Bassett Healthcare Network
Cobleskill Regional Hospital

Clinical Staffing Plan 2023 as approved by Cobleskill Regional Hospital (CRH) Clinical Staffing Committee

The attached staffing plan and matrix was developed in accordance with New York State Clinical Staffing Committees and Disclosure of Nursing Quality Indicators. Public Health (PBA) chapter 45, Article 18, Section 2805, and includes all units covered under our hospital license. This plan was developed with consideration given to the following elements:

- Census, including total number of patients on each unit, each shift and activity such as discharges, admission and transfers.
- Level of intensity of all patients and nature of the care to be delivered on each shift.
- Skill mix of personnel.
- 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 room/s, treatment areas, nursing stations, medication preparation areas, and equipment.
- 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.
- Strategies to enable registered nurses to take meal and rest breaks as required by law.

Submitted by:

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There are many variables to consider in terms of what is safe, efficient staffing for patient care units at CRH. Every unit is different based upon the types of patients cared for on that unit and the way in which care is organized and delivered. Staffing also varies on the education and experience level of the staff.

The evaluation for care needs must consider patient variables such as: patient complexity, COVIE positive/negative, length of stay, functional status, activities of daily living, need for transport, and age. All of these factors play a role in determining the patient's nursing care needs.

Through all the departments at CRH; the Emergency Department, Inpatient Unit, OR/PACU, and Ambulatory Clinics; we will continue to support nursing students coming to gain experience in an acute care setting. We also support the hiring of newly graduated nurses which impacts staffing levels during their preceptorship but supports the new nurse as they advance along the pathway from novice to expert in their career.

CRH has begun using a patient acuity tool on the Medical/Surgical unit to assure that our staffing levels meet the standard for safe, efficient, quality care. In the Emergency Department we looked at our peak arrival times and triage levels to determine how to appropriately staff the unit with adequate professionals and ancillary staff. For the Ambulatory Clinics, we staff for the patient census based on the specialty clinic type. For the OR/PACU, we used the staffing requirements set forth in the ASPAN and AORN staffing Recommendations.

Development and Implementation:

Development of the staffing plan takes into consideration these factors;

- Nursing care required by individual patient needs, taking into account the turnover rate of patients; admissions, discharges and transfers.
- Qualifications and competency of the nursing staff. The skill mix and competency of the nursing staff to ensure the nursing care needs and the safety of the patient are met.
- The scope of practice of the Registered Nurses and CNAs/PCTs that require monitoring.
- Relevant infection control and safety issues of the patients.
- Continuity of care for the patients.
- Predetermined core staffing, establishing the minimal number of patient care staff that are needed (RNs, CNAs, PCTs). These staffing levels fluctuate with the patient census and level of care needed for each patient. The number of nursing staff on duty shall be sufficient to ensure care needs of each patient are met.
- The Nurse Manager receives input from direct-care clinical staff in the development, implementation, monitoring, evaluation and modification of the staffing plan.

- We consider nationally recognized evidence-based standards established by professional nursing organizations in our staffing plans.

Patient Classification:

- The Charge Nurse/House Resource Nurse (HRN), in conjunction with direct care staff on the Inpatient Unit, makes the classification of level of care needed for patients with the use of the acuity tool.
- The Charge Nurse/HRN make the patient assignments for the next shift on the Inpatient Unit.
- These decisions are made taking into account all criteria previously identified.
- Daily Staffing Practices.
- Staffing is evaluated and adjusted at least once every 12 hours on the inpatient unit and in the Emergency Department.
- The staffing needs on the Inpatient unit and Emergency Department are evaluated by the Charge Nurse/HRN and conveyed to the Department Manager so adjustments to staffing needs can be made.

Factors that influence this are:

- Timely, accurate data provided to department leaders when changes are needed.
- Level of care and acuity needs of the inpatient unit.
- Assigning nurses to patients matching patient needs with the qualifications and competency of the staff.
- Adjustments to nursing needs when precepting a newly graduated registered nurse.
- Evaluation of shift demands; admissions, discharges, transfers which must be reflected in the daily staffing needs.
- Reassignment of scheduled staff, when sufficient staff is available, to support other departments.
- Maintaining budgeted FTEs within established parameters whenever possible depending on patient care needs.
- Documenting on the daily staffing sheets and any changes needed within the shift.
- Accurate entries on Daily Sheet, When to Work and low census call off record is required.

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Support Personnel Available for all Inpatients:

- Hospitalist – Physician and Mid-level coverage 0700-1900 onsite and on-call
- Pharmacy services - Pharmacist onsite Monday-Friday 0700-1900, Saturday & Sunday 0700-1200.
- Case Manager - 5 days a week 0800-1630.
- Respiratory Therapist – coverage 0800-1600.
- Social Worker – coverage 0800-1600.
- Physical Therapy/Occupational Therapy — Monday-Friday 0700 — 1630, Saturday 0900 – 1200.

Specialty Clinic Services:

Bassett Healthcare Network practitioners provides many Specialty Clinics at CRH. Please see **Attachment A**. Caregivers staffing these Clinics are CRH staff.

Staff roles and responsibilities:

- Registered Nurse (RN): provide direct patient care 24 hours/day, 7 days/week.
- Certified Nursing Assistants (CNA)/Patient Care Technician (PCT): provides care to patients under the direct supervision of an RN who delegates appropriate tasks.
- Inpatient Unit manager: Monday through Friday 0800-1630, directs work flow, manages all day to day operations and provides support to the physicians and nurses.

Medical/surgical Unit Staffing Matrix:

- Medical/Surgical Unit is scheduled for 12-hour shifts, and per the staffing plan will have the following number of staff as listed by job classification, below staffing based on average census of 18. Adjustments up or down in staffing are made for fluctuations in census.

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CENSUS	Charge/HRN RN	RN	RN	RN	CNA	CNA
24	6	6	6	6	12	12
23	5	6	6	6	12	11
22	4	6	6	6	11	11
21	3	6	6	6	11	10
20	2	6	6	6	10	10
19	2	6	6	5	10	9
18	0	6	6	6	9	9
17	0	6	6	5	9	8
16	0	6	5	5	8	8
15	0	5	5	5	8	7
14	0	5	5	4	7	7
13	0	5	4	4	7	6
12	0	4	4	4	6	6
11	0	4	4	3	6	5
10	0	5	5	X	10	X
9	0	5	4	X	9	X
8	0	4	4	X	8	X
7	0	4	3	X	7	X
6	3	3	X	X	6	X
5	2	3	X	X	5	X

The above graph represents the staffing break down for inpatient unit for the day shift. The unit will be staffed with a Charge/HRN that is responsible for overseeing all of the patients and the workflow of the unit. There will also be up to three additional RN staff on the unit, and two CNAs depending on the census along with up to two patient care techs. Variances from this graph may be necessary depending on patient acuity and staffing levels.

For example: for a census of 18 patients:

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The Charge/HRN will oversee the unit, and the other professionals will each assume the care of six patients each. The CNAs will split the assignment of nine patients each.

CENSUS	Team Lead RN	RN / LPN 1	RN / LPN 2	RN / LPN 3	PCT 1	PCT 2
24	6	6	6	6	12	12
23	5	6	6	6	12	11
22	5	6	6	5	11	11
21	5	6	5	5	11	10
20	5	5	5	5	10	10
19	4	5	5	5	10	9
18	3	5	5	5	9	9
17	3	5	5	4	9	8
16	3	5	4	4	8	8
15	3	4	4	4	8	7
14	2	4	4	4	7	7
13	2	4	4	3	7	6
12	2	4	3	3	6	6
11	2	5	4	X	6	5
10	2	4	4	X	10	X
9	2	4	3	X	9	X
8	2	3	3	X	8	X
7	3	4	X	X	7	X
6	3	3	X	X	6	X
5	2	3	X	X	5	X

The above graph represents the staffing break down for inpatient unit for the night shift. The only difference from day shift it that the Team Lead RN will assume care of an increased number of patients in addition to Team Lead responsibilities. Variances from this graph may be necessary depending on patient acuity and staffing levels.

For example: for a census of 18 patients:

The Charge/HRN will oversee the unit and assume care of 3 patients, the other professionals will care for 5 patients each. The patient care techs will split the assignment of nine patients each.

Variances in staffing matrix:

Staffing Variance form: *see attachment A*

This form will be filled out and given to the Inpatient Nurse Manager or the Charge/HRN who will make the necessary adjustments in work assignments and staffing to meet the needs of the department. This form will be sent to the staffing committee for review at their monthly meeting.

OR staffing is a follows per ASPAN and AORN staffing recommendations:

PACU: Phase I recovery

1 nurse to 2 patients:

- Two conscious patients, stable and free of complications, but not yet meeting discharge criteria
- Two conscious patients, stable, 8yrs of age and under, with family or competent support staff present, but not yet meeting discharge criteria
- One unconscious patient, hemodynamically stable, with a stable airway, over the age of 8yrs and one conscious patient, stable and free of complications

1 nurse to 1 patient:

- At the time of admission, until the critical elements are met
- Airway and/or hemodynamic instability

  Examples of unstable airway include:
  - Requiring active intervention to maintain patency such as manual jaw lift of chin lift or an oral airway
  - Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing
  - Symptoms of respiratory distress including dyspnea, tachypnea, panic agitation, cyanosis
    - Any unconscious patient 8yrs of age and under
    - A second nurse must be available to assist as necessary
    - Patient with contact precautions until there is sufficient time for donning and removing PPE and washing hands in between patients

2 nurses 1 patient

- One critically ill, unstable patient

ASU Post op: Phase II recovery

1 nurse to 3 patients:

- Over 8 years old
- 8 years old and under with family present

1 nurse to 2 patients:

- 8 years old and under without family present

- Initial admission of patient post procedure

1 nurse to 1 patient

- Unstable patient of any age requiring transfer to higher level of care.

Pre-op there is no recommendation based on a wide variation across the country. It is more based on volume; health status and the educational/ cultural/ literacy needs of the patients.

The OR / endo is 1 circulator and 1 scrub/tech per case.

Emergency Department Staffing Matrix:

Emergency Department is scheduled for 12-hour shifts, and per the staffing plan will have the following number of staff as listed by job classification.

Emergency Department		
Staff	**Scheduled Hours**	**Number of Staff**
Charge RN	0700-1900	1
RN	0700-1000	1
PCT	0700-1900	1
RN	1000 - 2200	2
PCT	1900-0700	1
Charge/HRN	1900 - 0700	1
RN	2200-0700	2

0700 – 1000

2 RNs (including Charge/HRN) with the assignment up to 1:4 patients and 1 triage/float to assist with patients that are holding for admit or transfer and triage new patients (RN supervisor and ED Manager available if patient assignment increases above 1:4).

1 ER Technician.

1000 – 2200

3 RNs with assignment up to 1:4 patients and includes a triage/float RN.

1 ER Technician.

2200 – 0700

2 RNs with assignment up to 1:4 patients, 1 Charge/HRN, and 1 ER Technician.

2100 – 2300
2 RNs (including Charge/HRN) with assignment up to 1:4 patients, 1 PCT.

2300 – 0700
2 RN's with assignment up to 1:5 patients (RN supervisor available if patient assignment increases above 1:5, or an increase in patient acuity occurs).
1 ER technician until 0400.

ATTACHMENT A

Comprehensive Nurse Staffing Plan 2023 as approved by Ambulatory Care Clinic Staffing Committee

The attached staffing plan and matrix was developed in accordance with New York State Clinical Staffing Committees and Disclosure of Nursing Quality Indicators. Public Health (PBA) chapter 45, Article 18, Section 2805, and includes all units covered under our hospital license. This plan was developed with consideration given to the following elements:

- Including total number of clinic patients on each clinic.
- Dependent on total number of providers at each site.
- Level of intensity of all patients and nature of the care to be delivered in each clinic.
- Skill mix of personnel.
- 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 clinic including but not limited to placement of clinic room(s), treatment areas, nursing stations, medication preparation areas, and equipment.
- 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 in the clinic.
- Strategies to enable Registered Nurses to take meal and rest breaks as required by law.

Submitted by:

Irene Yarusso, MSN, ANP-C, CNN – Chief Nursing Officer & Vice President Ambulatory Nursing and Vice President Clinical Support Services

ATTACHMENT A

There are many variables to consider in terms of what is safe, efficient staffing for patient care clinics at Bassett Healthcare Network Ambulatory clinics. Every clinic is different based upon the types of patients cared for in that clinic and the way in which care is organized and delivered. Staffing also varies on the education and experience level of the staff.

The evaluation for care needs must consider patient variables such as: patient complexity, COVID positive/negative, functional status, activities of daily living, need for transport, and age. All of these factors play a role in determining the patient's nursing care needs.

Through all the clinics; we will continue to support nursing students coming to gain experience in an ambulatory care setting. We also support the hiring of newly graduated nurses which impacts staffing levels during their preceptorship but supports the new nurse as they advance along the pathway from novice to expert in their career.

For the Ambulatory Surgery Unit, we used the staffing requirements set forth in the ASGE/SGNA staffing recommendations.

Development and Implementation:

Development of the staffing plan takes into consideration these factors;

- Nursing care required by individual patient needs.
- Qualifications and competency of the nursing staff. The skill mix and competency of the nursing staff to ensure the nursing care needs and the safety of the patient are met.
- The scope of practice of the Registered Nurses, Medical Assistants/PCTs, and the Administrative Office Assistant, that require monitoring.
- Relevant infection control and safety issues of the patients.
- Continuity of care for the patients.
- Predetermined core staffing, establishing the minimal number of patient care staff that are needed (RNs, PCTs, MA/AOA). These staffing levels fluctuate with the patient census and level of care needed for each patient. The number of nursing staff on duty shall be sufficient to ensure care needs of each patient are met.
- The Nursing Administration receives input from direct-care clinical staff in the development, implementation, monitoring, evaluation and modification of the staffing plan.
- We consider nationally recognized evidence-based standards established by professional nursing organizations in our staffing plans.

Patient Classification:

- Nursing leadership, in conjunction with direct care staff in the clinics, make the staffing plan daily.
- Nursing leadership make the patient assignment daily.
- These decisions are made taking into account all criteria previously identified.
- Daily Staffing Practices.
- Staffing is evaluated and adjusted as needed.

Factors that influence this are:

- Timely, accurate data provided to department leaders when changes are needed.
- Level of care and acuity needs at each clinic.
- Assigning nurses to patients matching patient needs with the qualifications and competency of the staff.
- Adjustments to nursing needs when precepting a newly graduated registered nurse.
- Reassignment of scheduled staff, when sufficient staff is available, to support other departments.
- Maintaining budgeted FTEs within established parameters whenever possible depending on patient care needs.
- Documenting on the daily staffing sheets and any changes needed within the shift.
- If we are lacking nursing support, providers can room and provide care for patients as needed.
- In emergent situations such as snow storms – we can close clinics as needed.

Support Personnel Available for all Outpatients:

- Covering providers for all clinics.
- Nursing Directors, Managers, Supervisors and Team Leads.
- Pharmacy services – available both Inpatient and Outpatient.
- Care Managers, Social Workers and Dieticians.

Staff roles and responsibilities:

- Registered Nurse (RN): provide direct patient care.
- Patient Care Technician (PCT): provides care to patients under the direct supervision of an RN who delegates appropriate tasks.
- Medical Assistant (MA)/Administrative Office Assistant (AOA: provides care to patients under the direct supervision of an RN who delegates appropriate tasks.
- Outpatient Unit Manager: Monday through Friday 0800-1630, directs work flow, manages all day to day operations.

ATTACHMENT A

Primary Care Staffing Matrix:

- 1 RN Triage and MOAs depending on number of providers and clinic visits per day

Women's Health:

- 1 RN Triage

Specialty Clinics:

- 1 RN per 2 practitioners or 1MA/AOA per practitioner

Cancer Treatment Centers:

- 1 RN per 2 patient infusions
- Radiation Oncology 1 RN for infusions and treatments

Medical Clinic:

- Infusions – 1 RN per 2 patients
- Same as specialty clinics

Cardiology Clinic:

- Same as specialty clinics except:
- 1 RN for triage
- 1 RN for stress testing

ASU/Procedures/Gastroenterology:

- Physiatry – 1RN for the procedure, 1 RN pre and 1 RN post
- ASU/GI – 1 RN for the procedure 1 RN pre and 1 RN post
- Procedural areas – 1 RN