Bassett Medical Center
Staffing Ratio Committee Charter
Created: January 2022
Implemented: January 1, 2023

<table>
<tr><td>Committee Name</td><td>Bassett Medical Center Clinical Staffing Committee</td></tr>
<tr><td>Committee Membership and Leadership</td><td>
At least one half of the total committee membership will consist of registered nurses, licensed practical nurses and ancillary support staff currently providing direct patient care. Up to one half of the total membership of the committee will consist of hospital administrative/management staff.

Each area where nursing care is provided will have the opportunity to provide advice to the clinical staffing committee. Committee meetings are open, and any interested staff employed by Bassett Medical Center may attend, but only committee members will have a vote.

The clinical staffing committee will be co-chaired by one staff registered nurse and one management representative. Co-chairs will be selected every two years by the clinical staffing committee.

Registered nurses, licensed practical nurses and ancillary support staff committee members will be selected by their peers.

Co-Chairs – Kristin Silano, RN and Jason Burns, RN
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<tr><th>Committee Membership Management</th><th>Committee Membership Staff</th></tr>
<tr><td>Julie Hall, MSN, CNO</td><td>Kristin Silano, RN</td></tr>
<tr><td>Jeffrey Morgan, MBA, CPA, FACHE, FHFMA, Senior Vice President, CFO</td><td>Jason Burns, RN</td></tr>
<tr><td>Tammy Aiken, RN</td><td>Sherrey Delong, Nursing Assistant</td></tr>
<tr><td>Sharon Wilcox, RN</td><td>Martiza Emerick, RN</td></tr>
<tr><td>Brook Lloyd, RN</td><td>Areanna Shedd, RN</td></tr>
<tr><td>Stacey Jordan, RN</td><td>Tonia Barletta, Nursing Assistant</td></tr>
<tr><td>Jessica Crawford, RN</td><td>Brenilda Loos, RN</td></tr>
<tr><td>Darla Crouse, RN</td><td>Elaina Newell, Nursing Assistant</td></tr>
<tr><td>Randi Fike, RN</td><td>Rosemond Owner, RN</td></tr>
<tr><td>Christine Curcio, RN</td><td>Rachel Edson, LPN</td></tr>
<tr><td>Steven Corey, RN</td><td>Candace Seeley, LPN</td></tr>
<tr><td></td><td>Stephanie Lehenbauer, RN</td></tr>
<tr><td></td><td>Katherine Seeley, RN</td></tr>
<tr><td></td><td>Rebecca Pace, RN</td></tr>
<tr><td></td><td>Cheyenne Sigtermans, RN</td></tr>
<tr><td></td><td>Izees Abdallah, RN</td></tr>
<tr><td></td><td>Evan Bates, Nursing Assistant</td></tr>
<tr><td></td><td>Breanna Gault, Nursing Assistant</td></tr>
<tr><td></td><td>Anitha Jose Fnu, RN</td></tr>
<tr><td></td><td>Rebecca Arnold, RN</td></tr>
<tr><td></td><td>Sidney Ingraham, Nursing Assistant</td></tr>
<tr><td></td><td>Jennifer Burns, RN</td></tr>
<tr><td></td><td>Lesly Hazzard, RN</td></tr>
<tr><td></td><td>Elizabeth Church, RN</td></tr>
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Overall Purpose/ Strategic Objective	The purpose of this committee is to help ensure patient and staff safety, alignment with the organization's strategic goals, support greater retention, and promote evidence-based staffing by establishing a mechanism whereby direct care staff and hospital management can participate in a joint process regarding decisions about staffing. The clinical staffing committee has ready access to organizational data pertinent to the analysis of staffing which may include but is not limited to: • Patient census and census variance trends • Patient LOS • Nurse sensitive outcome indicator data • Quality metrics and adverse event data where staffing may have been a factor • Patient experience data • Staff engagement/experience data • Nursing overtime and on-call utilization • Nursing agency utilization and expense • Staffing concerns/data • Recruitment, retention and turnover data • Education, vacation and sick time (including leaves of absence, scheduled or unscheduled)
Tasks/ Functions	Develop/produce and oversee the establishment of an annual patient care unit and shift-based staffing plan and staffing plan modifications based on the needs of patients and use this plan as the primary component of the staffing budget. Provide semi-annual review of the staffing plan to compare budget to actual performance. Ensure mechanisms are built in to allow for flexibility based on patient need by utilizing factors such as case mix, acuity and complexity, as well as unit activity (admissions discharges and transfers). Incorporate known evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital, as well as historical budget information (prior year's run rate, hours per patient day, etc.). Typical timeline for annual review and validation of staffing plans: • April – committee review and submit to hospital president for final approval by June 1 of each year (in time for July 1 DOH submission). • October – committee review and validate prior to final budget submission Review, assess and respond to staffing variations or concerns presented to the committee. Assure that patient care unit annual staffing plans, shift-based staffing and total clinical staffing are posted on each unit in a public area. Assure factors are considered and included, but not limited to, the following in the development of staffing plans: • Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions and transfers • Level of acuity and intensity of all patients and nature of the care to be delivered on each shift • Skill mix of the staff • Level of experience and specialty certification or training of nursing personnel providing care • The need for specialized or intensive equipment • The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas and equipment • Mechanisms and procedures to provide for one-to-one patient observations, when needed. • Other special characteristics of the unit or community patient population.

	• Measures to increase worker and patient safety, which could include measures to include measures to improve patient throughput. • Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations and other health professional organizations • Availability of other personnel supporting nursing services on the unit. • Coverage to enable registered nurses, licensed practical nurses and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable. • The predetermined NDNQI nurse sensitive metrics. • Hospital finances and resources as well as defined budget cycle must be considered in the development of the staffing plan. • Waiver of plan requirements in the case of an unforeseeable emergency where the hospital disaster plan is activated, or an unforeseen disaster or catastrophic event immediately affects or increases the need for healthcare services. Develop and implement a process to examine and respond to complaints submitted to the committee regarding potential violations of the staffing plan: • Track complaints coming in and the resolution of the complaints. • Make a determination that a complaint is resolved or dismissed based on submitted data. • Examine trends and make changes if necessary. Orientation to the clinical staffing committee is part of unit/department orientation where applicable.
Timeline for Outcome Completion	• By January 1, 2022 the clinical staffing committee will be established in accordance with the Clinical Staffing Committee Law. • By January 31, 2022 the clinical staffing committee will have approved the charter. • By June 1, 2022 the clinical staffing committee will have reviewed, approved, and submitted unit/area staffing plans to the hospital president for approval
Meeting Management	**Meeting schedule:** The clinical staffing committee will meet as often as necessary to complete the clinical staffing plan prior to each of the deadlines and then on a regular basis as agreed upon by the committee members during the remainder of the year (monthly, quarterly, etc.). Notices of meeting dates and times will be distributed in advance in order to better accommodate unit scheduling. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Members of the clinical staffing committee will be paid, and preferably will be scheduled to attend meetings as part of their normal work hours for the majority of the meetings. It is understood that meeting schedules may require that a staff member attend on his/her scheduled day off. In this case, the staff member will be compensated for their time. **Record-keeping/minutes:** • Meeting agendas will be distributed to all committee members in advance of each meeting. • The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting. Meeting minutes will be posted on SharePoint and/or Teams, or similar site to allow all staff to review. • A master copy of all agendas and meeting minutes from the clinical staffing committee will be maintained and available for review on request. **Attendance requirements and participation expectations:** • It is the expectation of the clinical staffing committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings and engaging in respectful dialogue as professional committee members.

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If a member needs to be excused, requests for an excused absence are communicated to staffing committee co-chair/s. Failure to request an excused absence will result in attendance recorded as “absent” in the meeting minutes.
All members are expected to attend at least 75% of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee.
Replacement will be in accordance with aforementioned selection processes.

Decision-making process:

Clinical staffing plans shall be developed and adopted by consensus of the clinical staffing committee. For the purposes of determining whether there is a consensus, the management members of the committee shall have one vote, and the employee members shall have one vote, regardless of the actual number of members of the committee.
If there is no consensus on the staffing plan or partial staffing plan (individual unit/department), the hospital president shall use discretion to adopt the plan, or partial plan based on the information provided and provide a written explanation of this determination. This will include the final written proposals from both the management and employee members and their rationales.
There will be a requirement of at least half of the committee members of each group in order to have a quorum. Currently five staff members and five management members.

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<tr><td>New Staff Committee Requirements</td><td>Staffing committee members will receive education/orientation upon joining the committee.</td></tr>
<tr><td>Staffing Model 06/01/22</td><td>
Staffing Model for Med/Surg as of 6/1/22
<table>
<tr><th># of Patients (BEDS)</th><th>RN</th><th>Aides</th></tr>
<tr><td>41-46</td><td>10</td><td>4</td></tr>
<tr><td>36-40</td><td>9</td><td>4</td></tr>
<tr><td>31-35</td><td>8</td><td>3</td></tr>
<tr><td>26-30</td><td>7</td><td>3</td></tr>
<tr><td>21-25</td><td>6</td><td>2</td></tr>
<tr><td>16 - 20</td><td>5</td><td>2</td></tr>
<tr><td>11 – 15</td><td>4</td><td>2</td></tr>
<tr><td>1 – 10</td><td>3</td><td>2</td></tr>
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Staffing Model for ICU as of 6/1/22 *
<table>
<tr><th># of Patients (BEDS)</th><th>RN</th><th>Aides</th><th>NUC</th></tr>
<tr><td>13-14</td><td>8</td><td>2</td><td>1</td></tr>
<tr><td>11-12</td><td>7</td><td>2</td><td>1</td></tr>
<tr><td>9-10</td><td>6</td><td>2</td><td>1</td></tr>
<tr><td>7-8</td><td>5</td><td>2</td><td>1</td></tr>
<tr><td>5-6</td><td>4</td><td>1</td><td>1</td></tr>
<tr><td>3-4</td><td>3</td><td>1</td><td>1</td></tr>
<tr><td>1-2</td><td>2</td><td>1</td><td>1</td></tr>
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* Patient acuity will always be the deciding factor for patient ratios in the ICU. The Stat RN position is not included in the unit ratios. Priority will always be given to staffing to appropriate ratios prior to staffing the Stat RN position. Per continuous cardiac monitoring protocol: there will be a monitor-trained person at the central station at all times.

Staffing Model for SCU as of 6/1/22 **
<table>
<tr><th># of Patients (BEDS)</th><th>RN</th><th>Aides</th></tr>
<tr><td>22-24</td><td>9</td><td>3</td></tr>
<tr><td>21-23</td><td>8</td><td>3</td></tr>
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19-20	7	3
17-18	6	3
13-16	5	2
9-12	4	2
5-8	3	1
1-4	2	1

****Ratio dependent on acuity.**

Staffing Model for OB as of 6/1/22

# of Patients (BEDS)	**RN**	**Tech**
C-Section (OR)	2:2**	1
C-Section Recovery	1-2:2**	1
Special Care	1:1	1
Post-Partum	1:3**	1
Labor	1:1	1
Vaginal Recovery	1-2:2**	1
Triage	1:3**	1

****Ratio dependent on acuity.**

Staffing Model for Inpatient Psychiatry as of 6/1/22

# of Patients (BEDS)	**RN/LPN**	**Aides**
11-14	2	2
0-10	2	1

Staffing Model for Operating Room as of 8/1/23

# of Patients	**RN**
1	1

Staffing Model for Emergency Department as of 8/1/23

Time of Day	***RN***	***NA***
0700-0900	*4*	*4*
0900-1100	*5*	*4*
1100-1900	*7*	*4*
1900-2300	*7*	*4*
2300-0700	*4*	*3*

Staffing Model for ASU/PACU as of 8/1/23

# of Patients	**RN**
Phase I	1:1
Phase II	1:2
Extended Care	1:3
Blended Care	1:3

*** PACU staffing should always reflect patient acuity. In general a 1:2 nurse-patient ratio is acceptable. 1:1 nurse-patient ratio should be maintained at time of admission to Phase I, Airway or hemodynamic instability, a child under the age of 8, 2:1 nurse-patient ratio may be required for a critical care/Unstable patient.**

PACU will always adhere to the ASPAN standards: "Two registered nurses, one of whom is a RN Competent in Phase I Post anesthesia nursing are in the same room/unit where the patient is receiving Phase I care. The phase I RN must have immediate access and direct line of care when providing patient care. The second RN should be able to directly hear a call for assistance and be

immediately available to assist. These staffing recommendations should be maintained during "On-Call" situations.
Use of LPN, PCA and PCSA are not measured by ASPA.

Staffing Model for CVI Labs as of 11/7/23

# of Patients	RN
1	2

Staffing Model for CVRU as of 11/7/2023

# of Patients	RN
Acute – hemodynamic instability, Impella, IABP, bleeding access site	1:1
Immediate post or ICU LOC	1:2
2 hours+ post procedure	1:3