| Region                      | Capital District<br>Regional Office |
|-----------------------------|-------------------------------------|
| County                      | Otsego                              |
| Council                     | Mohawk Valley                       |
| Network                     | BASSETT HEALTHCARE<br>NETWORK       |
| Reporting Organization      | A.O. Fox Memorial<br>Hospital       |
| Reporting Organization Id   | 0739                                |
| Reporting Organization Type | Hospital (pfi)                      |
| Data Entity                 | A.O. Fox Memorial<br>Hospital       |

#### **RN DAY SHIFT STAFFING**

| Provide a description of<br>Clinical Unit, including a<br>description of typical<br>patient services provided<br>on the unit and the<br>unit's location in<br>the hospital. | digits. Ex: 101.50) | Planned total hours of<br>RN nursing care per<br>patient including<br>adjustment for case mix<br>and acuity on the Day<br>Shift (Please provide a<br>number with up to 5<br>digits. Ex: 101.50) | Planned average number<br>of patients on the unit<br>per day on the Day Shift?<br>(Please provide a<br>number with up to 5<br>digits. Ex: 101.50) | What is the planned<br>average number of<br>patients for which one<br>RN on the unit will<br>provide direct patient<br>care per day on the Day<br>Shift (Please provide a<br>number with up to 5<br>digits. Ex: 101.50) ? |
|---|---------------------|---|---|---|
| ASU Post Op: Phase II   | 2                   | 10  | 25  | 2   |
| Recovery  | 2                   | 10  | 25  | 3   |
| Emergency Department  | 3                   | 12  | 15  | 5   |
| Two North   | 4                   | 12  | 24  | 6   |

### LPN DAY SHIFT STAFFING

| Provide a description of<br>Clinical Unit, including a<br>description of typical<br>patient services provided<br>on the unit and the<br>unit's location in<br>the hospital. | Planned average number<br>of Licensed Practical<br>Nurses (LPN) on the unit<br>providing direct patient<br>care per day on the Day<br>Shift? (Please provide a<br>number with up to 5<br>digits. Ex: 101.50) | Planned total hours of<br>LPN care per patient<br>including adjustment for<br>case mix and acuity on<br>the Day Shift (Please<br>provide a number with<br>up to 5 digits. Ex: 101.50) |
|---|--|---|
| ASU Post Op: Phase II   |  |   |
| Recovery  | 0  | 0   |
| Emergency Department  | 0  | 0   |
| Two North   | 1  | 12  |

## DAY SHIFT ANCILLARY STAFF

| Provide a description of<br>Clinical Unit, including a<br>description of typical<br>patient services provided<br>on the unit and the<br>unit's location in | Shift? (Please provide a number with up to 5 | Planned total hours of<br>ancillary members of the<br>frontline team including<br>adjustment for case mix<br>and acuity on the Day<br>Shift (Please provide a<br>number with up to 5<br>digits. Ex: 101.50) |
|--|--|---|
| the hospital.  | digits. Ex: 101.50)                          |   |
| ASU Post Op: Phase II  |  |   |
| Recovery   | 0  | 0   |
| Emergency Department   | 0  | 0   |
| Two North  | 1  | 12  |

## DAY SHIFT UNLICENSED STAFFING

| Provide a description of<br>Clinical Unit, including a<br>description of typical<br>patient services provided<br>on the unit and the<br>unit's location in | Planned average number<br>of unlicensed personnel<br>(e.g., patient care<br>technicians) on the unit<br>providing direct patient<br>care per day on the Day<br>Shift? (Please provide a<br>number with up to 5 | Planned total hours of<br>unlicensed personnel<br>care per patient<br>including adjustment for<br>case mix and acuity on<br>the Day Shift (Please<br>provide a number with<br>up to 5 digits. Ex: 101.50) |
|--|--|---|
| the hospital.  | digits. Ex: 101.50)  |   |
| ASU Post Op: Phase II  |  |   |
| Recovery   | 0  | 0   |
| Emergency Department   | 1  | 12  |
| Two North  | 1  | 12  |

DAY SHIFT ADDITIONAL RESOURCES

| Provide a description of<br>Clinical Unit, including a<br>description of typical | Description of additional<br>resources available to<br>support unit level<br>patient care on the Day<br>Shift. These resources<br>include but are not<br>limited to unit clerical<br>staff,<br>admission/discharge<br>nurse, and other |
|--|--|
| patient services provided<br>on the unit and the                                 | coverage provided to<br>registered nurses,   |
| unit's location in   | licensed practical nurses,   |
| the hospital.  | and ancillary staff.   |
| ASU Post Op: Phase II  |  |
| Recovery   | per diem   |
| Emergency Department   | Per-Diem Staffing  |
|  | Nursing supervisors, unit  |
| Two North  | managers, educators.   |

## DAY SHIFT CONSENSUS INFORMATION

| Provide a description of<br>Clinical Unit, including a<br>description of typical<br>patient services provided<br>on the unit and the<br>unit's location in<br>the hospital. | Our Clinical Staffing<br>Committee reached<br>consensus on the clinical<br>staffing plan for this unit: | If no,<br>Chief Executive Officer<br>Statement in support of<br>clinical staffing plan for<br>this unit: | Statement by members<br>of clinical staffing<br>committee selected by<br>the general hospital<br>administration<br>(management members): | Statement by members<br>of clinical staffing<br>committee that were<br>registered nurses,<br>licensed practical nurses,<br>and ancillary members of<br>the frontline team<br>(employee members): |
|---|---|--|--|--|
| ASU Post Op: Phase II   |   |  |  |  |
| Recovery  | Yes   |  |  |  |
| Emergency Department  | Yes   |  |  |  |
| Two North   | Yes   |  |  |  |

#### **RN EVENING SHIFT STAFFING**

|                            | Planned average number                |                             |                          | What is the planned                   |
|----------------------------|---------------------------------------|-----------------------------|--------------------------|---------------------------------------|
|                            | u u u u u u u u u u u u u u u u u u u |                             |                          | · · · · · · · · · · · · · · · · · · · |
|                            | of Registered Nurses                  |                             |                          | average number of                     |
|                            | (RN) on the unit                      | Planned total hours of      |                          | patients for which one                |
| Provide a description of   | providing direct patient              | RN nursing care per         |                          | RN on the unit will                   |
| Clinical Unit, including a | care per day on the                   | patient including           | Planned average number   | provide direct patient                |
| description of typical     | Evening Shift? (Please                | adjustment for case mix     | of patients on the unit  | care per day on the                   |
| patient services provided  | provide a number with                 | and acuity on the           | per day on the Evening   | Evening Shift (Please                 |
| on the unit and the        | up to 5 digits. Ex: 101.50)           | Evening Shift (Please       | Shift? (Please provide a | provide a number with                 |
| unit's location in         |                                       | provide a number with       | number with up to 5      | up to 5 digits. Ex:                   |
| the hospital.              |                                       | up to 5 digits. Ex: 101.50) | digits. Ex: 101.50)      | 101.50)?                              |
| Emergency Department       | 3                                     | 12                          | 15                       | 5                                     |

## LPN EVENING SHIFT STAFFING

|                            | Planned average number      |                             |
|----------------------------|-----------------------------|-----------------------------|
| Drovido o description of   | of Licensed Practical       | Planned total hours of      |
| Provide a description of   |                             | Planned total hours of      |
| Clinical Unit, including a | Nurses (LPN) on the unit    | LPN care per patient        |
| description of typical     | providing direct patient    | including adjustment for    |
| patient services provided  | care per day on the         | case mix and acuity on      |
| on the unit and the        | Evening Shift? (Please      | the Evening Shift (Please   |
| unit's location in         | provide a number with       | provide a number with       |
| the hospital.              | up to 5 digits. Ex: 101.50) | up to 5 digits. Ex: 101.50) |
| Emergency Department       | 0                           | 0                           |

EVENING SHIFT ANCILLARY STAFF

|                            |                             | Planned total hours of      |
|----------------------------|-----------------------------|-----------------------------|
| Provide a description of   | Planned average number      | ancillary members of the    |
| Clinical Unit, including a | of ancillary members of     | frontline team including    |
| description of typical     | the frontline team on the   | adjustment for case mix     |
| patient services provided  | unit per day on the         | and acuity on the           |
| on the unit and the        | Evening Shift? (Please      | Evening Shift (Please       |
| unit's location in         | provide a number with       | provide a number with       |
| the hospital.              | up to 5 digits. Ex: 101.50) | up to 5 digits. Ex: 101.50) |
| Emergency Department       | 0                           | 0                           |

## EVENING SHIFT UNLICENSED STAFFING

|                            | Planned average number    | Planned total hours of      |
|----------------------------|---------------------------|-----------------------------|
| Provide a description of   | of unlicensed personnel   | unlicensed personnel        |
| Clinical Unit, including a | on the unit providing     | care per patient            |
| description of typical     | direct patient care per   | including adjustment for    |
| patient services provided  | day on the Evening Shift? | case mix and acuity on      |
| on the unit and the        | (Please provide a         | the Evening Shift (Please   |
| unit's location in         | number with up to 5       | provide a number with       |
| the hospital.              | digits. Ex: 101.50)       | up to 5 digits. Ex: 101.50) |
| Emergency Department       | 1                         | 12                          |

EVENING SHIFT ADDITIONAL RESOURCES

|   | Description of additional<br>resources available to<br>support unit level<br>patient care on the |
|---|--|
| Provide a description of  | Evening Shift. These<br>resources include but are<br>not limited to unit<br>clerical staff,      |
| Clinical Unit, including a<br>description of typical<br>patient services provided | admission/discharge<br>nurse, and other<br>coverage provided to                                  |
| on the unit and the<br>unit's location in<br>the hospital.                        | registered nurses,<br>licensed practical nurses,<br>and ancillary staff.                         |
| Emergency Department  | Per-Diem Staffing  |

#### EVENING SHIFT CONSENSUS INFORMATION

#### **RN NIGHT SHIFT STAFFING**

| Name of Clinical Unit: | on the unit and the<br>unit's location in<br>the hospital. | (RN) on the unit<br>providing direct patient<br>care per day on the Night<br>Shift? (Please provide a | Planned total hours of<br>RN nursing care per<br>patient including<br>adjustment for case mix<br>and acuity on the Night<br>Shift (Please provide a<br>number with up to 5<br>digits. Ex: 101.50) | Planned average number<br>of patients on the unit<br>per day on the Night<br>Shift? (Please provide a<br>number with up to 5<br>digits. Ex: 101.50) |
|------------------------|--|---|---|---|
| Emergency Department   | Emergency Department                                       | 2   | 12  | 10  |
| Medical/Surgical       | Two North  | 4   | 12  | 24  |

# LPN NIGHT SHIFT STAFFING

| Name of Clinical Unit: | What is the planned<br>average number of<br>patients for which one<br>RN on the unit will<br>provide direct patient<br>care per day on the Night<br>Shift (Please provide a<br>number with up to 5<br>digits. Ex: 101.50)? | Planned average number<br>of Licensed Practical<br>Nurses (LPN) on the unit<br>providing direct patient<br>care per day on the Night<br>Shift? (Please provide a<br>number with up to 5<br>digits. Ex: 101.50) |
|------------------------|--|--|
| Emergency Department   | 12   | 0  |
| Medical/Surgical       | 6  | 0  |

NIGHT SHIFT ANCILLARY STAFF

| Name of Clinical Unit: | Planned total hours of<br>LPN care per patient<br>including adjustment for<br>case mix and acuity on<br>the Night Shift (Please<br>provide a number with<br>up to 5 digits. Ex: 101.50) | Planned average number<br>of ancillary members of<br>the frontline team on the<br>unit per day on the Night<br>Shift? (Please provide a<br>number with up to 5<br>digits. Ex: 101.50) |
|------------------------|---|---|
| Emergency Department   | 0   | 0   |
| Medical/Surgical       | 0   | 1   |

# NIGHT SHIFT UNLICENSED STAFFING

| Name of Clinical Unit: | Planned total hours of<br>ancillary members of the<br>frontline team including<br>adjustment for case mix<br>and acuity on the Night<br>Shift (Please provide a<br>number with up to 5<br>digits. Ex: 101.50) | Planned average number<br>of unlicensed personnel<br>on the unit providing<br>direct patient care per<br>day on the Night Shift?<br>(Please provide a<br>number with up to 5<br>digits. Ex: 101.50) |
|------------------------|---|---|
| Emergency Department   | 0   | 0   |
| Medical/Surgical       | 12  | 1   |

# NIGHT SHIFT ADDITIONAL RESOURCES

| Name of Clinical Unit: | Planned total hours of<br>unlicensed personnel<br>care per patient<br>including adjustment for<br>case mix and acuity on<br>the Night Shift (Please<br>provide a number with<br>up to 5 digits. Ex: 101.50) |
|------------------------|---|
| Emergency Department   | 12  |
| Medical/Surgical       | 12  |

|                        | Description of additional  |                              |                         |                       |
|------------------------|----------------------------|------------------------------|-------------------------|-----------------------|
|                        | resources available to     |                              |                         |                       |
|                        | support unit level         |                              |                         |                       |
|                        | patient care on the Night  |                              |                         |                       |
|                        | Shift. These resources     |                              |                         |                       |
|                        | include but are not        |                              |                         |                       |
|                        | limited to unit clerical   |                              |                         |                       |
|                        | staff,                     |                              |                         |                       |
|                        | admission/discharge        |                              |                         | Statement by members  |
|                        | nurse, and other           |                              | lf no,                  | of clinical staffing  |
|                        |                            | Our Clinical Staffing        | Chief Executive Officer | committee selected by |
|                        | coverage provided to       |                              |                         |                       |
|                        | registered nurses,         | Committee reached            | Statement in support of | the general hospital  |
|                        | licensed practical nurses, |                              |                         | administration        |
| Name of Clinical Unit: | and ancillary staff.       | staffing plan for this unit: | this unit:              | (management members): |

|                      |  |     |  | -  |
|----------------------|--|-----|--|--|
|                      |  |     | To Whom It May Concern:                                  | Dr. Ibrahim,<br>I am writing to give you<br>justification to support the |
|                      |  |     | I am writing to confirm my                               | current AO Fox Hospital<br>Emergency Department 11p                      |
|                      |  |     | support for the continuation of A.O. Fox                 | 7a staffing model. We<br>currently staff two                             |
|                      |  |     | Hospital's current nurse<br>staffing model in its        | Registered Nurses. The 2023 year to date volumes                         |
|                      |  |     | Emergency Department.<br>Currently, A.O. Fox             | and census for the 11p-7a shift to support this staffing                 |
|                      |  |     | Hospital's Emergency                                     | model is 8 patients per shift  |
|                      |  |     | Department in Oneonta<br>schedules two registered        | from 11p-7a, supporting 2<br>RN's.                                       |
|                      |  |     | nurses between the hours<br>of 11 p.m. and 7 a.m. daily. | Based on the current year to date volumes in the                         |
|                      |  |     | Based on patient volumes                                 | FOX's Emergency<br>Department, we support                                |
|                      |  |     | and census records in A.O.<br>Fox Hospital's Emergency   | continuing with the current staffing model.                              |
|                      |  |     | Department documented<br>between January 23, 2023,       | Thank you for your time<br>and consideration to this                     |
|                      |  |     | and July 23, 2023 – which<br>averaged eight patients per | matter.  |
|                      |  |     | night between 11 p.m. and                                |  |
| Emergency Department | Per-Diem Staffing                              | No  | 7 a.m. – the current staffing<br>model is sufficient to  | Joan R. MacDonald, DNP,<br>MSN, RN                                       |
| Medical/Surgical     | Nursing supervisors, unit managers, educators. | Yes |  |  |

## **CBA INFORMATION**

| We have one or more collective bargaining<br>agreements:  | Yes        |
|---|------------|
| If yes, then:   |            |
|   |            |
| Our general hospital has a collective   |            |
| bargaining agreement with the following   |            |
| organizations that represent clinical staff   |            |
| (Select all that apply):  | New York   |
| **places a last secondaria de la configuración de la configuración de la configuración de la configuración de l | State      |
| **Please select association and identify staff  | ITUISES    |
| (e.g. nurses, ancillary staff, etc.)  | Associatio |
| represented.  | n,SEIU     |
|   | 1199       |

| Our general hospital's collective<br>bargaining agreement with New York State<br>Nurses Association expires on the following<br>date: | 09/30/20<br>23 12:00 |
|---|----------------------|
| uale.   |                      |
|   | AM                   |
| The number of hospital employees<br>represented by New York State Nurses<br>Association is:   | 30                   |
|   |                      |
|   |                      |
|   |                      |
|   |                      |
| Our general hospital's collective   | 02/20/20             |
| bargaining agreement with SEIU 1199   | 03/29/20<br>25 12:00 |
|   | 25 12:00<br>AM       |
| expires on the following date:  | AIVI                 |

