality Improvement

Develop and conduct performance improvement plans that focus on Nurse sensitive indicators:

- Procedure metrics including door to needle time: embolectomy.
- IR efficiency: First case on time starts and room turnover time
- CAUTI Prevention
- CLABSI Prevention
- Hospital-acquired pressure injury (HAPI) prevention
- Inpatient Length of stay
- Patient Experience Metrics

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals

Vassar Brothers Medical Center – PFI #0181
Nursing Scope of Services including Staffing Plan Matrices
2.19 Endoscopy

A. Scope of Services	
Unit Description	Pre-op/Phase II, Procedure Room Pre-op Holding/Phase II: 8 patient bay Suite 1 nurses station with 2 workstations 1 bathroom 1 dirty utility room 1 supply room Procedure Rooms Consists of 2 general endoscopy procedure rooms. 2 scope cleaning rooms
Nursing Leadership	Nursing Division leadership includes: • VP Patient Care Services • Director of Patient Care Services • Assistant Patient Care Manager
Age of Patients Serviced	Patients aged 12 – 100 years
Types of Patients	The most common procedure admitted to Surgical Services include: o Upper endoscopy o Lower endoscopy o ERCP o EUS o Tiffs procedure o Overstitch o Fecal transplant o PEG tubes o J tubes o
Hours of Operation	6:30am to 5pm Monday through Friday on call coverage nights, weekends and holidays
B. Staffing Plan	
Staff Allocation	Endoscopy is budgeted for a Worked Hour Per Unit of Service based on room prime time utilization. The budgeted FTEs for endoscopy include: • 1 FTE Patient Care Manager shared with other unit • 1. FTE Assistant Manager

- 6 FTEs and 5 PTE Registered Nurses
- 4 FTE Endo Technicians
- 1 Unit Clerk

Unit staff self-schedule shifts on a 4-week cycle based upon their work commitment and a pre-approved time off calendar. (See attachment 3.2, NYSNA and attachment 3.3, 1199) In addition to the 4-week cycle, Patient Care Managers and Administrative Nurse Managers follow the Nursing Coverage Plan (See attachment 3.4) policy to determine allocation of resources on a shift-by-shift basis.

The Endoscopy staffing guideline are based upon the number of patients on the unit along with guidelines provided by the Society of Gastrointestinal Nurses Association (SGNA

GI

Pre-op holding (4 bays)
6:30 am 2 RNs
Intra-op (2 Procedural rooms)
0700 am 1 RN
0730 am 1 RN
PACU (4 bays)
7:30/8am 2 RNs
Charge Nurse
7/8 am 1 RN
Float Nurses
8/9am 1-2 RNs
(Breaks/2nd RN for complex procedures/Tech Coverage/Room Turnovers)
Weekdays
Call starting at the end of the RN's scheduled shift
Shifts end between 3pm and 6pm
Weekends: Call coverage
Saturday 0730am-0730am
Sunday 0730am-0730am
RN shifts vary from 8-10 hours and begin between 6:30-9

Pre-op/Phase II:
Staffing per SGNA standards
Nurse patient ratios are based on acuity up to 3:1 allowing time to meet admitting and discharge criteria per SIGNA standards with a cap of 2 patients for admission with the same procedure start time until all tasks are complete.

Meal breaks are allocated following the Meal and Rest Breaks Policy (See attachment 3.5)

	In the event of a hospital surge, activities to support patient throughput and staffing are summarized in the Quick Reference Departmental Guide for Code Surge (See Attachment 3.6) Nursing support departments which provide regular services include: • Patient transport • Nurse case management • 24/7 Administrative nurse managers
On-Call Employment Requirements	On-Call Requirements for Endoscopy: Hours are inclusive of weekdays 0500pm-06:30 am weekdays. And 0700 am to 0700 pm weekends and holidays Staff include RN and Endoscopy
Other members of the Care Team	In addition to nursing departments, the clinical team consists of: • Physicians • Anesthesiologists/CRNA's • Resident Doctors • Pharmacists and Pharmacy technicians • Infection Control Practitioner • Professional Development Specialists • Radiology Technicians • Anesthesia Technologists • Unit Secretaries • Guest Services • Materials Management
Other Patient Support Services	• Administration • Patient Access • Biomedical Engineering • Employee Health Services • Environmental Services • Facilities / Maintenance • Finance • Food and Nutrition • Human Resources • Information Systems • Health Information Management • Quality • Risk / Legal • Safety and Security • Respiratory therapy

C. Qualifications of staff	
Skill level required for Nursing staff	Assistant Patient Care Manager • Graduate from an accredited school of nursing and must obtain BSN within one year of hire • Current nursing license (in good standing) from New York State • Preferred Certification in a nursing specialty • BLS and advanced cardiovascular life support (ACLS) Certification Registered Nurse • Graduate from an accredited school of nursing • Current nursing license (in good standing) from New York State • BLS required for all areas and ACLS, PALS, GI & PACU are required and OR preferred Endoscopy Technician • High School Diploma • Completed SGNA certificate Endoscopy Patient Care Technician • Graduate from a certified nursing assistant program preferred • BLS • Anesthesia Technician • High School diploma • 6 months in related field (surg tech or endo tech) Unit Secretary • High school diploma or equivalent
Staff Competency, Training & Education	All clinical staff are required to complete: • 12-week orientation program • Annual hospital mandatory education • Annual nursing competency assessment • All online learning modules assigned • BLS or ACLS (as determined by the unit) • Nursing Specialty Certification as preferred

D. Equipment

Unit Based equipment for Patient Care	Endoscopy Equipment: Olympus towers and scopes ProVation image capture and documentation Olympus travel cart, fluoroscopy compatible stretchers. Fluid management systems and suction. Assistive Devices: Wheelchairs, canes, walkers, turn and assist equipment, hi-low beds, specialty beds, bariatric equipment, Hoyer lifts, gait belts, sit to stand devices, slide boards and matts, EZ mat Hoyer lift and recliners Monitoring Devices: Cardiac monitors and central monitoring stations, portable vital signs machines, bladder scanners, and dopplers, THOMS monitor Patient Care Devices: Infusion pumps, blood warmers, PCA/Epidural infusion pumps, venodynes, cardiac defibrillator, wireless scanner and printer for lab specimen labels and computers with wireless scanners in each patient room with electronic medical records (Cerner) Communication Devices: Vocera portable communication devices with integrated nurse call system, HIPAA compliant clinician to clinician texting software, email, landlines at care station and in nursing pods, electronic patient care boards in each patient room and language services

E. Communication and Collaboration

- RN to RN handoff is required for interdepartmental transfers
- Bedside handoff is required at each transition of care
- Daily shifts change safety huddles
- Weekly newsletters
- Unit Staff meeting
- Hospital and Nursing Committees (See attachment 3.8)

F. Quality Improvement

Develop and conduct performance improvement plans that focus on Nurse sensitive indicators:

- Procedure metrics including scope time and scope past cecum metrics.
- Endoscopy efficiency: First case on time starts and turnover
- CAUTI Prevention
- CLABSI Prevention
- Hospital-acquired pressure injury (HAPI) prevention

- Early mobility
- Inpatient Length of stay
- Patient Experience Metrics

G. Patient / Family Education

- Patient and their families are educated based on their needs assessment at time of admission and are updated throughout their stay
- Nurse sensitive data is submitted to National Database of Nursing Quality Indicators (NDNQI) to benchmark us against other like hospitals

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Clinical Staffing Committee Charter

DATE: January 3, 2022 **Updated: 6/6/2022**
PREPARED BY: Eilish Hourihan, CNO

A. Purpose of the Steering Committee

Primary Functions

The New York State (NYS) Clinical Staffing Committee is being developed for the effective scheduling and management of daily staff needs for Vassar Brothers Medical Center, and to define a process that ensures the availability of qualified nursing and unit level staff to provide safe, reliable, and effective care for our patients.

Plan Principles:

- Access to high-quality nursing staff is critical to providing patients with safe, reliable, and effective care
- The optimal staffing plan represents a partnership between nursing leadership, direct nursing staff, and the entire clinical team
- Staffing is multifaceted and continually evolving. The development of the plan must consider a wide range of variables

Committee Requirements

The NYS Clinical Staffing Committee is responsible for collaborating to design a unit level staff plan for RNs and other frontline workers.

- The committee work is guided by this charter and the NYS legislation creating the committee
- The committee meets monthly for approximately 1 hour to achieve the completion goal of June 29, 2022. If additional meetings are needed the committee will meet ad hoc to meet the timeline.
- Committee members are required to attend 85% of the meetings to maintain their position on the committee
- The committee's work is based on individual unit needs and population served. To be considered in this process:
    - Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers
    - Skill mix-level of experience or training and availability of a charge nurse on each unit.
    - Unit geography
    - Mechanisms in place for increased observation, i.e., VMS, 1:1 when needed.
    - Measures to increase worker and patient safety, which could include measures to improve patient throughput
    - Staffing guidelines adopted or published by other states or local jurisdictions, national nursing professional associations, specialty nursing associations, and other health professional organizations
    - Availability of other personnel supporting nursing services on the unit
    - Waiver of plan requirements in the case of unforeseeable emergency circumstances as defined in the public health law
    - Coverage to enable RNs, LPNs, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable as required by law or the terms of an applicable CBA
    - Nursing quality indicators required by the NCQPA (section 400.25)

- General hospital finances
- Provisions for limited short-term adjustments 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

The above criteria will be considered in defining the staffing plan for each unit.

- Staff continuously monitor individual and aggregate patient care needs and make adjustments to staffing per agreed upon policy.
- The committee will perform a semiannual review of the staffing plan. If changes are made to the staffing plan throughout the calendar year, an updated staffing plan will be submitted to NYS Department of Health (DOH) annually.

The hospital is committed to ensuring staff are able to take meals as required by law. The committee will consider strategies to ensure breaks when developing the plan.

B. Staffing Committee Roles and Membership

Role of a NYS Clinical Staffing Committee member

Committee members are not directly responsible for managing the decisions of the committee but provide solutions and support for the plan as defined above.

- Understand the strategic implications and outcomes of the staffing plan
- Be genuinely interested in the initiative and be an advocate for broad support for the outcomes being pursued in the project
- Help balance conflicting priorities and resources
- Consider ideas and issues raised
- Foster positive communication outside of the Team regarding the project's progress and outcomes
- Provide input resulting in how the staff vote is allocated for approval of the staffing plan and/or its parts

Nursing Staffing Plan Scope

- All In-Patient Units
  - Medical Surgical Units (including step down units)
  - Intensive Care Unit
  - Mother Baby Unit

  Labor and Delivery
- All Units that Potentially Care for In-Patients
  - Emergency Department
  - PACU
  - Pre-op Holding
  - OR

Regulations for ICU/Critical Care Staffing are being in draft from the DOH. The requirement is for 12 hours of RN care per patient day for both ICU and the OR. They will be required to participate in the committee to insure all standards are met.

Nurse Staffing Plan Matrices

- Developed as a guide for shift to shift unit based staffing

3.1 (PFI #0181)

- Decisions are based on patient needs and skill mix of staff and can be adjusted up or down
- Matrices include:
    - Charge Nurse
    - RN
    - PCT
    - Unit Secretary/Monitor Tech

Other Factors and Considerations for What to Include in the Plan

- Information on nurse staffing recruitment challenges or shortages in a particular type of skill set are to be considered and its effect on the ability to meet the staffing plan
- Hospital financial challenges and the impact on the staffing committee
- Data that is not explicitly required to be included in the public report – e.g., missed breaks, gaps in staffing and specific quality data

Committee Composition

- Equal representation of management and the frontline staff
- Frontline staff include =RNs PCTs, and Unit Secretaries
- Management team includes-CNO, Nursing Management, HR, and Finance
- The CNO is the chair of the committee
- Administrative Assistant will be the official minute taker

The frontline staff team and the Hospital team each get 1 on vote on the recommendations. Should the teams not reach a consensus on the staffing plan, the law permits the Hospital's Chief Executive Officer to adopt the plan or parts of the plan. If this were to occur, the Hospital must include the reason for the veto and final proposals from both teams and submit them to the DOH. Collaboration and commitment to the goal will alleviate the need for this situation.

Membership

Committee members will be determined by their peers with one alternate selected for each member.

Name	Role	Unit
Courtney Ranieri	RN	6N Med/Surg
Roxanne Dickens	Patient Care Tech	7S
Sheila Ennist	Patient Care Tech	Pediatrics
Gianna Fantini-Santini	RN	Med Surg Float Team
Margaret Franks	RN	7N Med/Surg
Andrea Froehlich	RN	ED
Cherelle McDonald	Unit Secretary	6N Med/Surg
Valerie McDonald	RN	PACU
Nicole Schroeder	RN	Labor & Delivery
Sherene Stewart	Unit Secretary	Peds

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Name	Role	Unit
John Dion	Vice President	Finance
Eileen Miller	Director	Human Resources
Denise Quirk-Hall	Director Patient Care Services	Critical Care
Tonia Gardner	Director Patient Care Services	Med Surg, Nursing Operations
Eilish C. Hourihan	Chief Nursing Officer	
Pam Germinaro	Director Patient Care Services	Surgical Services
Jeanne DeMarzo	Director Patient Care Services	Maternal Child Health
Tamoya Norwood	1199	Observer
Liz Zawacki	NYSNA	Observer

C. Steering Committee Meetings

Meeting Schedule and Process

- The Team will meet monthly/ the 1st Monday of the month for 1 hour until 6/30/22. If the project is not meeting the timeline goals meeting frequency will increase.
- Staff members will be paid for their meeting attendance
- Staff members will be relieved of duties to attend this committee meeting.
- The committee will perform a semiannual review of the staffing plan. If changes are made to the staffing plan throughout the calendar year, an updated staffing plan will be submitted to DOH annually.
- The meeting agenda and minutes from the last meeting will be distributed prior to next meeting to ensure proper preparation by all speakers and shared understanding of decisions, action items, and next steps

Meeting Agenda

At each meeting, project status will be reported to the Team with the following agenda items:

Introductory items such as:

- Introductions
- Review Agenda
- Minutes from last meeting
- Review of actions arising from previous Steering Committee meetings

Review Project Status

- Overall Status
- Milestone review
- Formal acceptance of deliverables
- Accomplishments against last meeting's plans
- Issues/resolutions
- Plans for the next reporting period
- Specific requests for assistance of the Steering Committee

3.1 (PFI #0181)

Review and summarize new actions from this meeting

Plans, date and location for next meeting

3.2 (PFI #0181)

VASSAR BROTHERS MEDICAL CENTER
NYSNA VACATION 2022-2023

Beginning on December 17th of each year the Department Manager, Patient Care Services will meet with each employee in order of seniority (per unit/per shift) to discuss the upcoming years vacation schedule request(s). At that time the employee will present their vacation requests and it will be recorded by the Department Manager, Patient Care Services. Employees must come to the meeting prepared with all their choices, as only the most senior person on each unit is guaranteed their first choice of vacation. This process will continue until the least senior employee has met with the Department Manager, Patient Care Services.

Any employee who is non-responsive with their vacation request after a reasonable timeframe will be skipped and the Department Manager, Patient Care Services will proceed meeting with the next senior employee(s) until at such time the employee comes prepared with all their vacation choices. This is necessary in order to complete the process within the appropriate timeframe.

Written approval or denial of vacation requests will be returned to the employee no later than **February 17th**.

All requests submitted after **February 17th** will be accommodated on an as available basis according to the earliest date of submission, regardless of seniority.

The vacation week starts on **Sunday** and ends on **Saturday**.

Employees are not required to work on the weekend(s) occurring between consecutively scheduled vacation weeks.

Prime Time starts the Sunday before Memorial Day and continues through the Saturday after Labor Day (the week of Labor Day is part of Prime Time).

Request for Benefit Days:

Requests for vacation days and personal days for less than one (1) full scheduled week can be submitted throughout the year in the time and attendance/staffing and scheduling system.

Beginning January 2021, during the period of January 2 through January 17, requests for vacation days and personal days for less than one (1) full scheduled week will be granted based upon bargaining unit seniority. Approval or denial of requests will be communicated no later than ten (10) days prior to the beginning of the four (4) week schedule for which the request was made.

Requests for vacation days and personal days for less than one (1) full scheduled week submitted after January 17 will be granted on an as-available basis, according to the earliest date of submission, regardless of seniority.

3.2 (PFI #0181)
Request submissions are submitted in the time and attendance/staffing and scheduling system and are date and time stamped. Requests will be moved to a pending status by the Department Manager, Patient Care Services and approval or denial of requests will be communicated no later than ten (10) days prior to the beginning of the four (4) week schedule for which the request was made.

Please note when making plans that a vacation request has not been granted until it is signed by the Department Manager, Patient Care Services. Any approved vacations are contingent upon the RN having sufficient benefit time available at the time of the actual vacation. If time is not available when the approved vacation occurs, the RN will forfeit his/her rights to the approved vacation time.

3.3 (PFI #0181)

Vassar Brothers Medical Center
1199 SEIU VACATIONS 2022-2023

This year's vacation period will be April 3rd, 2022, through April 1st, 2023

All employees' requests for vacation that are accrued during the year must be submitted on this form, in writing to the respective Department Head no later than March 1st, 2022, for approval. No later than April 1st, 2022, the Department Head will confirm or deny, in writing, the Employee's request. Those denied vacation will be informed and given an opportunity to resubmit a request. All conflicts of scheduling will be resolved fairly and equitable and by the use of seniority. All requests submitted after March 1, 2022, will be accommodated on as available basis, regardless of classification seniority, unless the request is submitted on the same day, then seniority shall apply.

If an employee does not have time available in their personal, holiday or vacation banks at the time of the schedule being posted, they will forfeit their rights to take the pre-approved vacation day or days which are above their available time off bank balances.

3.4 (PFI #0181)

Policy Title: Nursing Coverage Plan	**Policy Manual:** VBMC Administrative **Policy Owner:** Director of Nursing Operations Patient Care Services
Approved by: VBMC Patient Care Services Policy Committee	**Version Effective Date:** 4/20/2022
For Use At:	**ID #'s if needed:**

☐Nuvance Health System ☐Other Nuvance Entities Not Listed ☐Danbury Hospital/New Milford (Campus) ☐Northern Dutchess Hospital ☐Norwalk Hospital ☐Putnam Hospital Center ☐Sharon Hospital ☒Vassar Brothers Medical Center	☐Health Quest Systems, Inc. ☐HQ Home Care ☐HQ Medical Practice ☐Heart Center ☐Sharon Hospital Medical Practice ☐Thompson House ☐Other HQ Entities Not Listed	☐Western Connecticut Health Network, Inc. ☐Western Connecticut Medical Group ☐Western Connecticut Home Care ☐Other WCHN Entities Not Listed

POLICY / PURPOSE

The Nursing Department takes all reasonable steps to help assure that there are sufficient numbers of qualified nursing staff members available at all times to meet the nursing care needs of patients in all units. This process includes a centralized approach at the nursing unit level where twenty-eight day schedules are generated by the Patient Care Manager /designee. In addition, a centralized approach is established at the Staffing Office level where shift-to-shift adjustments in staffing are accomplished.

PROCEDURE

Staffing guidelines has been developed based on benchmarks, budget targets, census, acuity and volume that identify staffing requirements for each unit. The guidelines are used to assist the Staffing Office and Administrative Nurse Managers to ensure that the appropriate standard of care is being provided to patients on all shifts. The guidelines also assist with flexing staff up or down depending on the acuity and census on units.

A. Staffing Process

1. Unit leaders will post a needs list on each Nursing unit to fill vacancies (per NYSNA contract language)
2. Contract with Nursing Agencies if needed
3. Utilize per diem staff and voluntary overtime as needed
4. Maintain a unit of Nursing Floats to fill open shifts
5. Maintain a daily call log list of nurses called to prevent Mandatory Overtime
6. Maintain call log list of nurses called by Patient Care Manager's to prevent Mandatory Overtime

B. Schedule Cycle

The Patient Care Manager reviews the schedule for full time, part time and per-diem staff. Requests for time off are submitted into the electronic scheduling system and allocated based upon departmental needs and NYSNA contractual language. Managers approve requests according to staff seniority and their ability to give time off while staying within the staffing guidelines for each unit.

Department schedules are created based upon a 28- day schedule cycle. Each schedule cycle begins with a two-week self-scheduling period where nurses are required to select shifts based upon their FTE requirement. Nurses are able to request time off during the self-scheduling time frame. Following the two-week self-scheduling period, the second phase of the schedule cycle requires leaders to review and balance the draft schedule. Open shifts that do not meet core staffing requirements are made available for staff to volunteer for bonus shifts. Patient Care Managers are responsible to review requests for time off and to ensure that the scheduled staff for the unit is met according to staffing guidelines established for each unit. During the review and balancing period, per diem staff is able to self-schedule any open shifts.

Each month's schedule is finalized 10 days prior to the start of the next cycle according to the NYSNA contract.

C. Daily Staffing

1. On a shift-by-shift basis, the staffing coordinators review staffing needs with the nursing Administrative Nurse Managers.
2. In the event the required staff is less than the available staff, broadcast texts are made for the day/evening/night shift by the staffing coordinators to cover sick calls, leaves of absences, vacancies, or surges in patient census.
3. The staffing office will attempt to meet staffing needs by soliciting employees to work in following order:
    - nursing floats
    - per diem employees
    - off duty part time employees
    - volunteers for overtime
    - off duty full time employees
    - or nursing agency

4. In addition, the Administrative Nurse Managers and/or Patient Care Managers consult with the night Administrative Nurse Managers to look ahead at staffing for the next night and next day shift and follow steps 2 + 3 above to attempt to cover any unforeseen vacancies or surges in patient census.

D. Mandatory Overtime

In the event that one of the following situations exist:
1. A patient care emergency, as determined by the health care employer and used only as a last resort after the coverage plan has been implemented
2. A federal, state, or county declaration of emergency in the county

3. A health care disaster as reasonably determined by the health care employer
4. 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

E. Mandatory Overtime Process

1. The Chief Nursing Officer, or designee, in concert with the Administrative Nurse Manager will make the final determination as to whether or not it is necessary to utilize mandatory overtime
2. The Employer shall seek volunteers prior to invoking mandatory overtime, seeking volunteers on the affected Unit and from other employees not on duty
3. Only after the Hospital has made all of the above efforts, will mandatory overtime be imposed in order to maintain quality patient care
4. An employee will not be mandated two (2) calendar days in a row
5. An employee will not be required to work in excess of sixteen (16) continuous hours. An employee who has worked sixteen (16) continuous hours will not be required to return to work in less than twelve (12) hours

F. Mandatory Overtime Documentation Required

1. Each incidence of Mandatory Overtime will be logged in the Nurse staffing shared drive X “Drive (See attached form).
2. A narrative summary of the events that led to mandatory overtime will be included with the Mandatory Overtime log.
3. A hard copy will be printed with the call logs attached that indicate each step of the process noted above (reassignment of nursing staff and calls made to each of the other categories of nurse). This will be kept in a binder in the Staffing Office and be made available, upon request to the nurse who is mandated or to the nurse’s collective bargaining representative. The names and other personal identifying information about patients shall not be included unless authorized under state and federal law and regulations.
4. The call log will document the staff member who called, the employee contacted, the date and the time of the call.

G. Definitions

The definitions of the applicable terms and the associated requirements referenced by the New York State Labor Law §167 Part 177 RESTRICTIONS ON CONSECUTIVE HOURS OF WORK FOR NURSES, are detailed below:

1. **Emergency** shall mean an unforeseen event that could not be prudently planned for by a health care employer and does not regularly occur, including an unanticipated staffing emergency.

2. **Health care disaster** shall mean 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 in a contiguous county, as more fully explained in Section 177.3 of this Part.

3. **Health care employer** shall mean any individual, partnership, association, corporation, limited Liability company or any person or group of persons acting directly or indirectly on behalf of or in the Interest of the Employer, who provides health care services (i) in a facility licensed or operated pursuant to article twenty-eight of the public health law, including any facility operated by the state, a political subdivision or a public corporation as defined by section sixty-six of the general construction law, or (ii) in a facility operated by the state, a political subdivision or a public corporation as defined by section sixty-six of the general construction law, operated or licensed pursuant to the mental hygiene law, the Education law or the correction law. Examples of a health care facility include, but are not limited to, hospitals, nursing homes, outpatient clinics, comprehensive rehabilitation hospitals, residential health care facilities, residential drug and alcohol treatment facilities, adult day health care programs, and diagnostic centers.

4. **Nurse** shall mean a registered professional nurse or a licensed practical nurse as defined by article one hundred thirty-nine of the education law who provides direct patient care, regardless of whether such nurse is employed full-time, part-time, or on a per diem basis. Nurses who provide services to a health care employer through contracts with third party staffing providers such as nurse registries, temporary employment agencies, and the like, or who are engaged to perform services for health care employers as independent contractors are also included.

5. **On call** shall mean when an employee is required to be ready to perform work functions and required to remain on the employer's premises or within a proximate distance, so close thereto that s/he cannot use the time effectively for his or her own purposes. An employee who is not required to remain on the employer's premises or within a proximate distance thereto but is merely required to leave information, at his or her home or with the health care employer, where he or she may be reached is not on call.

6. **Overtime** shall mean work hours over and above the nurse’s regularly scheduled work hours. Determinations as to what constitutes overtime hours for purposes of this part shall not limit the nurse’s receipt of overtime wages to which the nurse is otherwise entitled.

7. **Patient care emergency** shall mean a situation which is unforeseen and could not be prudently planned for, which requires nurse overtime in order to provide safe patient care as more fully explained in Section 177.3 of this Part.

8. **Regularly scheduled work hours** shall mean the predetermined number of hours a nurse has agreed to work and is normally scheduled to work pursuant to the budgeted hours allocated to the nurse’s position by the health care employer.

    a. For purposes of this rule, for full-time nurses, ‘‘the budgeted hours allocated to the nurse’s position’’ shall be the hours reflected in the employer's full-time employee (FTE) level for the unit in which the nurse is employed.

    b. If no such allocation system exists, regularly scheduled work hours shall be determined by some other measure generally used by the health care employer to determine when an employee is minimally supposed to work.

c. The term regularly scheduled work hours shall be interpreted in a manner that is consistent with the collective bargaining agreement and statutes or regulations governing the hours of work, if any.

d. Regularly scheduled work hours shall include pre-scheduled on-call time and the time spent for the purpose of communicating shift reports regarding patient status necessary to ensure patient safety.

e. For a part-time nurse, regularly scheduled work hours mean those hours a part-time nurse is regularly scheduled to work pursuant to the employer's budgeted hours allocated. If advance scheduling is not used for part-time nurses, the percentage of full-time equivalent, which shall be established by the health care employer (e.g. a 50% part-time employee), shall serve as the regularly scheduled work hours for a part-time nurse.

f. For per diem, privately contracted, or employment agency nurses, the employment contract and the hours provided therein shall serve as the basis for determining the nurse's regularly scheduled work hours.

H. § 177.3 Mandatory Overtime Prohibition

Notwithstanding any other provision of law, a health care employer shall not require a nurse to work overtime. On call time shall be considered time spent working for purposes of determining whether a health care employer has required a nurse to work overtime. No employer may use on-call time as a substitute for mandatory overtime.

The following exceptions shall apply to the prohibition against mandatory overtime for nurses:

1. **Health Care Disaster**. The prohibition against mandatory overtime shall not apply in the case of a health care disaster, such as a natural or other type of disaster unexpectedly affecting the county in which the nurse is employed or in a contiguous county that increases the need for health care personnel or requires the maintenance of the existing on-duty personnel to maintain staffing levels necessary to provide adequate health care coverage. A determination that a health care disaster exists shall be made by the health care employer and shall be reasonable under the circumstances. Examples of health care disasters include, but are not limited to, unforeseen events involving multiple serious injuries (e.g. fires, auto accidents, a building collapse), chemical spills or releases, a widespread outbreak of an illness requiring hospitalization for many individuals in the community served by the health care employer, or the occurrence of a riot, disturbance, or other serious event within an institution that increases the need for health care services.

2. **Government Declaration of Emergency.** The prohibition against mandatory overtime shall not apply in the case of a federal, state or local declaration of emergency in effect pursuant to State law or applicable federal law in the county in which the nurse is employed or in a contiguous county.

3. **Patient Care Emergency.** The prohibition against mandatory overtime shall not apply in the case of a patient care emergency, which shall mean a situation that is unforeseen and could not be prudently planned for and, as determined by the health care employer that requires the continued presence of the nurse to provide safe patient care, subject to the following limitations:

a. Before requiring an on-duty nurse to work beyond his or her regularly scheduled work hours to address a patient care emergency, the health care employer shall make a good faith effort to have overtime covered on a voluntary basis or to otherwise secure nurse coverage by utilizing all methods set forth in its Nurse Coverage Plan. The health care employer shall document attempts to secure nurse coverage through use of phone logs or other records appropriate to this purpose.

b. A patient care emergency cannot be established in a particular circumstance if that circumstance is the result of routine nurse staffing needs due to typical staffing patterns, typical levels of absenteeism, and time off typically approved by the employer for vacation, holidays, sick leave, and personal leave, unless a Nurse Coverage Plan which meets the requirements of Section 177.4 is in place, has been fully implemented and utilized, and has failed to produce staffing to meet the particular patient care emergency. Nothing in this provision shall be construed to limit an employer's right to deny discretionary time off (e.g., vacation time, personal time, etc.) where the employer is contractually or otherwise legally permitted to do so.

c. A patient care emergency will not qualify for an exception to the provisions of this rule if it was caused by the health care employer's failure to develop or properly and fully implement a Nurse Coverage Plan.

4. **Ongoing Medical or Surgical Procedure.** The prohibition against mandatory overtime shall not apply in the case of 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. Determinations with regard to whether the nurse's continued active engagement in the procedure is necessary shall be made by the nursing supervisor or nurse manager supervising such nurse.

5. Nothing in this Part shall prohibit a nurse from voluntarily working overtime. A nurse may signify his or her willingness to work overtime by either: a) agreeing to work a particular day or shift as requested, b) agreeing to be placed on an on-call roster, or c) agreeing to prescheduled on-call time pursuant to a collective bargaining agreement or other written contract or agreement to work.

I. § 177.4 Nurse Coverage Plans

1. Every health care employer shall implement a Nurse Coverage Plan, taking into account typical patterns of staff absenteeism due to illness, leave, bereavement and other similar factors. Such plan should also reflect the health care employer's typical levels and types of patients served by the health care facility.

2. The Plan shall identify and describe as many alternative staffing methods as are available to the health care employer to ensure adequate staffing through means other than use of mandatory overtime including contracts with per diem nurses, contracts with nurse registries and employment agencies for nursing services, arrangements for assignment of nursing floats, requesting an additional day of work from off-duty employees, and development and posting of a list of nurses seeking voluntary overtime.

3. The Plan must identify the Supervisor(s) or Administrator(s) at the health care facility or at another identified location that will make the final determination as to when it is necessary to utilize mandatory overtime. The Plan may require a nurse to assist in making telephone calls consistent with the Nurse Coverage Plan to find his or her own shift replacement but may not require a nurse to self-mandate overtime.

4. The Plan shall require documentation of all attempts to avoid the use of mandatory overtime during a patient care emergency and seek alternative staffing through the methods identified in subdivision (b) of this Section. In the event that the health care employer does utilize mandatory overtime, the documentation of such efforts to avoid use of mandatory overtime shall be made available, upon request, to the nurse who was required to work the mandatory overtime and/or to the nurse's collective bargaining representative, provided, however, that the names and other personal identifying information about patients shall not be included unless authorized under State and federal law and regulations.

5. The Plan shall be in writing and upon completion or amendment such plan, it shall:

    - Be made readily available to all nursing staff through distribution to nursing staff, or conspicuously posting the Plan in a physical location accessible to nursing staff, or through other means that will ensure availability to nursing staff, e.g. posting on the employer's intranet site or its functional equivalent.
    - Be provided to any collective bargaining representative representing nurses at the health care facility.
    - Be provided to the Commissioner of Labor, or his or her designee, upon request.

REFERENCES:

1. New York State Labor Law §167 Part 177 RESTRICTIONS ON CONSECUTIVE HOURS OF WORK FOR NURSES

Attachments

1. Mandatory Overtime Report (MOT)

POLICY HISTORY:

Supersedes:
Original implementation date: 3/1/2010
Date Reviewed: 1/14; 12/15; 2/17; 10/17; 5/16/2018; 6/6/2018; 9/16/2020; 4/20/2022
Reviewed by: Associate Chief Nursing Officer – Patient Care Services.
Date Revised: 2/17; 10/17; 5/16/2018; 6/6/2018; 4/20/2022
Next Date Policy Is Due for Review: 4/2024

3.4 (PFI #0181)

VBMC MANDATORY OVERTIME (MOT) REPORT **DATE:**

NYSNA or 1199	Unit	Shift	MOT Reason	Original Schedule Start Time	Original Schedule End Time	Total Schedule Time	MOT Start Time	MOT End Time	TOTAL MOT
Supervisor	Staffing Coordinator	Employee	Nursing Coverage Plan Implemented						
MOT Due to Unforeseen Emergency YES / NO	MOT Due to Unforeseen Emergency – DETAILS	MOT Due to Unforeseen Vacancies YES / NO	MOT Due to Unforeseen Vacancies DETAILS	MOT Due to Any Declared Nat'l State or Municipal Emergency YES / NO	MOT Due to Any Declared Nat'l State or Municipal Emergency DETAILS	MOT Due to Patient Care Emergency YES / NO	MOT Due to Patient Care Emergency DETAILS		

Name of CNO Notified via email: _____Date: _____Time: _____ Name of Patient Care Manager: _____Date: _____Time: ____

HEALTH QUEST
HUMAN RESOURCES POLICY

SUBJECT: Meal and Rest Breaks Policy

POLICY

During the course of each work shift, Health Quest provides unpaid meal periods to all employees who work a minimum of 6 hours, and, when possible, provides paid rest breaks to non-exempt employees. Meal and break periods are intended for two purposes. First, it supports the wellbeing of an employee. Secondly, to give an employee a chance to renew attention and energy after working for an extensive period so that he or she can remain productive and efficient in performing assigned tasks.

PROCEDURE

1. During the course of each work shift, Health Quest provides unpaid meal periods to all employees who work a minimum of 6 hours, and, when possible, provides paid rest breaks to non-exempt employees.

2. Department heads are responsible for scheduling and monitoring unpaid meal periods and paid rest breaks. On rare occasions due to staffing and other operational requirements, department heads may be required to temporarily modify unpaid meal periods and paid rest breaks. The exceptions and parameters for doing so are noted below.

3. Paid Rest Breaks:

    - During each 4 hour shift, an employee may be allowed, if **operational need** permits, one (1) 15 minute paid rest break.

    - Paid rest breaks cannot be combined with other breaks or used to come in late or leave early nor can unused paid breaks accumulate to be used for greater allotments of paid time off.

    - Employees may not leave Health Quest property during a paid rest break. In addition, the department head may require employees to remain in close proximity to the work area during the paid rest break.

4. Meal Periods:

    - All employees who work a shift of more than six (6) hours are entitled to a thirty (30) minute unpaid meal period.

    - Employees working a double shift will receive two (2) thirty (30) minute unpaid meal periods.

    - For an employee, the particular schedule and allotment of meal periods may be based on the needs of the department within these parameters and are **required** as follows:

        - For shifts more than six hours starting before 11 am and continuing after 2 pm, an uninterrupted lunch period of at least 30 minutes between 11 am and 2 pm.

- For shifts starting before 11 am continuing past 7 pm, a second meal period of at least 20 minutes between 5 pm and 7 pm.

- Department heads must track when meal periods are scheduled and must be able to provide documentation of scheduled meal periods.

- Employees may not elect to eliminate a meal period except for one-employee shifts (see #5 for exceptions).

- An employee may be restricted to Health Quest property (though not their actual workstation) for their meal period, but the employee must be substantially relieved of any duties except in cases of a one-employee shift.

- Where a rare operational need prohibits a non-exempt employee from taking a meal period, the employee must notify the department head, in advance if possible, so that the department head can document the reason for and occurrence of the missed meal period. The department head must also ensure the employee is paid for the time worked during the missed meal period.

- If a meal period is partially interrupted by work due to an operational need, options would be for the employee to either start a new 30 minute meal period or be compensated for the entire noncompliant meal period. If operations do not permit another 30 minute meal period, employee must be compensated for the entire meal period.

5. Policy Exceptions for One (1) Employee Shifts:

- Where only one employee in a specific job is on duty, the employee may waive their right to a meal period.

- The employee may not be required to waive the meal period.

- If the employee elects to waive their meal period, the department head should receive the employee's consent in writing. In circumstances where there is a one-employee shift, the employee may elect in writing to waive their meal period. Employees will not be required to waive meal period as a condition of employment. Any such arrangement requires written approval from HR.

6. Addressing Employee Questions and Concerns:

- Employees should consult with their department head if they have questions about the meal period or rest break practice in their area/department.

- If an employee has concerns about a meal period or rest break practice in their area/department, they are encouraged to contact their Human Resources Business Partner.

HEALTH QUEST
HUMAN RESOURCES POLICY

SUBJECT: **Meal and Rest Breaks Policy**

Effective Date: 01/22/16

Approved By: Patrick Borek  01/22/16
Vice President, Human Resources **Date**

Quick Reference Departmental Guide for Code Surge

Triggers	Level 1	Level 2	Level 3
	Predicted critical care, telemetry or medical-surgical bed demand exceeds known capacity.	Failure to decompress the ED within 240 minutes or any (2) of the following situations:	Code Surge level 3 is the third level response to surges in patient volume and may be activated when activation of the code surge level 2 plan has failed to restore the Emergency Department to an environment that can provide safe and appropriate patient care services within 240 minutes.
	Wait time for an inpatient bed is at or greater than 120 minutes.	15 or more ED admissions holding more than 2 hours for inpatient bed, **OR**	
	The ED is unable to care for existing patients within licensed treatment space.	2 or more ICU admissions holding more than 2 hours for an ICU bed, **OR**	
	The ED is unable to accept new patients into a licensed treatment space.	10 or more ED admissions holding more than 6 hours, **OR**	
		20 or more patients in the ED waiting room more than two hours, **OR**	
		75 or more patients are in the emergency department treatment area.	
Leadership Plan	Level 1	Level 2	Level 2 - Continued
	Code Surge Level 1 is announced at Daily Safety Huddle	ED Director or designee will advise the Nursing supervisor to direct the operators to active Code Surge Level 2	Individual Departmental Surge Plan (Appendix A) are implemented. Progress is reported to Manager or Nursing Supervisor.
	ED Chair, ED Director, ED Assistant Nurse Manager and nursing supervisor huddle to discuss next steps and strategies to decompress the ED.	The Nursing Supervisor will notify the Administrator on Call of Code Surge Level 2 Activation.	Only essential meetings will be held as determined by Senior Leadership.
	Upon direction from the ED Director or designee, a TigerText/Backline message is sent to Chief Nursing Officer and Nurse Directors by Nursing Supervisor.	Operator will Vocera and Send Word Now to VBMC Leadership: **"Attention: Code Surge Level 2 is now in effect"**	Transfers and Direct Admissions are reviewed for necessity against pre-established criteria prior to acceptance. Review with VPMA as necessary.
		Medical Staff is emailed surge status by the Medical Staff Office.	Level 3
		Admitted patients prioritized for beds.	Operator will Vocera and Send Word Now to VBMC Leadership: **"Attention: Code Surge Level 3 is now in effect"**
		Expedited Hand Off for patients with assigned beds is initiated by Nurse Leaders.	Overhead Page: **"Attention: Code Surge Level 3 is now in effect"**
		Hospitalists to round on Observation patients three times/day to expedite discharges.	Medical Staff is emailed surge status by the Medical Staff Office.
		Nursing Leaders prepare Status Report, STATREP (Appendix O) for Senior Leaders/Cap Man to bring to D/C Huddle.	Incident Command Center (can be virtual) is established.
		Senior Leaders, Cap Man and ED Leaders Huddle in the ED to discuss current Boarders and Observation Patients against predicted discharges. Repeat as early as 2 hours but no longer than 4 hours as necessary.	Non-Essential meetings are cancelled, and Essential meetings are abbreviated.
			Safety Huddle is moved to virtual.

Quick Reference Departmental Guide for Code Surge

Bed Placement/ Capacity Management	Level 1	Level 2	Level 3
	AOC/Nursing Supervisor will contact the Hospitalist **Medical** Director on-call querying target areas or limiting factors (e.g., telemetry)	Follow Level 1 plan	Continue with Levels 1 & 2 plan
	Discussion with ED lead MD, ED RN leader, and Nursing Supervisor determines criteria met	Transfer center remains on HIGH ALERT status and notifies Danbury Hospital Transfer Center of Code Surge Level 2.	VPMA and lead hospitalist identify transfers out to other facilities. Coordinate with Case management
	Nursing Supervisor performs discharge rounds every 2 hours with Unit Leaders and provides status update to ED.EVS Leadership coordinates with CapMan to prioritize dirty beds: dirty beds are requested STAT/Clean Next	Consider alternative locations to hold patients who are undergoing elective procedures (i.e.: CCL Holding, PACU, Pre-op, GI Lab).	Identify potential ED To ED transfers out. Coordinate with Team Health Provider, VPMA, Case Management and AOC
	Non-emergent transfers on hold		
Inpatient Nursing Unit Leaders	Level 1	Level 2	Level 3
	ANM/Unit Leader pulls up patient assigned to unit. As soon as bed is assigned to unit, RN is to call ED to get report.	ALL COMPONENTS OF LEVEL 1-plus:	ALL COMPONETS OF LEVEL 2-plus:
	All patients with D/C orders evaluated for eligibility for Discharge Lounge	Consider canceling non-essential meetings to facilitate discharge flow	All Unit Leaders to remain on the unit to expedite discharges and admissions
	Families notified of need for early pick up		
Critical Care Unit Leaders	Level 1	Level 2	Level 3
	Prepare Stat Rep for command center communication	ICU leaders (medical and nursing) re-review all patients and census	ICU leaders (medical and nursing) re-review all patients and census
	Identify and facilitate transfers or discharges	Identify and expedite patients that require admission, discharge or transfer	Identify and expedite patients that require admission, discharge or transfer, goals of care
	Prioritize to accept 1. Transfers 2. ED critical care holds	Consider transfer center limitations	Load balancing: Consider transfers to Nuvance hospitals to create capacity
	Consider option to hold surgical patient post op in PACU	Prioritize to accept 1. Critical access transfers and 2. ED critical care patients	Open critical care surge site(s): currently legacy PACU, then Pre-Op holding, then OR suites
		Hold any surgical critical care pts in PACU	Prioritize to accept all ED patient
		Prioritize patient need for diagnostic testing or interventions, consider rescheduling	All requests from outside facilities for critical care transfers cleared through ICU medical director
		Transfers on caution: Limit transfers from outside facilities to STEMI/STROKE/higher level of care - life saving procedure	Hold critical care patient's post-op in Pavilion Peri-op
		Consider deferring elective surgical or procedural cases	Prioritize patient need for diagnostic testing or interventions
		Assess need for increased life safety equipment – have plan to obtain if needed	Cancel all non-emergent testing
		Defer attendance from all scheduled classes and meetings	Reevaluate and eliminate/reduce elective surgical and procedural cases that could require ICU post management
			Cancel classes and meetings

Quick Reference Departmental Guide for Code Surge

	Level 1	Level 2	Level 3
Obstetrics Unit Leaders	Census of all patients readily available with updates of planned discharges and admissions. Attendance at bed meeting based on site and resources	Identify number of available beds and staff to possibly consider accepting transfers of appropriate types of patients.	Provide assistance to ED staff with the care of any Obstetrics patients
	Provide possible resources to assist in transporting patients to and from various units help with decompressing the ED by accepting appropriate OB and GYN Surgery patients.	Partner with medical staff to expedite discharges and prioritize elective procedures	Call in extra staff to help with increased needs w/in department
	Nurse patient ratio for all areas to follow staffing guidelines based on acuity	Identify staff to come in to assist with increased census	Re-allocate staff within the OB dept based on competency r to provide appropriate care for various patient needs
	Expedite any discharges	Participate in hospital wide bed flow meetings	Identify any equipment that could be spared and utilized elsewhere w/in the hospital
	Use of maternity beds should be avoided unless approved by nurse manager/designee	Manager/ or designee will review all patients prior to acceptance on unit	Cluster obstetrical patients to allow other rooms to be utilized by adult female patients if needed (Preference for GYN patients)
	See NICU surge plan for nursery	Assess staffing needs at least every 4 hours	Assess need for additional equipment i.e. pumps, beds, medication etc., unit specific equipment
		Cancel all unit specific meetings	No staff to leave without leadership permission
		Identify possible inpatients appropriate for transfer	
		Refer to OB Triage Algorithm in ED	
		Explore using OB tech to assist w/transfers of patients. Consider offering recliners to be used for discharge area if needed	
		Nurse leaders to take assignments as needed	

3.7 (PFI #0181)

Policy Title: Video Monitor System (VMS) and 1:1 Patient Observation	
Policy Manual: VBMC Patient Care Services	**Policy Owner:** Director Patient Care Services - Med/Surg & Nursing Operations
For Use At:	**ID #'s if needed:**

☐Nuvance Health System
☐Nuvance Health Medical Practice
☐Other Nuvance Entities Not Listed

☐Danbury Hospital/New Milford (Campus)
☐Northern Dutchess Hospital
☐Norwalk Hospital
☐Putnam Hospital Center
☐Sharon Hospital
☒Vassar Brothers Medical Center

☐Health Quest Systems, Inc.
☐HQ Home Care
☐HQ Medical Practice
☐Heart Center
☐Sharon Hospital Medical Practice
☐Thompson House
☐Other HQ Entities Not Listed

☐Western Connecticut Health Network, Inc.
☐Western Connecticut Medical Group
☐Western Connecticut Home Care
☐Other WCHN Entities Not Listed

POLICY/PURPOSE:

The video monitoring system (VMS) will be used as a nursing intervention to help prevent falls and patient injury. Nursing assessment and recommendation will determine the appropriate intervention for fall prevention including the initiation of continuous video monitoring. It can be utilized to ensure patient safety as an additional tool in the plan of care for patients at risk for falls. For patients who meet exclusion criteria for VMS and require 1:1 observation and care, a Patient Safety Companion may be utilized to provide basic patient monitoring activities under the supervision of a registered nurse to ensure a safe environment.

PROCEDURE:

A. <u>VMS patient inclusion criteria:</u>

- See inclusion criteria for VMS (Attachment A: VMS Selection Criteria)
- Patient is responsive to verbal cues and re-direction

B. <u>VMS Patient exclusion criteria:</u>

- Suicide risk if actively suicidal, requires one to one observation (Attachment A: VMS Selection Criteria).
- Behavioral restraints
- Patient has failed VMS trial
  - If there are <u>></u> 3 STAT alarms in a 30-minute time frame RN will review with unit leadership or supervisor and PMT review nursing interventions and revise plan of care

C. <u>Alternative interventions</u>: (If video surveillance not available or patient does not meet selection criteria)

- Transfer the patient to a room located near the nurses' station

- Refer to fall prevention policy for specific fall risk interventions

D. <u>VMS Procedure:</u>

- The registered nurse/provider will assess that the patient is appropriate for VMS intervention Attachment A
    - Notify the VBMC nursing supervisor that patient requires monitoring using video monitoring
    - Initiate alternative observational measures until VMS is installed
- VBMC nursing supervisor will confirm availability collect patient information and order deployment of equipment. The camera number to be installed will be given to the supervisor. Attachment B; Initiation of VMS Algorithm
    - Triaging Video Monitoring Systems
        - Each hospital (Vassar Brothers Medical Center, Putnam Hospital Center and Northern Dutchess Hospital) has been allocated a minimum number of tiles (tiles are defined as the available monitoring screens that the PMT is assigned to watch) for their use. These tiles may be borrowed by another hospital when not in use. If the owner of the tile needs to use it, they will give the borrowing hospital at least 4 hours' notice so that they may triage a patient off. When there are no available video monitoring tiles, unit leaders or nursing supervisor will initiate triaging of all patients under video monitoring. If video monitoring cannot be removed from anyone, waiting patient's name should be put on a waiting list at their facility and will institute alternative observational methods.
    - VBMC supervisor or clinical designee will call patient information report to the Patient Monitoring Tech. (PMT) (Attachment G)
    - PMT will read back and verify all patient information provided by the VBMC Supervisor or clinical designee
    - PMT registers patient in VMS Wizard
    - The equipment technician (ET) will deliver and install the assigned VMS to the patient room. (after hours process will be coordinated by the supervisor)
    - The ET will hand the registered nurse the VMS Hand off packet with Check list (Attachment F: Equipment Tech Hand off Checklist)
- Communication shall be entered in Electronic Medical Record (EMR) as a nursing note to include:
    - Reason for monitoring
    - VBMC supervisor report was given to
    - Temporary alternative observational measures while VMS was deployed
- Notify patient and family that continuous visual monitoring will be implemented to promote patient safety. Attachment D: VMS letter from CNO Letter and Attachment E: VMS Patient education tool
- The VMS magnet will be placed on the door of the patient's room and in the

patient's room
- The VMS sign will be placed at the head of the patient's bed.
- PMT will activate visual and audio controls
- The RN will facilitate initial introduction of PMT to patient in the room (if appropriate) and document hand-off in the nursing note
  As members of the patient care team, the nurse should give report to the "patient monitor tech" and Patient Care Tech (PCT) each change of shift during bedside hand-off; Including but not limited to diagnosis, behaviors, reason for monitoring, primary language, mobility, assistive devices and pertinent information
- Indications for video monitoring will be discussed at bed board rounds
- PMT will document patient's activity and PMT actions every fifteen (15) minutes and as needed. The notes section of the PMT flow sheet will be utilized for information such as;
  - Reason for patient leaving the floor
  - Communication with the RN or care team
  - Reason for STAT alarm activation
  - Change in patient's activity
  - Change in PMT/RN/PCT staff
- RN or PCT will check status of patient with Patient Monitor Tech during hourly rounds and document
- RN will reassess patient every shift and as needed to determine the need for VMS using attached criteria algorithm Attachment A

E. <u>Video Monitoring for Continuous Bladder Irrigation</u>

- See attachment F – "Checklist: Video Monitoring for C.B.I. Patients"

F. <u>Team Response</u>

- STAT alarm activation-PMT manual activation and Vocera broadcast to patient care unit
- Activation of the STAT Alert should occur:
  - Patient cannot be re-directed by PMT
  - PMT determines that patient is in imminent harm
- All members of the patient care team respond immediately
- The PMT will document reason and outcome of STAT alarm.
  - If patient falls while on VMS;
    - RN will place alternative safety precautions
    - RN/PMT/supervisor or unit leader fall debrief RN to document in a nursing note
  - If patient does NOT fall;
    - RN will assess patient per VMS criteria (Attachment A)

G. <u>Discontinuation of Video Monitoring</u> Discharge from VMS Algorithm: Attachment C

- Discontinuation is a nursing clinical judgment and is based on fall risk assessment, patient activity and clinical necessity, when a patient is deemed safe without the need for continuous monitoring intervention.
- Once discontinued:
  - RN will notify the VBMC nursing supervisor and PMT
  - RN or member of the care team will contact pump room to notify of discontinuation
  - The ET will remove video monitoring unit from patient's room
  - PMT will discharge patient from wizard when video monitoring unit is removed
- Pump room personnel will clean per manufacturer guidelines: Attachment H
- Patient Monitor Tech to clear notes from wizard and document on flow sheet

H. **<u>Patient Privacy:</u>**

The patient's right for privacy should be respected at all times. The room/bed surveillance should be placed into privacy mode during such activities including, but not limited to, personal hygiene and physician/provider request during rounds and /or examination.

- **Communication must occur between caregiver/Patient Monitor Tech regarding privacy time for patient care**

  - The RN or care team member requesting privacy will turn sign over bed to "Privacy Please" followed by staff badge to PMT
  - The care team member will communicate an expected amount of time the privacy screen will be needed to the PMT
  - PMT will put on Privacy screen on and set a timer
  - PMT will document
  - PMT will check if privacy screen is still needed when timer expires
  - If necessary, the PMT will use audio or call care team to determine if privacy is still needed
  - RN or care team member will return over bed sign to "Video Monitoring System in Use"

I. <u>Patient leaving care unit</u>

- RN or a member of the care team will communicate to PMT and advise the PMT where patient is going and the expected time away from patient room
- PMT will record location on wizard screen and document on flow sheet
- RN will note "VMS" on Ticket to Ride
- Patient Safety Companion or procedural technician will arrive to unit to transport patient and review "Ticket to Ride"
- Patient Safety Companion or procedural technician will instruct unit secretary to add "Patient with VMS" to transport request

- Patient Safety Companion will remain with patient at all times while off the unit and will hand-off patient to RN or care team member upon return to unit
- If the patient is transported by a procedural technician, after conferring with the charge nurse, the house supervisor will be notified via Vocera if there is a need for a Patient Safety Companion to remain with the patient while in holding area
- Upon return the RN or care team member will alert PMT and assure the screen has been reactivated

J. CHANGE in PMT Staff

- The PMT will introduce themselves to the patient and document during any staff change
- The PMT will document PMT staff change

K. Nursing Supervisor Responsibility:

- Should be considered main gatekeeper for admissions and discharges of appropriate VMS patients
- Every shift there will be a review of the patients being monitored to determine the appropriateness of the video monitoring program
- Collaborates with Primary Nurse and Unit Leader in determining if any unit's patients can be discontinued from continuous monitoring when all monitors are in use and additional patients are in need of the continuous monitoring intervention
- Collaborates with the nursing team to determine use of video monitoring versus the need for other interventions
- Assess the need for and assign 1:1 patient observation for patients who are contraindicated for VMS.

L. PATIENT TEACHING: Attachment D and E

- The patient and family will be informed that continuous visual monitoring will be utilized to ensure patient safety and educated on the intervention and criteria for initiation and discontinuation
- Give the patient or family member a copy of the educational material and document in the EMR
    - Utilize additional materials to help with Education for the Patient and Family such as:
        - Video Monitor System in Progress signage outside of room
        - Video Monitor System in Use signage in room at head of bed

M. DOWNTIME:

- **UNPLANNED**
    - In the event that monitors are not operational; follow the downtime procedure.
        - PMT will notify Hospital IT help desk notify VBMC Nursing

supervisor
- The VBMC Nursing Supervisor will notify the patient's RN and PCT
- Unit based staff members will be assigned to monitor the patients as needed as determined by the charge nurse or VBMC Nursing Supervisor
- This may include 1:1 monitoring from designated clinical staff
- Clinical Staff will perform 15-minute rounds
- IT sends regular updates to VBMC and Sharon Hospital

- **PLANNED:**
  - There may be times when downtime is planned and/or scheduled for software updates and/or hospital network updates. Hospital IT and VMS Program lead must approve any scheduled downtime.
    - At least 24 hours prior to downtime, Hospital IT, and VMS Operational Process owners must ensure all clinical staff is aware and there is a plan in place for patient safety
    - VMS operational process owners will confirm that coverage for the patients is in place prior to system downtime
    - Hospital IT will notify VMS Operational Process owners and/or AvaSure to commence with downtime
    - Unit leaders or Nursing Supervisor will inform clinical staff that system is active again RN or PCT will round on patients and complete a check in with patient monitor tech

N. <u>Patient Safety Companion Utilization, Role and Responsibilities</u>

- For patients who meet exclusion criteria for VMS and require 1:1 observation and care, a Patient Safety Companion may be utilized to provide basic patient monitoring activities under the supervision of a registered nurse to ensure a safe environment.
- **<u>Patients may require closer observation including 1:1 care while interventions and VMS are being trialed. Leader and nursing review is to occur if attempts at intervention fail.</u>**
- The nurse supervisor will assign the Patient Safety Companion to 1:1 observation and care (or as determined based upon the clinical needs of the patient)
- Patient Safety Companions will receive their assignment in the Staffing Office and then report to their assigned unit
- The Registered nurse (RN) is to review the plan of care with the Patient Safety Companion and inform him/her of any necessary precautions to be taken. The Patient Safety Companion is instructed by the nurse on maintaining a safe environment and reviews the patient's safety needs and patient plan of care
  - RN will instruct the Patient Safety Companion on changes in behavior that require reporting to the RN immediately
  - The Patient Safety Companion is to visualize the patient at all times and remain in close proximity

  - At no time should the Patient Safety Companion leave the patient unattended
  - Patient Safety Companions will not abandon their assignment until the relief person arrives
  - The Patient Safety Companion will accompany the patient to any test or procedure
  - The Patient Safety Companion may assist in calming and/or reorienting the patient in cases of agitation or confusion.
  - The Patient Safety Companion will provide constant observation and monitoring for changes in condition, both physically and mentally.
  - At each shift change and when being relieved for breaks, the Patient Safety Companion will provide a hand-off on the patient's condition to the on-coming Patient Safety Companion and primary RN
  - RN and PCT Staff will conduct hourly rounds and collaborate with the Patient Safety Companion as a member of the care team.

- In the event that a patient exhibits menacing or threatening behavior, refer to the "Disruptive Behaviors, Guidelines for Handling Policy."
- Charge nurse will arrange for break and meal coverage at the beginning of each shift. The RN is responsible for the patient's care and well-being
  - The presence of the Patient Safety Companion will be documented in the Electronic Medical Record (EMR) by the RN

REFERENCES/SOURCES (<5 years old or a landmark study, CMS or TJC standards)

- AvaSure, a division of AvaSure Holdings Inc. (2016). AvaSys Video Monitoring System: www.avasure.com and AvaSys Adoption Assurance (2016). Belmont, MI: AvaSure, Inc.
- Agency for Healthcare Research and Quality (AHRQ): "How do you measure fall rates and fall prevention practices." Fall Prevention Toolkit. January 2013.

ATTACHMENTS

A. VMS Selection Criteria
B. VMS Letter from CNO
C. Patient Education Material
D. Checklist for VMS of C.B.I. Patient
E. Equipment Tech Hand-off Checklist
F. PMT Form 4.0 Report
G. VMS Cleaning Guidelines

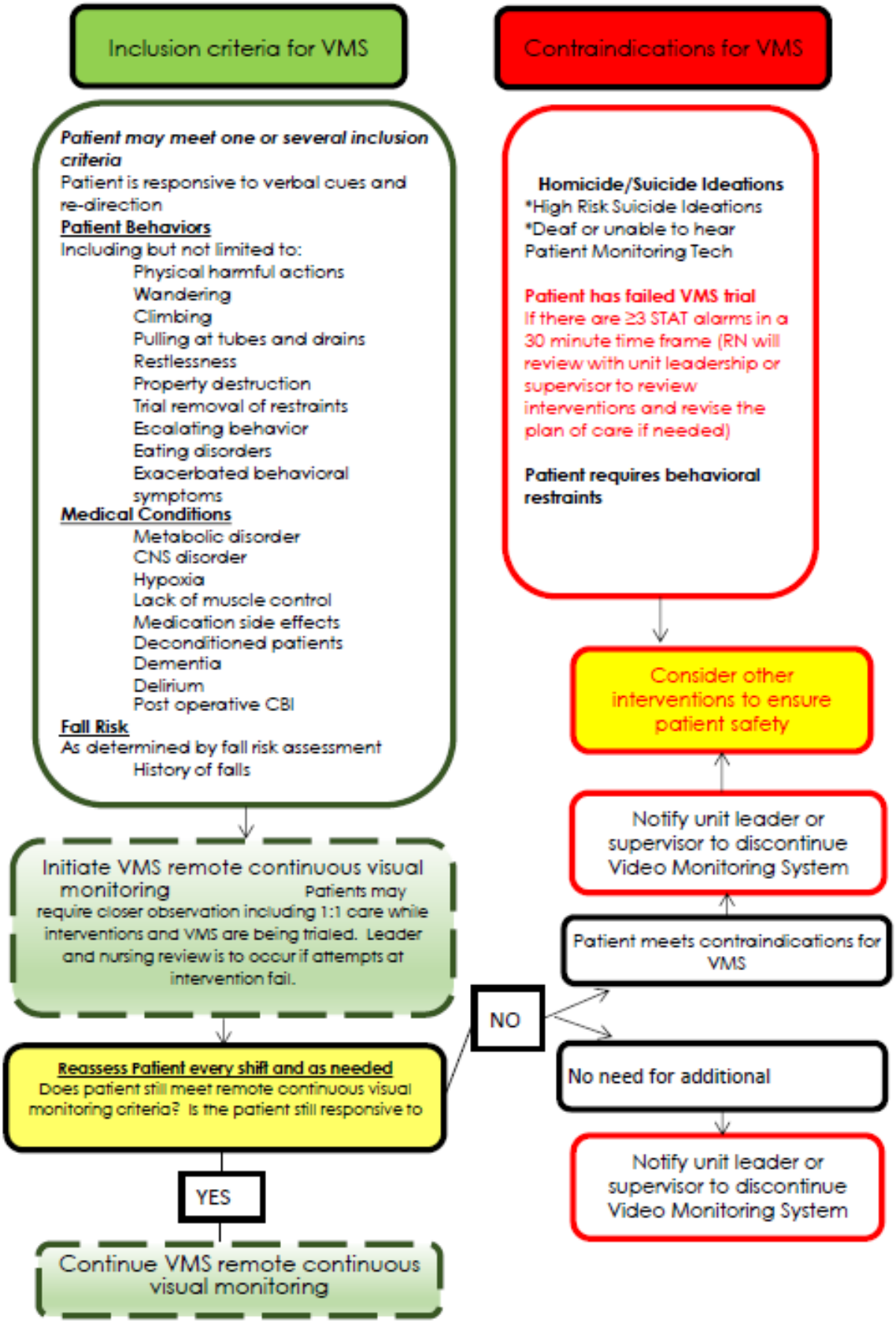
POLICY HISTORY:

Supersedes:
Original implementation date: July 2017
Date Reviewed: 9/2017; 4/20/2018; 1/16/2019; 3/10/2021
Reviewed by: (Title) Director Patient Care Services - Med/Surg & Nursing Operations
Date Revised: 9/2017; 4/20/2018; 1/16/2019; 3/10/2021
Next Date Policy Is Due For Review: 3/2023

APPROVAL:

VBMC Patient Care Services Policy Committee	Date: 3/17/2021
Quality and PI Committee (consent agenda)	Date: 4/21/2021
Medical Executive Committee (consent agenda)	Date: 5/3/2021
Affiliate Board of Trustees (consent agenda)	Date: 8/5/2021

Video Monitoring System Patient Selection Criteria
Attachment A



Attachment B: Letter from CNO

Nuvance Health

45 Reade Place
Poughkeepsie, NY 12601

845.454.8500
Nuvancehealth.org

Continuous Video Monitoring to improve Patient Safety and Prevent Falls

Dear Patient and Family:

Our top priority is to provide you with the highest quality healthcare. Please know that your condition places you at a significantly **higher risk for fall that can result in serious injury.** To ensure your safety, it is necessary for us to observe you using our patient video monitoring technology. This determination is based on a standardized assessment of risk and the measures most likely to prevent a fall.

The video monitoring system allows trained staff members to visualize your room around the clock. This safety measure allows staff to communicate with you and respond to your room if you are attempting to get out of your bed or chair without assistance.

To preserve your privacy, staff members will turn off the video during clinical examinations, procedures and personal care since it is unnecessary for you to be monitored when a staff member is with you. We want to reassure you that the staff member monitoring your room will not be able to hear your conversations and the video is not being recorded.

If you have any questions about this important safety measure, please ask your nurse. We thank you for partnering with us to keep you safe during your hospitalization.

Sincerely,

Eilish Hourihan
Chief Nursing Officer

Attachment C: VMS Patient Education tool

Video Monitoring System - Protecting Patients from Injury

At Vassar Brothers Medical Center, patient safety and privacy are our highest priorities. For this reason, we are using the Video Monitoring System, a patient monitoring device that helps decrease your risk of injury. Injuries can result from falls, medical restraints, potentially aggressive/violent behavior, alcohol withdrawal, pulling at tubes/lines etc.

How it works:

The Video Monitoring System is a tool that we use to ensure that you are safe, even if you are alone in your room. It has a video camera and two-way audio, which allows a trained staff member to see and speak to you. When you are trying to get up, the staff member will ask you to stay in bed until a healthcare provider arrives in the room to provide help.

Staff members will monitor you from a central room by watching a video feed. They can see you all of the time—except when the Video Monitoring System is set to "privacy mode." However, the only time they can hear you is when they talk to you over the speaker. The Video Monitoring System does not ever record video or audio.

A member of the nursing staff is always available whenever you need anything. Use your nurse call button to ask for help.

- When the Video Monitoring System light is on, the staff member who is monitoring you can see you.
- When the light is off, the privacy cover is on, and they cannot see you. The privacy cover is used when your doctor or nurse is providing care, and when you are dressing, bathing, or using the toilet. When the doctor or nurse is finished, they will ask the staff member to remove the privacy cover and resume monitoring.

Your nurse along with other clinical staff will decide if you no longer need visual observation using the monitor. When your health has improved, and you are safe from falls or injury, the Video Monitoring System monitoring can be stopped.

Questions about the Video Monitoring System?

Ask your nurse for more information about the Video Monitoring System monitoring device.

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Attachment D

Video Monitoring for CBI Patients

◯ RN will introduce PMT to patient (per usual Video Monitoring System Policy)

◯ RN will gather items in CBI kit

◯ PMT will focus camera on CBI bag only (PMT will not be able to focus on foley)

◯ RN will mark CBI bag with marker at the 900ml mark and again at the 300ml mark on both sides of the bag.

◯ RN will set stopwatch to 20 min (along with PMT visualization of the bag, stopwatch will be used as a second safety tool to ensure bag does not run out)

◯ RN will confirm with PMT that the bag is within their field of vision and confirm visualization of the mark lines.

◯ PMT will notify RN and PCT when the fluid reaches the 900ml mark via Vocera

◯ RN or PCT will empty foley bag with each fluid bag change

◯ PMT will trigger STAT alarm if fluid reaches the 300ml mark

◯ PMT will notify RN if unable to visualize bag at any time

◯ Break coverage:
- RN will communicate with PMT name of RN covering break
- RN will hand-off stopwatch to RN covering break

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CBI Process 8-16-17

Attachment E Equipment Tech Hand Off Check List

Video Monitoring System Equipment Tech/RN/PMT Checklist

◯ **VMS equipment delivered to nursing care unit (Supervisor approved)**

◯ **VMS installed in room by Equipment Tech**

◯ **ET tech notifies nurse that equipment is installed and hands education packet to nurse**

◯ **RN educates patient and family and places signs outside and inside the room**

◯ **RN/PCT VOCERAS PMT ("PMT Group") to turn on Video monitoring unit # _____ room # _____**

◯ **RN/PCT team introduce PMT to patient and family**

◯ **RN/PCT Team to leave folder in room with patient education material**

◯ **RN documents education completed includes who the education was completed with**

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VMS ADMISSION/Discharge Form

Page 1

Camera Number:	Date/Time Notified:
Date Admitted to VMS:	Time Admitted to VMS:
UNIT Name: Room Number:	Information Provided by: Primary RN at time of admission:

Patient Name: __ _____Nickname/Preferred name:_____

Admission Date: _____ **Date of Birth:_____ Age: _____**

MRN: _____ **Gender:** Male Female

Can the patient use the call bell: YES NO

Preferred Language please circle:

English, Spanish, Mandarin, Cantonese, Arabic, Haitian-Creole, Italian, Albanian, Russian, Hindi,

Reason(s) for VMS: (Select ALL that apply) ****Please circle the Primary Reason for VMS ****

	Fall Prevention		Alcohol Withdrawal
	Elopement		Aggressive/Violent
	Safety of Tubes/Lines		Delirium/Restless
	CBI		**Other: (Specify)**

Additional Considerations:

	Tracheostomy/Feeding Tube		Central Lines
	Medical Restraints		Monitoring
	Hard of Hearing		IV
	Mobility Aid (Walker, etc..)		**NPO**
	Other:		

***Read and Repeat:**

Name of PMT:_____Date:_____Time:_____

***Populated to screen:**

Name of PMT :_____Date:_____ Time:_____

Additional Notes:

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VMS ADMISSION/Discharge Form

Page 2

Patient Name: __ _____ MRN: _____

Admission Date: _____Date of Birth:_____

Discharged Time: _____

Discharged by: _____

Reason for discharge: _____

Date Discharged from AvaSys _____
Time Discharged from AvaSys _____
Total Hours Patient on AvaSys _____

Scanned to Vassar Brothers Medical Centers Capacity Management

VBMCCapacityManagement@Nuvancehealth.org

By:_____Date:_____Time:_____

AvaSys® Cleaning Instructions

CARING FOR YOUR AVASYS COMPONENTS

With regular care and maintenance, your AvaSys products will provide years of superior performance and satisfaction. To maintain the finish quality, please follow the cleaning procedures provided below.

AVASYS MOBILE UNIT (AMU) CLEANING

For painted metals and plastics – ordinary dirt, smudges and water soluble stains can be removed with mild soap and water. If needed for difficult stains, clean by using commonly used, diluted, non-abrasive solutions such as quaternary ammonia compounds, ammonia enzyme cleaners, and bleach or alcohol solutions.

REGULAR CARE AND CLEANING

When cleaning, only use a pre-moistened disposable wipe – or spray onto a clean dry cotton or microfiber cloth and then wipe down the unit.

- **Option 1:** Wipe with a damp cloth using mild dish soap
- **Option 2:** Wipe with a damp cloth using a 50/50 mix of water and Simple Green®. (Simple Green works well on oily or tacky surfaces.)

DISINFECTION

A stringent program of cleaning and disinfecting has been proven to reduce the incidence of hospital acquired infections. When applied first to a cloth or disposable wipe, the following cleaners are acceptable for use:

- Asepticare TB-II
- Bleach 5:1
- Bleach-Rite® disinfecting spray
- Cavicide® surface disinfectant
- Caviwipes ® disinfectant wipes
- Citrace® germicide
- Clorox® germicidal wipes
- Dispatch® spray hospital cleaner disinfectant with bleach
- Fade-A-Dyne® stain remover (Iodine Stain Remover)
- Lysol® spray disinfectant
- Oxivir® Tb Wipes
- Precise™ hospital cleaner
- PDI® Super Sani-Cloth® germicidal wipes
- PDI Sani-Cloth HB germicidal wipes
- PDI Sani-Cloth Plus germicidal wipes
- SaniZide Plus® germicidal solution
- Virex® II 256 cleaner
- Virox® AHP 5 disinfectant cleaner surface wipes

The camera dome should only be cleaned with a clean soft microfiber cloth. Paper towels can contain fibers that will scratch or eventually dull the lens.

Never spray cleaner directly onto the AvaSure AMU as this could damage the electronics in the top assembly or in the body box. **Never spray cleaner into the speaker grill at the front of the AvaSure AMU.** Avoid excessive moisture/dripping cleaner to prevent ingress into sensitive electronic areas.

AvaSys® Cleaning Instructions

CLEANING OF STAINS (INFREQUENT CARE)

Always use a cotton cloth, microfiber cloth or disposable wipe.

- Step 1: Using a damp cloth or sponge with a 50/50 mix of water and Simple Green, scrub lightly for 10 to 20 strokes. This will remove most stains. If stain persists, move on to Step 2.
- Step 2: Place a cloth or sponge damp with 70% isopropyl alcohol on top of the stain for 30 minutes. After 30 minutes, remove the cloth or sponge and wipe. This should remove makeup, ball-point ink and other stubborn stains. If stain persists, repeat until stain is removed.

ALUMINUM BASE

Dust regularly with a soft, clean cloth. Occasionally, it may be necessary to use a mild, non-abrasive cleaner. To remove scuff marks and scratches use automotive polishing compounds, either liquid or paste. After polishing, apply a pre-softened automotive paste wax to restore original sheen.

These instructions are provided as a service. No warranty is implied since results may vary.

Pen and permanent and dry erase markers can be removed with 70% isopropyl alcohol and a soft cloth.

NEVER use steel wool or other abrasive materials that will damage the surface finish.

NEVER use strong solvents such as trichloroethylene and acetone. These solvents will damage the surface finish. Also, do not use any cleaners containing any type of abrasive such as Soft Scrub®, Ajax® or Comet®. It is recommended that any cleaning solution be tested on a small, inconspicuous area to ensure surfaces are not harmed.

The use of a hydrogen peroxide vapor generator to disinfect a room with the AvaSure mobile unit is **strongly discouraged**. Hydrogen peroxide is a powerful oxidizer and will damage the electronics inside of the AvaSys Mobile Unit.

Using ultraviolet disinfection is **strongly discouraged** as it will affect the appearance / durability of the plastic parts and finish used in the AvaSure mobile unit.

3.8 (PFI #0181)

Hospital and Nursing Committees

Anticoagulation

Arrhythmia Council

Care for the Caregiver

Catheter-Associated Urinary Tract Infections

Central Line-Associated Bloodstream Infection

Code Blue

Critical Care

Dietary/ Nutrition

Early Mobility

Environment of Care

Event Debriefing Teams

Falls

In Patient Length of Stay

Infection Control

Lab/ Transfusions

Labor Management (NYSNA & 1199)

Medication Safety

Monthly Operating Report

Mortality Reduction

Multidisciplinary Stroke

Nursing Governance Informatics

Oncology

Patient & Family Advisory Council

Patient Aligned Care Team

Patient Experience Steering

Patient Throughput

Policy & Procedure

Rapid Response Team

Staffing (NYSNA)

Unit Secretary

Value Analysis

Workplace Violence

Wound Care