

ROCHESTER REGIONAL HEALTH

Saint Lawrence Health System

50 Leroy Street Potsdam, NY 13676

Clinical Staffing Committee and Clinical Staffing Plan 2023

The three hospitals that make up Saint Lawrence Health acted collaboratively to complete this process with all unions involved. **Clinical Staffing Committee** were formulated during last quarter of 2021 and began meeting in January of 2022, for purposes of developing charters. On April 7, 2022, a Committee meeting was held that included management and employees serving as committee members from Canton-Potsdam, Massena and Gouverneur hospitals, along with representatives from the NYSNA, 1199SEIU and CSEA unions. Thereafter, in May and June 2022, clinical staffing meetings were scheduled at Canton-Potsdam, Massena and Gouverneur hospitals, to discuss staffing at each campus. In May 2023 sessions were held at all ambulatory sites where nursing was present.

The original plan at all campuses was for staff to participate through an election by their peers to represent all units. At the request of the CBA and in an interest to save time, they were selected by the CBA and approved by nursing leadership. The Clinical Staffing Committee Meetings are scheduled in advance upon the agreement of Committee members and have included active participation on pertinent clinical staffing discussions. Minutes are recorded and may be made available for any interested clinical staff. After July 1, 2022, these meetings will merge into the labor management meeting agenda. Starting in May 2023 these moved to standing quarterly meetings following our regularly scheduled Labor management sessions so that all staff could participate. Starting in January 2024 we plan to hold separate Ambulatory quarterly sessions to allow for each geographic ambulatory team to have the opportunity to discuss staffing.

The **Canton-Potsdam Hospital Nursing Staffing Plan** have been developed by utilizing staffing grids as a guide for the various units that reflect the expected/ideal clinical staff to patient ratios. The grids reflect direct patient caregivers: nursing staff (RN/LPNs), Patient Care Technicians (PCTs) Unit Clerks (UC), and Nurse Aides (NA). The newly established Clinical Staffing Committee members reviewed, revised and approved the staffing grids for their perspective units. Please see Attachment 2 for the latest staffing grids by units.

In addition, Canton-Potsdam Hospital has an established, successful **Nursing Centralized Staffing Office** that enhances ongoing, up to date, current staffing requirements. The two full time Staffing Coordinators have easy access to each 4week nursing schedule by unit and has access to current patient census for all units. The centralized Staffing Coordinators receive all sick calls in order to enhance appropriate triaging of any per diem or part time staff to the unit of need. Floating staff from one unit, to a similar unit, will occur when necessary to meet patient needs. The Massena Hospital **Nursing Staffing Plan** have been developed by utilizing staffing grids as a guide for the various units that reflect

the expected/ideal clinical staff to patient ratios. The grids reflect direct patient caregivers: nursing staff (RN/LPNs), Health Unit Coordinators, and Nursing Assistants. The newly established Clinical Staffing Committee members reviewed, revised and approved the staffing grids for their perspective units. Please see Attachment 2 for the latest staffing grids by units.

In addition, **Massena Hospital** has an established, successful **Nursing Centralized Staffing Office** that enhances ongoing, up to date, current staffing requirements. The full time Staffing Coordinator has easy access to each 2-week nursing schedule by unit and has access to current patient census for all units. The centralized Staffing Coordinator receives all sick calls in order to enhance appropriate triaging of any per diem or part time staff to the unit of need. Floating staff from one unit, to a similar unit, will occur when necessary to meet patient needs.

The **Gouverneur Hospital Nursing Staffing Plan** have been developed by utilizing staffing grids as a guide for the various units that reflect the expected/ideal clinical staff to patient ratios. The grids reflect direct patient caregivers: nursing staff (RN/LPNs), Unit Clerks (UC), and Certified Nurse Aides (CNA). The newly established Clinical Staffing Committee members reviewed, revised and approved the staffing grids for their perspective units. Please see Attachment 2 for the latest staffing grids by units.

Gouverneur Hospital does not have a **Nursing Centralized Staffing Office**; however, the nursing supervision team enhances ongoing, up to date, current staffing requirements. The supervisor has access to each 4-week nursing schedule by unit and has access to current patient census for all units. The supervisor receives all sick calls in order to enhance appropriate triaging of any per diem or part time staff to the unit of need. Floating from one unit, to a similar unit, will occur when necessary to meet patient needs.

At all three campuses, on the off shifts and weekends, an RN Nursing Supervisor continues the staffing coordination so that 24/7 the staffing needs can be addressed by this centralized process. At CPH and MH the unit charge RNs are expected to communicate closely with the Departmental Director and Staffing Coordinator/Nursing Supervisor by addressing changes/increases in patient acuity level that may necessitate additional staffing needs. At GH the unit staff RNs are expected to communicate closely with the Nursing Supervisor by addressing changes/increases in patient acuity level that may necessitate additional staffing needs. Patient acuity and hospital census which includes new admissions, patient transfers and expected discharges, are numbers assessed each shift in order to anticipate any changes to staffing needs for the upcoming shifts. Real time concerns should be escalated to CNO or ACO.

In situations in which the expected nurse to patient ratio for safe staffing cannot be met by the number of staff previously scheduled, provisions and many options are then utilized that include:

- Asking staff to work an additional 4 hours or 8 hours to an existing shift
- Call in additional per-diem or part time staff (may attempt to call in full time staff with director or designee approval of OT)
- Switch scheduled shift/day off to another shift/day to meet the present need
- Adjust the charge nurse to take a full patient assignment in addition to the charge nurse responsibilities
- Assess the skill mix and experience of team members in house and resource share as appropriate to meet the needs of acuity in individual departments
- Offer additional pay incentives to staff nurses in times of high RN vacancy rates (as negotiated with CBA)

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- Utilize unit Nurse Educators to act as “helping hands”
 - Offer office or specialty area nurses to assist on medical-surgical units as a “helping hands” nurse that is paired with a scheduled unit staff nurse
 - Agency RN utilization with contracts for areas with a vacancy.
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- When all efforts have been exhausted union staff can be mandated to maintain a safe environment until help is obtained.

Additional Support and collaboration within the Nursing Division:

Advanced Practice Providers

Behavioral Health Nursing and Psychiatry Consult Staff

Department Educators

Environmental Services

Food and Nutrition Clerks

Hospitalist

Infection Prevention

Nurse Educators

Occupational Therapists

Operations Assistants

Pharmacist Support

Phlebotomy / Lab

Physical Therapists

Quality Nurses

Respiratory Therapists

Security

Social Work

Speech Pathologist

Staffing Office

Volunteers and Guest Services

WOCN Nurse

Complaint Reporting:

Complaints about staffing should be brought to the attention of the immediate nurse leader in the department in real time so assistance can be offered.

Union members are able to complete a Protest of Assignment form that is maintained by administration and union leadership, from which analysis of planning and staffing effectiveness action plans can be undertaken.

Clinical Staffing Guidelines Canton-Potsdam Hospital 2024

ED	7am-7pm				10am-10pm		12pm-12am	3pm-3am	7pm-7am			
	Chg RN	RN	Tech	WC	RN	Tech	RN	RN	Chg RN	RN	Tech	WC
	1	3	2	1	2	1	1	1	1	2	2	1
<ul style="list-style-type: none"> Flexible scheduling for 12pm-12am RN based on volume trends Flexible daily utilization of 12pm-12am or 3pm-3am RN based on current ED census 												

OB	Day Shift			Night Shift		
Census	RN	NA	UC	RN	NA	UC
0	2	0	0	2	0	0
1-4	4	1	1	4	1	1
5-9	6	1	1	5	1	1
<ul style="list-style-type: none"> The RN number includes the charge nurse. Minimum of two nurses on the unit even if no patients in the event an emergency presents (ex: precipitous labor). Numbers do revolve around patient acuity at times. Women who are receiving IV Magnesium infusion, IV Insulin Infusion, require 1:1 nursing care/monitoring. Women in active labor/pushing require 1:1 nursing. An additional nurse is needed at time of delivery for the baby to be taken care of (for a period of time) as "mom" still needs post-partum care. 						

Chemical Dependency (RN available is standard)	Staffing
7am-7pm (full census 17)	2 RN, 2 Counselor/Aide
7pm-7am	1 RN, 2 Therapy Aide
<ul style="list-style-type: none"> Shift times may be adjusted based on throughput 	

MSU2	Day Shift			Evening Shift		Night Shift		
Census	RN	NA	UC	NA	UC	RN	NA	UC

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23-27	6	5	1	5	1	5	3	1
19-22	5	5	1	5	1	5	3	1
14-18	4	2	1	2	1	4	3	1
9-13	3	1	1	1	1	3	1	1
5-8	2	1	0	0	0	2	1	0
<ul style="list-style-type: none"> On a census of 26 or above, a dedicated charge nurse will be added if available 								

MSU3	Day Shift			Evening Shift		Night Shift		
	RN	NA	UC	NA	UC	RN	NA	UC
23-25	6	5	1	5	1	5	3	1
19-22	5	5	1	5	1	5	3	1
14-18	4	2	1	2	1	4	3	1
9-13	3	1	1	1	1	3	1	1
5-8	2	1	0	0	0	2	1	0

Leroy Outpatient Center	Staffing
RNs	1 to 1 RN to Pt ratio
Aides	0
Techs	3 Techs per shift
Clerical	1
<ul style="list-style-type: none"> PAT RN will be added when all three rooms are operational. Hours to be determined based on volume. 	

Census	Day Shift			Night Shift	
	RN	NA	UC	RN	NA/UC
6-10	2	1	1	2	1
1-5	2	1	0	2	0

Census	Day Shift				Night Shift			MT
	RN	Chg.	NA	MT	RN	Chg.	NA	
0	1	1	0	1	1	1	0	1
1-2	1	1	0	1	1	1	0	1
3-4	2	1	1	1	2	1	1	1
5-6	3	1	1	1	3	1	1	1

Recovery Room	Staffing
RNs	1:1/1 to 2 RN to Pt Ratio
Aides	0
Techs	0
Clerical	Shared 0.5
Unit Clerk/tech	1

OR	Staffing
RNs	Dedicated Charge Nurse 1 to 1 RN to Pt ratio, to 2 to 1
LPN (Scrub Tech)	1 to 1 RN to Pt ratio
Scheduler	1 Scheduler per shift

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AMB SURG	Staffing
RN	1 to 3 RN to Patient ratio Shared UC/Tech

Oncology/Infusion			
Census	RN	LPN	Certified Nurses Aid
0-10			
11-20			
21-30	6	1	1

CPH-SLEEP LAB			
Census	RN	LPN	Certified Nurses Aid
4	2	0	0
2	1	0	0

In cases where 1 R.N. is on per shift Nursing Supervisor is available for staff needs & patient concerns.

Clinical Staffing Guidelines

PPM Clinics 2024

#5 - CPH Canton Pediatrics Practice			
Census	RN	LPN	Certified Nurses Aid
41	0	2	1

#6 - CPH Canton Family Practice/Nephrology			
Census	RN	LPN	Certified Nurses Aid
77	0	5	0

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#7 - CPH Canton Podiatry Practice			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>Certified Nurses Aid</i>
56	0	2.5	0

#8 - CPH Canton OB/GYN Practice			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>Certified Nurses Aid</i>
54	0	2	1

#10 - CPH Canton General Surgery			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>Certified Nurses Aid</i>
28 (Weekly)	0	1	0

#11 - CPH Urgent Care - Canton			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>Certified Nurses Aid</i>
26	0	1	0

#18 - CPH Canton Urology			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>Certified Nurses Aid</i>
30	0	2	2

CPH Eye Care Center			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
45	0	0	5

#19 - CPH Urgent Care - Potsdam			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
38 (Days-28, Evenings-10)	1	1	0

#20 - CPH Primary Care Practice			
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<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
92	1	8	1

<i>#21 - CPH Pulmonology Practice</i>			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
25	1	2	0

<i>#22 - CPH Potsdam Dermatology</i>			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
41	1	2	1

<i>#23 - CPH Pain Management Practice</i>			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
16	0	2	1

<i>#24 - CPH Potsdam Orthopedics</i>			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
14	0	1	1

<i>#25 - CPH Potsdam OB/GYN Practice</i>			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
64	0	4	2

<i>#26 - Allergy & Immunology</i>			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
16	0	2	0

<i>#27 - Rheumatology</i>			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
22	2	3.6	2

<i>#28 - Dermatology</i>			
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<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
53	0	2	2

#29 - Endocrinology			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
26	0	2	0

#30 - Otolaryngology - Head & Neck ENT			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
20	0	2	0

#31 - Infectious Disease			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
8	0	1	0

#32 - Orthopedics & Sports Medicine			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
105	0	7	1

#33 - Neurology			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
29	0.5	0	1

#34 - CPH Physiatry Practice			
<i>Census</i>	<i>RN</i>	<i>LPN</i>	<i>MA</i>
26	0	2	0

#40 - CPH Gastroenterology Practice			
<i>Avg Budgeted Daily Visits</i>	<i>RN</i>	<i>LPN</i>	<i>Medical Assistant</i>
44	0	3	2

#41 - CPH General Surgery			
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<i>Avg Budgeted Daily Visits</i>	<i>RN</i>	<i>LPN</i>	<i>Medical Assistant</i>
29	0	5	0

<i>CPH Colton ***Not Article 28 Space</i>			
<i>Budgeted Daily Visits</i>	<i>RN</i>	<i>LPN</i>	<i>Medical Assistant</i>
17	0	1	1

<i>#35 - CPH Norfolk Community Health Center</i>			
<i>Avg Budgeted Daily Visits</i>	<i>RN</i>	<i>LPN</i>	<i>Medical Assistant</i>
19	0	1	1

<i>#36 - CPH Brasher Falls Health Center</i>			
<i>Budgeted Daily Visits</i>	<i>RN</i>	<i>LPN</i>	<i>Medical Assistant</i>
14	0	2	0

<i>#37,38 - CPH Potsdam Pediatrics Practice</i>			
<i>Avg Budgeted Daily Visits</i>	<i>RN</i>	<i>LPN</i>	<i>Medical Assistant</i>
41	0	3	0
9	0	1	0

<i>#39 - CPH Cardiology Practice</i>			
<i>Budgeted Daily Visits</i>	<i>RN</i>	<i>LPN</i>	<i>Medical Assistant</i>
46	1	2	2