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DHDC DAL#: 23-16
New York State Public Health Law
Section 2805-t
Revised 2023 Clinical Staffing Plans Submissions

Please find attached Putnam Hospital's Clinical Staffing Plans

PFI #752

Health Commerce System Name: Putnam Hospital

Sincerely,

A handwritten signature in black ink, appearing to read 'Anne Gaya-Ngowe'.

Anne Gaya-Ngowe, MBA, MPH, BSN, RN
Chief Nursing Officer



Putnam Hospital

New York State Hospital Clinical Staffing Plan

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Putnam Hospital New York State Hospital Clinical Staffing Plan

Introduction to Putnam Hospital

Putnam Hospital, a part of Nuvance Health's seven hospital system, is a 164-bed facility that serves Putnam, Northern Westchester, and Southern Dutchess Counties. Located in Carmel, NY, the team at Putnam Hospital is committed to providing safe, compassionate care to meet the healthcare needs of our community. We are an acute care hospital offering innovative technologies. Putnam Hospital offers advanced surgical services including orthopedics, spine, robot-assisted surgery, and bariatric surgery. Putnam Hospital is a full-service Hospital and provides stroke care, a blood management program, cardiac care, psychiatric care including a partial-hospitalization program, maternity care, and outpatient physical rehabilitation.

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 support staff as part of the 1199 collective bargaining unit.


Staffing Plan Purpose and Principles

This clinical staffing plan was developed for the effective scheduling and management of daily staffing needs for Putnam Hospital, and to define a process that ensures the availability of qualified nursing and unit level support staff to provide safe, reliable, and effective care to our patients. This plan applies to all licensed acute care (inpatient) units, ASU, PACU, Operating Room, and the Emergency Department.

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*, should help inform the staffing plan.

Clinical Staffing Plan Committee

The Clinical Staffing Plan Committee is responsible for the development and oversight of the staffing 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 (Section 2) and the information and data from individual patient care units.



Putnam Hospital
New York State Hospital Clinical Staffing Plan

Nursing Scope of Services Including Staffing Plan Matrices:

The clinical staffing plan is comprised of the following eight departments and each departmental Scope of Service and Staffing Guideline (Matrix) is included in this plan (Section 3)

Medical-Surgical Unit(s)
Intensive Care / Stepdown Unit
Behavioral Health
Labor and Delivery
Emergency Department
Ambulatory Surgical Unit
Post Anesthesia Care Unit
Operating Room


Clinical Departmental Budgets and Productivity

Management and the Hospital Finance team are responsible for establishing an annual operating budget for each nursing department. Operating budgets at Putnam Hospital are established annually based upon a Fiscal Year calendar.

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, 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 Putnam Hospital, unit Full Time Equivalent (FTE) allocation established in the operating budget is based upon staffing guidelines, hospital management input, 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 and predicted unit volumes.



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Productivity is measured every four hours in each nursing department through utilization of the Drive Real Time Staffing software for inpatient units. 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.


Staffing Scheduling

Patient Care Managers are responsible to create department schedules based upon a 6-week schedule cycle within our electronic scheduling system. Each schedule cycle begins with a two-week self-scheduling period where clinical staff are required to select shifts based upon their work commitment. Clinical staff can request time off prior to 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. 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 can self-schedule any open shifts. Open shifts that do not meet core staffing requirements are made available for staff to volunteer for bonus overtime shifts. Each month's schedule is finalized prior to implementation according to the New York State Nursing Association collective bargaining agreement section 5.03.

PTO (Paid Time Off) scheduling follows the process as outlined in the New York State Nursing Association collective bargaining agreement Section 7.07 and in the 1199 collective bargaining agreement Article 15, Section 4.

The normal workday is eight or twelve consecutive work hours excluding a one-half hour unpaid scheduled meal period. Employees will be granted one fifteen-minute paid break per each half of their shift.

On a shift-by-shift basis, the staffing office coordinators along with the Nursing Supervisors or Patient Care Managers analyze each department 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 department for the upcoming shift is communicated to the unit secretary and/or charge nurse. Prior to the start of the next shift, the charge nurse creates the nursing and patient care technician assignment for the next shift. The charge nurse is responsible to ensure that the staffing assignments for the upcoming shift, along with meal and break times are posted on the "Shift Staffing Plan" communication board.



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Staff breaks will be scheduled for all staff and posted on the unit at the beginning of each shift. At the beginning of staff break, report of the patient assignment will be given to the staff member that will be covering during the break. If a staff member is unable to take a break or does not have adequate coverage from another staff member, this will be escalated to management for a solution to be rendered. This process for staff breaks will be an agenda item at staffing committee meetings to ensure the process is effective and all staff have breaks.

Please refer to Section 4, Policy “Nursing Coverage Plan” for additional information

Complaint Resolution Process

Staffing concerns are 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 Collective Bargaining Agreements.

The Clinical Staffing Committee will review, assess, and respond to complaints about potential violations of the staffing plan, staffing variations, or other concerns with implementation of the staffing plan. Complaints should be reviewed and resolved, as applicable, internally with staff and unit management prior to the Clinical Staffing Committee.

Clinical Staffing Plan Vote

The Clinical Staffing Plan was developed by the Clinical Staffing Committee and a consensus vote was not achieved. The Clinical Staff consensus vote is “No” and Management vote is “Yes”.

Elements of the plan resulting in non-consensus:

- ED Staffing Matrix:
 - The clinical staff propose a minimum of 3 RNs in the Emergency Department at all times.
 - Management proposes 2 RN’s during the hours of 3a-7a and 2-3 RN’s during the hours of 7a-10a dependent on the day of the week. This proposal based on historical and current volumes in the Emergency Department during these hours of the day, as well as Emergency Nurses Association (ENA) guidelines for minimum staffing in an Emergency Department of 2 RN’s.

Clinical Staffing Committee Charter

DATE: January 10, 2022, revised November 1, 2023

PREPARED BY: Anne Gaya-Ngowe, CNO

A. Purpose of the Steering Committee

Primary Functions

The Staffing Committee is being developed for the effective scheduling and management of daily staffing needs for Putnam Hospital, 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 leadership, direct patient care 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 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
- The committee meets monthly for 1 hour to achieve the staffing plan completion goal of June 30, 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. The following criteria will be considered in defining the staffing plan for each unit:

- 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 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

- 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

Individual and aggregate patient care needs will be continuously monitored, and adjustments will be made 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 DOH annually.

The hospital is committed to ensuring staff take meal and rest breaks 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 Staffing Committee member

Staffing Committee members are not directly responsible for managing the decisions of the committee but provide solutions and support for the plan. Role requirements include:

- 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 committee regarding the project's progress and outcomes

Staffing Plan Scope

- All In-Patient Units
 - Medical Surgical Units
 - OB
 - Behavioral Health
 - Intensive Care/Stepdown
- All Units that Potentially Care for In-Patients
 - Emergency Department
 - PACU
 - ASU
 - OR

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

Staffing Plan Matrices

- Developed as a guide for shift-to-shift unit-based staffing
- Decisions are based on patient needs and skill mix of staff and can be adjusted up or down

- Matrices include (as applicable):
 - Charge Nurse
 - RN
 - PCT
 - Mental Healthcare Worker
 - Unit Secretary/Monitor Tech

Other Factors and Considerations for What to Include in the Plan

- Information on 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 with no more than half being management
- Frontline staff include = RNs, PCTs, MHW’s, and Unit Secretaries
- Management team includes-CNO, Nursing Management, HR, and Finance
- The CNO is the chair of the committee
- Administrative Secretary will be the official minute taker

The frontline staff and the management team each get 1 vote on the recommendations. The law preserves Management’s role in creating and approving the recommendations, but management must include the reason for the veto 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

Clinical Staff

Department	Name, NYSNA	Alternate members, NYSNA	Name, 1199	Alternate members, 1199
OR	No representative identified		Sean Thomas	Betsy Camacho-Leon, Jodi Chanza
ASU	Nicole Bishop	Stephanie Barto	No representative identified	
PACU	Tara Selber	Linda Lipiro	n/a	
BH	Gina Canen	Michael Chitty	No representative identified	
M/S	Monika Chmielewski	Melissa Hendrickson	Nicole Lynch	
ICU	Jackie Marvel		No representative identified	
OB	Carol Casey		No representative identified	
ED	Sharlene Mongillo	Megan Deacon	Erin Mulligan	

Management

Name	Title	Other members
Anne Gaya-Ngowe	Chief Nursing Officer	Patient Care Managers, Human Resources Business Partner, Nursing Leadership
Ron Stephens	Director of Patient Care	
Laurie Muscari	Director of Patient Care	
Charisse Terry-Deas	Director of Patient Care	
Nicole Coffey	Senior Human Resources Business Partner	

C. Steering Committee Meetings

Meeting Schedule and Process

- The Team will meet monthly for 1 hour until 6/30/22, at which time the meeting frequency will be evaluated. If the project is not meeting the timeline goals meeting frequency will increase
- Staff members will be paid for their meeting attendance
- Every attempt will be made to relieve staff 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 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

- Review and summarize new actions from this meeting
- Plan, date, and location for next meeting

Department Written Plan for Providing Care, Service and Staffing

Unit: 3 North

I. Scope of Services

Unit Description and Types of Patients	<ul style="list-style-type: none"> • 3 North is a 35-bedded medical/surgical/remote telemetry unit • 3 North also provides outpatient infusion services • Rooms are single occupancy with 2 negative pressure rooms for airborne isolation and select rooms with glass windows on the doors for high risk fall patients
Age of Patients Serviced	18 years of age and older
Procedures / Services	Provide direct Patient Care to hemodynamically stable patients needing medical/surgical care.
Hours of Operation	24 hours per day, 7 days per week, 365 days per year

II. Staffing Plan

Description of Department Leadership	<p>Nursing leadership includes:</p> <ul style="list-style-type: none"> • Chief Nursing Officer • Director of Patient Care • Patient Care Manager
Staffing Levels	Refer to attached staffing matrix Staffing levels are adjusted based on patient volume
On-Call	No on-call required

III. Qualifications of Staff

Skill Level Required for Nursing Staff	<p>Director of Patient Care</p> <ul style="list-style-type: none"> • BSN or Advanced degree in nursing required. Master's Degree in Nursing or related field required. • NYS Registered Nurse License <p>Patient Care Manager</p> <ul style="list-style-type: none"> • BSN or advanced degree in Nursing required; Master's Degree in Nursing ore related field preferred. • NYS Registered Nurse License • BLS and ACLS certified <p>Assistant Patient Care Manager</p> <ul style="list-style-type: none"> • BSN or advanced degree in Nursing required. Master's Degree in Nursing ore related field preferred. • NYS Registered Nurse License
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Department Written Plan for Providing Care, Service and Staffing

Unit: 3 North

	<ul style="list-style-type: none"> • BLS and ACLS certified <p>Registered Nurse</p> <ul style="list-style-type: none"> • Associate’s Level Degree required; Bachelor’s Degree in Nursing preferred • NYS Registered Nurse License • BLS certification • ACLS recommended <p>Patient Care Technician</p> <ul style="list-style-type: none"> • BLS certification
	<p>All clinical staff are required to complete:</p> <ul style="list-style-type: none"> • Annual nursing competency • All Nuvance online learning modules as assigned • BLS certification • Annual employee health assessment

IV. Communication / Collaboration / Key Functional Relationships

- Bedside change of shift reporting
- Daily Length of Stay/Interdisciplinary Huddle meeting with Nursing/Physicians/ Case Managers/Nursing Management to discuss discharges, pending discharges and barriers or needs for discharges
- Nursing staff Communication Huddle conducted twice a day to discuss current alerts, changes and staff concerns
- Scheduled staff meetings-includes practice alerts, current dashboard and patient experience score for the unit
- Unit Communication/Safety Huddle Board

V. Goals for Department

Patient Experience	Action Plans will be developed and implemented to achieve target goals in patient experience
Clinical Outcomes / Patient Safety	<ul style="list-style-type: none"> • Maintain Length of Stay (LOS) Ratio at anticipated LOS • Achieve 95% or greater barcode compliance • Achieve target Readmission Rate, reducing unnecessary readmissions • Achieve zero CAUTI and CLABSI’s • Reduce Hospital Acquired C-Diff Rate • Reduce unassisted falls and related injuries • Maintain zero hospital acquired Pressure Injuries • Achieve 95% hand hygiene compliance
Promoting Employee Engagement	Promote Communication, Respect, and Teamwork through identified needs per the employee engagement survey results

Department Written Plan for Providing Care, Service and Staffing

Unit: 3 North

Professional Growth	Encourage staff to further their education, continue ongoing CEU's, and obtain specialty certifications
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VI. Plan to Improve Quality of Care

Develop and conduct a performance improvement plan to achieve optimal clinical outcomes and patient safety

VII. Patient / Family Education

Patients and their families are educated based on their needs assessment at the time of admission and are updated throughout their stay, utilizing the teach back method.

- New Medication Side Effects
- Diagnosis
- Procedures

Nov 2023

Department Written Plan for Providing Care, Service and Staffing

Unit: 4 North

I. Scope of Services

Unit Description and Types of Patients	<p>4 North is a 35-bedded medical/surgical/remote telemetry unit with subspecialty in orthopedics, neurosurgery, and bariatrics</p> <p>4 North provides outpatient infusion services</p> <p>Rooms are single occupancy with 2 negative pressure rooms for airborne isolation and select rooms with glass windows on the doors for high risk fall patients</p>
Age of Patients Serviced	18 years of age and older
Procedures / Services	Provide direct Patient Care to hemodynamically stable patients needing medical/surgical care.
Hours of Operation	24 hours per day, 7 days per week, 365 days per year

II. Staffing Plan

Description of Department Leadership	<p>Nursing leadership includes:</p> <ul style="list-style-type: none"> • Chief Nursing Officer • Director of Patient Care • Patient Care Manager
Staffing Levels	<p>Refer to attached staffing matrix</p> <p>Staffing levels are adjusted based on patient volume</p>
On-Call	No on-call required

III. Qualifications of Staff

Skill Level Required for Nursing Staff	<p>Director of Patient Care</p> <ul style="list-style-type: none"> • BSN or Advanced degree in nursing required. Master's Degree in Nursing or related field required. • NYS Registered Nurse License <p>Patient Care Manager</p> <ul style="list-style-type: none"> • BSN or advanced degree in Nursing required; Master's Degree in Nursing ore related field preferred. • NYS Registered Nurse License • BLS and ACLS certified <p>Assistant Patient Care Manager</p> <ul style="list-style-type: none"> • BSN or advanced degree in Nursing required. Master's Degree in Nursing ore related field preferred. • NYS Registered Nurse License
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Department Written Plan for Providing Care, Service and Staffing

Unit: 4 North

	<ul style="list-style-type: none"> • BLS and ACLS certified <p>Registered Nurse</p> <ul style="list-style-type: none"> • Associate’s Level Degree required; Bachelor’s Degree in Nursing preferred • NYS Registered Nurse License • BLS certification • ACLS recommended <p>Patient Care Technician</p> <ul style="list-style-type: none"> • BLS certification
	<p>All clinical staff are required to complete:</p> <ul style="list-style-type: none"> • Annual nursing competency • All Nuvance online learning modules • BLS certification • Annual employee health assessment

IV. Communication / Collaboration / Key Functional Relationships

- Bedside change of shift reporting
- Daily Length of Stay/Interdisciplinary Huddle meeting with Nursing/Physicians/ Case Managers/Nursing Management to discuss discharges, pending discharges and barriers or needs for discharges
- Nursing staff Communication Huddle conducted twice a day to discuss current alerts, changes and staff concerns
- Scheduled staff meetings-includes practice alters, current dashboard and patient experience score for the unit
- Communication/Safety Huddle Board

V. Goals for Department

Patient Experience	Action Plans will be developed and implemented to achieve target goals in patient experience
Clinical Outcomes / Patient Safety	<ul style="list-style-type: none"> • Maintain Length of Stay (LOS) Ratio at anticipated LOS • Achieve 95% or greater barcode compliance • Achieve target Readmission Rate, reducing unnecessary readmissions • Achieve zero CAUTI and CLABSI’s • Reduce Hospital Acquired C-Diff Rate • Reduce unassisted falls and related injuries • Maintain zero hospital acquired Pressure Injuries • Achieve 95% hand hygiene compliance
Promoting Employee Engagement	Promote Communication, Respect, and Teamwork through identified needs per the employee engagement survey results

Department Written Plan for Providing Care, Service and Staffing

Unit: 4 North

Professional Growth	Encourage staff to further their education, continue ongoing CEU's, and obtain specialty certifications
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VI. Plan to Improve Quality of Care

Develop and conduct a performance improvement plan to achieve optimal clinical outcomes and patient safety

VII. Patient / Family Education

Patients and their families are educated based on their needs assessment at the time of admission and are updated throughout their stay, utilizing the teach back method.

- New Medication Side Effects
- Diagnosis
- Procedures

Nov 2023

Medical Surgical Staffing Matrix									
Patient Census	Days RN	Days PCT	Days US	Eve RN	Eve PCT	Eve US	Night RN	Night PCT	Night US (shared float US at night)
8	2	1	1	2	1	1	2	1	1
9	2	1	1	2	1	1	2	1	1
10	2	2	1	2	2	1	2	2	1
11	2	2	1	2	2	1	2	2	1
12	3	2	1	3	2	1	2	2	1
13	3	2	1	3	2	1	2	2	1
14	3	2	1	3	2	1	3	2	1
15	3	2	1	3	2	1	3	2	1
16	3	2	1	3	2	1	3	2	1
17	3	2	1	3	2	1	3	2	1
18	4	2	1	3.5	2	1	3	2	1
19	4	2	1	4	2	1	3	2	1
20	4	3	1	4	3	1	3	3	1
21	4	3	1	4	3	1	3	3	1
22	4	3	1	4	3	1	4	3	1
23	4	3	1	4	3	1	4	3	1
24	5	3	1	4.5	3	1	4	3	1
25	5	3	1	5	3	1	4	3	1
26	5	3	1	5	3	1	4	3	1
27	5	3	1	5	3	1	4	3	1
28	5	3	1	5	3	1	4	3	1
29	6	3	1	6	3	1	5	3	1
30	6	4	1	6	4	1	5	4	1
31	6	4	1	6	4	1	5	4	1
32	6	4	1	6	4	1	5	4	1
33	6	4	1	6	4	1	5	4	1
34	6	4	1	6	4	1	5	4	1
35	6	4	1	6	4	1	5	4	1

Considerations:

1:1 sitter, # of isolation patients, acuity

Census < 8 consider US or PCT considering sitter needs, isolation, acuity



Unit/Department Plan for Providing Care, Staffing, Goals, Performance Improvement

Unit/Department: ICU/Stepdown

I. Scope of Service

Unit or Department Description	Mixed Acuity Intensive Care Unit/Stepdown Unit consisting of ten private rooms
Age of Patients Served	18 years of age and older
Procedures / Services	Provide direct patient care to critically ill or unstable patients requiring invasive and non-invasive monitoring
Hours of Operation	24 hours per day, 7 days per week, 365 days per year

II. Staffing Plan

Description of Department Leadership	<p>Nursing Leadership Division consist of:</p> <ul style="list-style-type: none"> • Chief Nursing Officer • Director of Patient Care • Patient Care Manager • Assistant Patient Care Manager
Staffing Levels	Refer to attached staffing matrix Staffing levels are adjusted based on patient volume
On-Call	No on-call required

III. Qualifications of Staff

Skill Level Required	<p>Director of Patient Care</p> <ul style="list-style-type: none"> • BSN or Advanced degree in nursing required. Master’s Degree in Nursing or related field required. • NYS Registered Nurse License <p>Patient Care Manager</p> <ul style="list-style-type: none"> • BSN or advanced degree in Nursing required; Master’s Degree in Nursing ore related field preferred. • NYS Registered Nurse License • BLS and ACLS certified <p>Assistant Patient Care Manager</p> <ul style="list-style-type: none"> • BSN or advanced degree in Nursing required. Master’s Degree in Nursing ore related field preferred. • NYS Registered Nurse License • BLS and ACLS certified
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Unit/Department Plan for Providing Care, Staffing, Goals, Performance Improvement

Unit/Department: ICU/Stepdown

	<p>Registered Clinical Nurse</p> <ul style="list-style-type: none"> • Associate’s Level Degree required; Bachelor’s Degree in Nursing preferred • NYS Registered Nurse License • BLS and ACLS certification <p>Patient Care Technician</p> <ul style="list-style-type: none"> • BLS certification
Staff Competency, Training & Education	<p>Clinical staff are required to complete:</p> <ul style="list-style-type: none"> • Annual nursing competency • All Nuvance online learning modules as assigned • BLS certification • Annual employee health assessment

IV. Communication / Collaboration / Key Functional Relationships

- Bedside change of shift reporting
- Daily Length of Stay/Interdisciplinary Huddle meeting with Nursing/Physicians/ Case Managers/Nursing Management to discuss discharges, pending discharges and barriers or needs for discharges
- Nursing staff Communication Huddle conducted twice a day to discuss current alerts, changes, and staff concerns
- Scheduled staff meetings-includes practice alerts, current dashboard, and patient experience score for the unit
- Unit Communication/Safety Huddle Board

V. Goals for Department

Patient Experience	Action Plans will be developed and implemented to achieve target goals in patient experience
Clinical Outcomes/ Patient Safety	<ul style="list-style-type: none"> • Maintain Length of Stay (LOS) Ratio at anticipated LOS • Achieve 95% or greater barcode compliance • Achieve target for Returns within 3 days • Achieve zero CAUTI, CLABSI, and C-Diff • Achieve 95% hand hygiene compliance
Promoting Staff Engagement	Promote Communication, Respect, and Teamwork through identified needs per the employee engagement survey results
Professional Growth	Encourage staff to further their education, continue ongoing CEU’s, and obtain specialty certifications.



Unit/Department Plan for Providing Care, Staffing, Goals, Performance Improvement

Unit/Department: ICU/Stepdown

VI. Plan to Improve Quality of Care

Develop and conduct a performance improvement plan:

- Hand hygiene
- Critical lab results
- Fall prevention
- VAE reduction
- Mobility protocol

VII. Patient / Family Education

Patients and/or their family/designee will be provided with appropriate education and training to increase knowledge of the patient's illness, treatment needs and to learn skills and behaviors that promote recovery, improve health, maintain wellness and/or prevent illness.

Nov 2023

ICU/Stepdown Staffing Matrix				
ICU STAFFING TARGETS – FOR CRITICAL CARE PATIENT				
Volume (patients)	Day RN	Eve RN	Night RN	PCT
3 or less	2	2	2	0
4	2	2	2	1
5	3	3	3	1
6	3	3	3	1
7	4	4	4	1
8	4	4	4	1
9	5	5	5	1
10	5	5	5	1

Considerations:
 1:1 sitter, # of isolation patients, acuity
 1:1 RN:patient for critical patients/1:1 monitoring

STEPDOWN/TELEMETRY STAFFING TARGETS				
Volume (patients)	Day RN	Eve RN	Night RN	PCT
1 to 4	1	1	1	0
5 to 8	2	2	2	1
9 to 10	3	3	3	1

MIXED ACUITY ICU: STEPDOWN/TELEMETRY STAFFING TARGETS				
Volume (patients)	Day RN	Eve RN	Night RN	PCT
1 ICU: 1-6 Stepdown/Tele	2	2	2	PCT for census > 4
1 ICU: 7-9 Stepdown/Tele	3	3	3	
2 ICU: 1-4 Stepdown/Tele	2	2	2	
2 ICU: 5-8 Stepdown/Tele	3	3	3	
3 ICU: 1-2 Stepdown/Tele	2	2	2	
3 ICU: 3-5 Stepdown/Tele	3	3	3	
3 ICU: 6-7 Stepdown/Tele	4	4	4	
4 ICU: 1-4 Stepdown/Tele	3	3	3	
4 ICU: 5-6 Stepdown/Tele	4	4	4	
5 ICU: 1-2 Stepdown/Tele	3	3	3	
5 ICU: 3-5 Stepdown/Tele	4	4	4	
6 ICU: 1-4 Stepdown/Tele	4	4	4	
7 ICU: 1-2 Stepdown/Tele	4	4	4	
7 ICU: 3 Stepdown/Tele	5	5	5	
8 ICU: 1-2 Stepdown/Tele	5	5	5	
9 ICU: 1 Stepdown/Tele	5	5	5	



Department Written Plan for Providing Care, Service and Staffing

Unit/Department: Inpatient Behavioral Health – Reed 4

I. Scope of Service

Unit or Department Description	<ul style="list-style-type: none"> • The Behavioral Health Unit is currently licensed to accommodate up to twenty (20) patients • Only patients that have been cleared medically may be admitted to the Behavioral Health Unit • The Psychiatrist must always be consulted and must agree the patient meets criteria for admission (see below)
Age of Patients Served	18 years of age and above
Procedures / Services	<p>The patient is eighteen (18) years or older and at least one of the following applies:</p> <ul style="list-style-type: none"> • The patient poses immediate threat of physical danger to self or others due to a psychiatric illness • The patient is unable to provide his/her own basic care due to a psychiatric illness • The patient is exhibiting psychiatric symptoms or deviant behavior in the magnitude of which is not tolerable to the patient and/or society <p>The patient requires specific forms or types of psychiatric treatment that can only be provided in an in-patient setting. This may include one or more of the following:</p> <ul style="list-style-type: none"> • The need for a twenty-four hour-per-day structured hospital environment • The need for specific levels of observation necessary to evaluate and make disposition decisions • Specific levels of observation needed to monitor treatment effectiveness • There shall be no admissions above the allotted number of licensed beds on the Behavioral Health unit.
Hours of Operation	24 hours per day, 7 days per week, 365 days per year

III. Staffing

Description of Department Leadership	<p>Nursing leadership includes:</p> <ul style="list-style-type: none"> • Chief Nursing Officer • Director of Patient Care • Patient Care Manager
Staff	The unit is staffed with RNs and Mental Health workers on a 24 hour/7 day per week basis. Social workers are on site Monday through Friday during business

	hours. Activities Therapists are on site 7 days per week during business hours. Psychiatrists are available 24hours/7 days per week
On-Call	The unit does not have on call requirements.

IV. Qualifications of Staff

Skill Level Required	<p>Director of Patient Care</p> <ul style="list-style-type: none"> • BSN or Advanced degree in nursing required. Master’s Degree in Nursing or related field required. • NYS Registered Nurse License • CPI Certified • Psychiatric Nursing Certification Recommended <p>Patient Care Manager</p> <ul style="list-style-type: none"> • BSN or advanced degree in Nursing required; Master’s Degree in Nursing ore related field preferred. • NYS Registered Nurse License • BLS certified • CPI Certified • Psychiatric Nursing Certification Recommended <p>Registered Nurse</p> <ul style="list-style-type: none"> • Associate’s Level Degree required; Bachelor’s Degree in Nursing preferred • NYS Registered Nurse License • BLS certification • CPI Certified <p>Mental Health Worker</p> <ul style="list-style-type: none"> • High school graduate. Actively enrolled or graduate of a college program for psychiatric or health-related field preferred. • BLS Certified • CPI Certified within a year of hire
Staff Competency, Training & Education	<p>All clinical staff are required to complete:</p> <ul style="list-style-type: none"> • All assigned Nuvance online learning modules • Annual hospital education • Annual unit based competency assessments • BLS • CPI

V. Communication / Collaboration / Key Functional Relationships

- All patients are supported to establish a therapeutic relationship with behavioral health team members.
- Establish and maintain effective working relationships with families and other providers.
- Listen actively and effectively and reflect back that information to ensure that others understood accurately.
- Recognize, respect and value the role of patients, family members and both behavioral health and primary care providers in our health care delivery process.
- Unit Communication/Safety Huddle Board

VI. Goals for Department

Patient Experience	<ul style="list-style-type: none">• Improve person-centered care by providing staff meeting in-services on inpatient units to educate re: psychiatric diagnoses, signs and symptoms of escalation, combatting stigma regarding behavioral health issues, and other related topics
Clinical Outcomes / Patient Safety	Improve patient-centered treatment planning process. Migrate Master Treatment Plan to the EHR
Promoting Staff Engagement	Promote Communication, Respect, and Teamwork through identified needs per the employee engagement survey results
Professional Growth	Encourage staff to further their education, continue ongoing CEU's, and obtain specialty certifications such as ANCC Psychiatric Nurse Certification

VII. Plan to Improve Quality of Care

- Develop and conduct a performance improvement plan
- Review and post unit dashboard
- Improve the patient care experience, improving the population's health, and reducing healthcare costs
- Deliver evidenced- based care models
- Review literature for evidence of the most effective interventions for specific behavioral health conditions

VIII. Patient / Family Education

All patients are asked for permission /release of information to involve family/significant others in providing information about their care.

Behavioral Health Staffing Matrix				
RN 7a-11p			RN 11p-7a	
Census	RN		Census	RN
1-12	2 (1 + charge)		1-18	2 (1+charge)
13-18	3 (2 + charge)		19-20	3 (2+charge)
19-20	4 (3 + charge)			
MHW/PCT 7a-7p			MHW/PCT 7p-7a	
Census	MHW/PCT		Census	MHW/PCT
1-8	0		1-8	0
9	1		9-16	1
10-18	2		17-20	2
19-20	3			

Est. 1:1 sitters: 1*24/7 based on hist. data -1:1 sitter needs adjusted based on need



Unit/Department Plan for Providing Care, Staffing, Goals, Performance Improvement

Unit/Department: Birthing Center

I. Scope of Service

Unit or Department Description	The Birthing Center is an 18-bed labor, delivery, postpartum, post lap/gyn surgery, nursery and special care nursery unit. There are 12 single occupancy beds on the unit, 3 double occupancy rooms, 4 labor rooms and an operating room used for cesarean sections. Room numbers run from 101 - 115
Age of Patients Served	Newborn to 31 days of age Female patients from puberty through post – menopausal
Procedures / Services	<p>Services provided to patients- including but not limited to:</p> <ul style="list-style-type: none"> • Pre, Intra, and Post-partum Care • Pre-term labor evaluation • Non stress test • Hyperemesis • Pre-eclampsia • Neonatal care • Special care nursery • Circumcisions <p>Surgeries:</p> <ul style="list-style-type: none"> • Cesarean sections • Exam under anesthesia <p>Care of post op patients undergoing:</p> <ul style="list-style-type: none"> • Hysterectomy • Cholecystectomies • Hernia repair • Bladder sling repair
Hours of Operation	24 hours per day, 7 days per week, 365 days per year

II. Staffing Plan

Description of Department Leadership	<p>Nursing leadership includes:</p> <ul style="list-style-type: none"> • Chief Nursing Officer • Director of Patient Care • Patient Care Manager
Staffing Levels	<ul style="list-style-type: none"> • Follows AWHONN staffing Guidelines - minimal of 2 RNs on site at all times • RN provides care up to four couplets. Labor patient with continuous epidural requires 1:1 staffing. • Staffing levels are adjusted based on patient volume • Refer to attached staffing matrix



Unit/Department Plan for Providing Care, Staffing, Goals, Performance Improvement

Unit/Department: Birthing Center

On-Call	Staff will be placed on-call if the number of nurses scheduled to work exceeds the need for the number of patients on the unit. Staff may sign up for extra shifts on call if the number of patients and acuity level warrant extra staff
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III. Qualifications of Staff

Skill Level Required	<p>Director of Patient Care</p> <ul style="list-style-type: none"> • BSN or Advanced degree in nursing required. Master’s Degree in Nursing or related field required. • NYS Registered Nurse License <p>Patient Care Manager</p> <ul style="list-style-type: none"> • BSN or advanced degree in Nursing required; Master’s Degree in Nursing ore related field preferred. • NYS Registered Nurse License • BLS and ACLS certified <p>Registered Nurse</p> <ul style="list-style-type: none"> • Associate’s Level Degree required; Bachelor’s Degree in Nursing preferred • NYS Registered Nurse License • BLS certification • NRP certification <p>Patient Care Technician</p> <ul style="list-style-type: none"> • BLS certification
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Staff Competency, Training & Education	<p>All clinical staff are required to complete:</p> <ul style="list-style-type: none"> • Annual nursing competency • All Nuvance online learning modules • BLS certification • Annual employee health assessment • NRP • Electronic Fetal Monitoring competency
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IV. Communication/Collaboration/Key Functional Relationships

- Bedside change of shift reporting
- Communication/Safety Huddle Board
- Physician/Nurse midwife/ Nurse/ Case Management collaborative rounding to discuss patient care and identify any barriers to discharge
- Use of communication boards in patients’ rooms to denote daily care givers, plan of care, updates & side effects of pain medications

V. Goals for Department

Patient Experience	Action Plans will be developed and implemented to achieve target goals in patient experience.
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Unit/Department Plan for Providing Care, Staffing, Goals, Performance Improvement

Unit/Department: Birthing Center

Clinical Outcomes/ Patient Safety	Increase the exclusive breastfeeding rates through extensive breastfeeding education and encouragement
Promoting Employee Engagement	Promote Communication, Respect, and Teamwork through identified needs per the employee engagement survey results
Professional Growth	Encourage staff to improve the unit using evidence-based practice to provide the best and most current care for patients. Encourage staff to further their education, continue ongoing CEU's, and obtain specialty certifications

VI. Plan to Improve Quality of Care

Develop and conduct a performance improvement plan:

1. Conduct drills to keep skills current

VII. Patient/Family Education

- Patients and their families are educated based on their needs assessment at the time of admission and are updated throughout their stay
- Utilization of the principles of teach back with patient education
- Community education classes are provided to prepare for childbirth and breast-feeding support group with the collaboration of Department of Health
- Birthing Center tours are conducted with the collaboration of Nuvance Pediatricians to familiarize the surroundings and the staff

Nov 2023

Birth Center Staffing Matrix

Labor patient is 1:1 nursing

Patient on Pitocin and Magnesium Sulfate is 1:1

Special Care Nursery on drips is 1:1

GYN 5-6 patients

AWHONN standards 4 mothers/4 babies per 1 RN

1:1 nursing C-Section for 2 hrs.

Evidenced Based Considerations:

[AWHONN Nurse staffing for perinatal units chart.pdf](#)

0-1 PCT

0-1 US Day/Eve

Department Written Plan for Providing Care, Service and Staffing

Unit: Emergency Department

I. Scope of Services

Unit Description and Types of Patients	The Emergency Department (ED) is a 27-bed unit consisting of single and double occupancy beds. The Emergency Department manages patients of any age or complaint seeking emergency care
Age of Patients Serviced	All ages
Procedures / Services	<p>The scope of activities in the Emergency Department are as follows:</p> <ul style="list-style-type: none"> • Evaluation and treatment, as dictated by the patient's complaint or condition, of all patients, of any age, who present to the ED for care. • Support and interaction with family/significant others of ED patients, to promote patient care and customer satisfaction. • Support and interaction with the Emergency Medical Services (EMS) system and community to improve emergency service delivery. • Collaborate with multidisciplinary teams (hospital staff, medical staff, and member within the community) to promote and provide high quality patient care.
Hours of Operation	24 hours per day, 7 days per week, 365 days per year

II. Staffing Plan

Description of Department Leadership	<p>Nursing leadership includes:</p> <ul style="list-style-type: none"> • Chief Nursing Officer • Director of Patient Care • Patient Care Manager
Staffing Levels	Refer to attached staffing matrix Staffing levels are adjusted based on patient volume
On-Call	No on-call required

III. Qualifications of Staff

Skill Level Required for Nursing Staff	<p>Director of Patient Care</p> <ul style="list-style-type: none"> • BSN or Advanced degree in nursing required. Master's Degree in Nursing or related field required. • NYS Registered Nurse License • BLS certification <p>Patient Care Manager</p>
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Department Written Plan for Providing Care, Service and Staffing

Unit: Emergency Department

	<ul style="list-style-type: none"> • BSN or advanced degree in Nursing required; Master’s Degree in Nursing ore related field preferred. • NYS Registered Nurse License • PALS, BLS and ACLS certified <p>Assistant Patient Care Manager</p> <ul style="list-style-type: none"> • BSN or advanced degree in Nursing required. Master’s Degree in Nursing ore related field preferred. • NYS Registered Nurse License • PALS, BLS and ACLS certified <p>Registered Nurse</p> <ul style="list-style-type: none"> • Associate’s Level Degree required; Bachelor’s Degree in Nursing preferred • NYS Registered Nurse License • PALS, BLS, and ACLS certification • ACLS recommended <p>Patient Care Technician</p> <ul style="list-style-type: none"> • BLS certification •
<p>Staff Competency, Training & Education</p>	<p>All clinical staff are required to complete:</p> <ul style="list-style-type: none"> • Annual skills competency • All online learning modules • BLS, ACLS, PALS certification • Annual employee health assessment

IV. Communication / Collaboration / Key Functional Relationships

- Nursing bedside handoff is required at the start/end of each shift and with change of caregiver.
- Use of communication boards
- Daily inter-shift huddle
- Interdisciplinary collaborative rounding to discuss patient daily plan of care and goals of care.
- Daily Safety Huddle attended by Nursing Leadership
- Monthly staff meetings
- Use of practice alerts
- Email communication for new and/or updated policies

V. Goals for Department

<p>Patient Experience</p>	<p>Work to achieve top decile in patient satisfaction</p>
<p>Clinical Outcomes / Patient Safety</p>	<p>Reduce unassisted falls and work-related injuries. Utilize 2 patient identifiers when providing medications. Improved safe patient handling by use of proper equipment and communication tools.</p>

Department Written Plan for Providing Care, Service and Staffing

Unit: Emergency Department

Promoting Staff Engagement	Continuous communication between departments and staff members, via monthly staff meetings, daily huddles, and rounding
Professional Growth	Increase the number of staff members that are in school to obtain BSN, or National Board Certifications

VI. Plan to Improve Quality of Care

Develop and conduct a performance improvement plan:

- Hand hygiene
- Sepsis Core Measures
- Stroke Core Measures
- Door to EKG
- Two patient identifiers
- Medication Barcode Scanning

VII. Patient / Family Education

Patients and/or their family/designee will be provided with appropriate education and training to increase knowledge of the patient's illness and treatment needs, and to learn skills and behaviors that promote recovery, improve health, maintain wellness, and/or prevent illness.

Nov 2023

Emergency Department Staffing Matrix

Time of Day	RN	PCT	US
7a-10/11a	2-3	1	1
10a/11a-3p	6	2	1
3p-7p	6	3	1
7p/10p-11p	5	2	1
11p-3a	3	1	1 (shared float)
3a-7a	2	1	1 (shared float)

Goal 4-5 patients per RN. Targets above based on average census per time of day and may be adjusted based on volume trends



Unit/Department Plan for Providing Care, Staffing, Goals, Performance Improvement

Unit/Department: Operating Room

I. Scope of Services	
Unit Description and Types of Patients	<p>The Putnam Hospital's Surgical Care program is growing to address the needs of our patients. In the main OR there are 12 operating suites with the ability to provide care across multiple service lines.</p> <p>Two state-of-the-art operating suites with robotic technology, one cysto suite, two laparoscopic integrated operating suites and in the birthing unit there is an additional OR for C-sections.</p>
Age of Patients Served	Adolescent thru end of life
Procedures / Services	Bariatric, General, General Breast, Gynecology/ Obstetrics /C-sections, Neurosurgery, Ophthalmology, Orthopedics, Plastic, Podiatry, Robotics, Urology, Vascular
Hours of Operation	Monday-Friday from 0700-1930, plus on call availability after 1930 and on weekends
II. Staffing Plan	
Description of Department Leadership	<p>Nursing leadership includes:</p> <ul style="list-style-type: none"> • Chief Nursing Officer • Director of Patient Care • Patient Care Manager
Description of Department staff	<p>The clinical team consists of:</p> <ul style="list-style-type: none"> • Surgeons • Anesthesiologists • Certified Registered Nurse Anesthetist • Physician Assistants • Registered Nurses • Licensed Practical Nurses • Surgical Technologists • Patient Care Technicians • Anesthesia Technicians
Staffing Levels	<p>Refer to attached staffing matrix</p> <p>Staffing levels are adjusted based on patient volume</p> <p>This number of staff and rooms are adjusted based on the acuity of the population in addition to volume</p> <ul style="list-style-type: none"> • Six Operating rooms are staffed until 1530 • Three operating rooms are staffed until 1700 • One operating room is staffed until 1930
On-Call	Weekdays 1900-0700, Weekends 0700-0700

III. Qualification of Staff

Staff and Skill Level Required	<p>Director of Patient Care</p> <ul style="list-style-type: none"> • BSN or Advanced degree in nursing required. Master’s Degree in Nursing or related field required. • NYS Registered Nurse License <p>Patient Care Manager</p> <ul style="list-style-type: none"> • BSN or advanced degree in Nursing required; Master’s Degree in Nursing ore related field preferred. • NYS Registered Nurse License • BLS and ACLS certified <p>Registered Nurse</p> <ul style="list-style-type: none"> • Associate’s Level Degree required; Bachelor’s Degree in Nursing preferred • NYS Registered Nurse License • BLS and ACLS certification <p>Surgical Technologists</p> <ul style="list-style-type: none"> • Certified for Surgical Technologists via Association of Surgical Technologists <p>Patient Care & Anesthesia Technicians</p> <ul style="list-style-type: none"> • BLS certification
Staff Competency, Training & Education	<p>All clinical staff are required to complete:</p> <ul style="list-style-type: none"> • Annual nursing competency • All Nuvance online learning modules • BLS certification • Annual employee health assessment

IV. Communication / Collaboration / Key Functional Relationships

- Monthly staff meetings
- Daily morning huddles led by Nurse Manager
- E-mail communication of staff meeting minutes
- Use of communication boards
- Staff collaboration and participation on best practice methods

The Perioperative department of Putnam Hospital interacts with all clinical and non-clinical units to provide care for patients

V. Goals for Department

Patient Experience	<p>Action Plans will be developed and implemented to achieve target goals in patient experience</p>
Clinical Outcomes / Patient Safety	<ul style="list-style-type: none"> • Reduce errors in specimen handling • Reduce bioburden on surgical instruments • Reduce the rate of surgical site infections
Promoting Staff Engagement	<p>Promote Communication, Respect, and Teamwork through identified needs per the employee engagement survey results</p>
Professional Growth	<p>Increase number of staff attending school to obtain BSN and/or obtain CNOR certification</p>

VI. Plan to Improve Quality of Care

Develop and conduct a performance improvement plan:

- Management with staff engagement to develop improvements in the areas of patient safety, patient experience and employee engagement

VII. Patient / Family Education

Patients and their families are educated based on their needs assessment at the time of admission and are updated throughout their stay, utilizing the teach back method.

- Diagnosis
- Procedures
- Procedural Updates
- Discharge Instructions

Nov 2023

Operating Room Staffing Matrix	
Time of Day	Number of Rooms
0700-1515	6
1515-1730	3
1730-1930	2
On Call 1900-0700	1

Number of Rooms is current state based off current volumes - subject to change with change in volume

1.5 RN's required to staff every two rooms

1 Scrub Tech required to staff every one room

2 RN's required for each Orthopedic, Breast, and Complex Robotic Case

On Call team: 1 RN, 1 Scrub Tech

Unit/Department Plan for Providing Care, Staffing, Goals, Performance Improvement

Unit/Department: Ambulatory Surgery

I. Scope of Service

<p>Unit or Department Description</p>	<ul style="list-style-type: none"> • Putnam Hospital’s Ambulatory Surgery consists of 13 bays for admitting all patients including same day cases and inpatients • Ambulatory Surgery consists of Endoscopy, the Minor Room and Preadmission Testing • Endoscopy, which has 3 bays, are used for admitting and discharging the endoscopy patient. The bays are also used for overflow Ambulatory patients. Endoscopy also performs inpatient procedures • The Minor Room performs Lithotripsy (which is a contracted service), Pain Management procedures, and minor surgery procedures
<p>Age of Patients Served</p>	<p>Adolescent through end of life</p>
<p>Procedures / Services</p>	<p>Surgery</p> <ul style="list-style-type: none"> • Bariatric • General • General Breast • Gynecology • Neurology • Ophthalmology • Orthopedics • Plastic • Podiatry • Urology • Vascular <p>Endoscopy</p> <ul style="list-style-type: none"> • Esophagogastroduodenoscopy • Colonoscopy • Flexible sigmoidoscopy • Endoscopic Retrograde cholangiopancreatography • Bronchoscopy • TEE • Cardioversion <p>Minor Room</p> <ul style="list-style-type: none"> • Lithotripsy • Pain Management procedures • Minor Room surgery <p>COVID Testing/Results Collection</p> <ul style="list-style-type: none"> • The Manager reviews testing and result collection

Unit/Department Plan for Providing Care, Staffing, Goals, Performance Improvement

Unit/Department: Ambulatory Surgery

Hours of Operation	0600-1930 plus on call availability after 1930 weekdays and on weekends
II. Staffing Plan	
Description of Department Leadership	<p>Nursing leadership includes:</p> <ul style="list-style-type: none"> • Chief Nursing Officer • Director of Patient Care • Patient Care Manager
Staffing Levels	<p>Refer to attached staffing matrix Staffing levels are adjusted based on patient volume</p>
On-Call	<p>For Endoscopy, 2 RNs</p> <ul style="list-style-type: none"> • Monday – Friday; 1900-0700 • Weekends and Holidays; 0700-0700
III. Qualifications of Staff	
Skill Level Required	<p>Director of Patient Care</p> <ul style="list-style-type: none"> • BSN or Advanced degree in nursing required. Master’s Degree in Nursing or related field required. • NYS Registered Nurse License <p>Patient Care Manager</p> <ul style="list-style-type: none"> • BSN or advanced degree in Nursing required; Master’s Degree in Nursing ore related field preferred. • NYS Registered Nurse License • BLS and ACLS certified • PALS preferred <p>Registered Nurse</p> <ul style="list-style-type: none"> • Associate’s Level Degree required; Bachelor’s Degree in Nursing preferred • NYS Registered Nurse License • BLS and ACLS certification <p>Patient Care Technician</p> <ul style="list-style-type: none"> • BLS certification
Staff Competency, Training & Education	<p>All clinical staff are required to complete:</p> <ul style="list-style-type: none"> • Annual nursing competency • All Nuvance online learning modules • BLS and ACLS certification • Annual employee health assessment

Unit/Department Plan for Providing Care, Staffing, Goals, Performance Improvement

Unit/Department: Ambulatory Surgery

IV. Communication / Collaboration / Key Functional Relationships

Communication occurs via patient handoff, unit huddles, communication/safety board, staff meetings.

Ambulatory Surgery interacts with various units to provide care for patients.

These units are as follows:

- Operating Room
- Central Sterile Processing
- Emergency Department
- Environmental Services
- Hospital Based Nursing Units
- Infection Control
- Materials Management
- Post Anesthesia Recovery Unit
- Radiology
- Risk Management

V. Goals for Department

Patient Experience	Action Plans will be developed and implemented to achieve target goals in patient experience
Clinical Outcomes / Patient Safety	To be 3-4 days ahead in pre-admission testing. This practice will prevent day before cancellations of OR cases
Promoting Staff Engagement	<p>Promote Communication, Respect, and Teamwork through identified needs per the employee engagement survey results</p> <ul style="list-style-type: none"> • By achieving department goals for employee engagement by increasing interdepartmental communication • Develop an improved handoff between ASU-OR, OR-PACU and PACU-ASU
Professional Growth	Encourage staff to further their education, continue ongoing CEU's, and obtain specialty certifications

VI. Plan to Improve Quality of Care

Develop and conduct a performance improvement plan:

Management with staff engagement to develop improvements in the areas of patient safety, patient satisfaction and staff satisfaction.

VII. Patient / Family Education

Patients and families are educated on their needs assessment and are updated throughout their stay. Utilize the teach back system with patient education.

ASU Staffing Matrix					
	Monday - # of RN's	Tuesday - # of RN's	Wednesday - # of RN's	Thursday - # of RN's	Friday - # of RN's
0600-1800	3-4	6	6	5	4
0600-1630		0	1	1	1
0600-1415	1-2	0	1-2	1-2	1
0700-1930			0	1	1
0700-1515	1	1	1	1	2
0800-1615	2	2	2	2	2
0900-1700	1	1	1	1	1
TOTAL RN	9-11	11-12	14-15	13-14	13
Endo Tech	1	1	1	1	1
PCT	0	0	1	1	1
ENDO On Call 1930-0700, 2 RNs or 1 RN and Endo tech					

Staffing model includes 1 Charge RN. Case volume for the following procedures determine the # of RN's: TEE/CV, PAT, Endo, ESWL, Pain, Ophthalmology, Minor Procedures, Admission/Discharges
 Daily Staffing may be adjusted based on volume

Litho: 1 RN to admit and discharge, 1 RN in the OR for Litho procedure	Total RN's 2
Pain: 2 in the room and 1 RN to admit and 1 RN to discharge	Total RN's 4
Minor Room: 2 RNs in the room	Total RN's 2
Routine OR: 1 RN to admit- this RN can admit 2 patients at a time, 1 RN to do phase 2 recovery and discharge and the ratio for phase 2/discharge is 1 RN for 2-5 patients (ASPAN guidelines)	Total RN's based on fluctuating Volume
Cataracts: 2 RN's to admit and 1 RN to recover and discharge	
Pre admission testing: 1 RN - Mon-Fri	
ENDO: 2 RN's in the room, 1 RN to pre and 1 RN to post ENDO cases, 1 RN to reprocess scopes; Room or 1 RN and 1 Endo tech in room, 1 RN to pre-op, 1 RN to recover and discharge, 1 RN or PCT trained in preprocessing to reprocess endoscopes	



Unit/Department Plan for Providing Care, Staffing, Goals, Performance Improvement

Unit/Department: Post Anesthesia Care Unit (PACU)

I. Scope of Service

Unit or Department Description	Putnam Hospital's Post Anesthesia Care unit consists of 12 beds for patients recovering post procedure/surgery
Age of Patients Serviced	Adolescent through end of life
Procedures / Services	Surgery <ul style="list-style-type: none"> • Bariatric • General • General Breast • Gynecology • Neurology • Ophthalmology • Orthopedics • Plastic • Podiatry • Urology • Vascular
Hours of Operation	0700-1930

II. Staffing Plan

Description of Department Leadership	Nursing leadership includes: <ul style="list-style-type: none"> • Chief Nursing Officer • Director of Patient Care • Patient Care Manager
Staffing Levels	Refer to attached staffing matrix Staffing levels are adjusted based on patient volume
On-Call	<ul style="list-style-type: none"> • Monday – Friday; 1930-0700 • Weekends and Holidays; 0700-0700

III. Qualifications of Staff

Skill Level Required	Director of Patient Care <ul style="list-style-type: none"> • BSN or Advanced degree in nursing required. Master's Degree in Nursing or related field required. • NYS Registered Nurse License
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Unit/Department Plan for Providing Care, Staffing, Goals, Performance Improvement

Unit/Department: Post Anesthesia Care Unit (PACU)

	<p>Patient Care Manager</p> <ul style="list-style-type: none"> • BSN or advanced degree in Nursing required; Master’s Degree in Nursing or related field preferred. • NYS Registered Nurse License • BLS and ACLS certified • PALS preferred <p>Registered Nurse</p> <ul style="list-style-type: none"> • Associate’s Level Degree required; Bachelor’s Degree in Nursing preferred • NYS Registered Nurse License • BLS and ACLS certification • PALS preferred
Staff Competency, Training & Education	<p>All clinical staff are required to complete:</p> <ul style="list-style-type: none"> • Annual nursing competency • All Nuvance online learning modules • BLS and ACLS certification • Annual employee health assessment

IV. Communication / Collaboration / Key Functional Relationships

Communication occurs via patient handoff, unit huddles, communication/safety board, staff meetings

PACU interacts with various units to provide care for patients.

These units are as follows:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Operating Room • Central Sterile Processing • Emergency Department • Environmental Services • Hospital Based Nursing Units | <ul style="list-style-type: none"> • Infection Control • Materials Management • Post Anesthesia Recovery Unit • Radiology • Risk Management |
|--|--|

V. Goals for Department

Patient Experience	Action Plans will be developed and implemented to achieve target goals in patient experience
Clinical Outcomes / Patient Safety	Improve patient handoffs from PACU to Nursing unit and Ambulatory Surgery through a more standardize approach.
Promoting Staff Engagement	<p>Promote Communication, Respect, and Teamwork through identified needs per the employee engagement survey results</p> <ul style="list-style-type: none"> • By achieving department goals for employee engagement by increasing interdepartmental communication • Develop an improved handoff between ASU-OR, OR-PACU and PACU-ASU



Unit/Department Plan for Providing Care, Staffing, Goals, Performance Improvement

Unit/Department: Post Anesthesia Care Unit (PACU)

Professional Growth	Encourage staff to be more involved in their professional growth by furthering their education or achieving certification in their practice area.
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VI. Plan to Improve Quality of Care

Develop and conduct a performance improvement plan:
Create a unit-based council to develop improvements in the areas of patient safety, patient satisfaction and staff satisfaction.

VII. Patient / Family Education

Patients and families are educated on their needs assessment and are updated throughout their stay. Utilize the teach back system with patient education.

Nov 2023

PACU Staffing Matrix	
Time of Day	# of RN's
0700-1930	3-4
	2
On Call 1930-0700	(1 PACU, 1 ASU RN)

Staffing may be adjusted based on volume

1 RN:1 patient for the first 15 min. 1:1 may continue for airway and or hemodynamic instability

1 RN: 1-2 patients



Title:	Nursing Coverage Plan	Location/Owner:	Administrative Director of Patient Care Services
Approved by:	Organizational Policy & Procedure Committee	Effective Date:	May 2023
For Use At:	ID #'s if needed:		
<input type="checkbox"/> Nuvance Health System <input type="checkbox"/> Other Nuvance Entities Not Listed <input type="checkbox"/> Danbury Hospital/New Milford (Campus) <input type="checkbox"/> Northern Dutchess Hospital <input type="checkbox"/> Norwalk Hospital <input checked="" type="checkbox"/> Putnam Hospital Center <input type="checkbox"/> Sharon Hospital <input type="checkbox"/> Vassar Brothers Medical Center	<input type="checkbox"/> Health Quest Systems, Inc. <input type="checkbox"/> HQ Home Care <input type="checkbox"/> HQ Medical Practice <input type="checkbox"/> Heart Center <input type="checkbox"/> Sharon Hospital Medical Practice <input type="checkbox"/> Thompson House <input type="checkbox"/> Other HQ Entities Not Listed	<input type="checkbox"/> Western Connecticut Health Network, Inc. <input type="checkbox"/> Western Connecticut Medical Group <input type="checkbox"/> Western Connecticut Home Care <input type="checkbox"/> Other WCHN Entities Not Listed	

POLICY/PURPOSE:

A nurse staffing coverage plan will be implemented, assessed and evaluated on an annual basis in order to minimize usage of Mandatory Overtime (MOT) and be in compliance with New York State Laws and Regulations.

The plan will include:

- Electronic Scheduling System will display needs list on each nursing unit to fill vacancies
- Utilizing per diem staff, extra shifts, bonus shift and voluntary overtime as needed through broadcasting in the electronic scheduling system
- Maintaining a nursing float pool to fill sick calls and open shifts
- Maintaining a daily call log list of nurses called to prevent MOT

In the event that one of the following situations exists:

- 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
- A federal, state, or county declaration of emergency in the county
- A health care disaster as reasonably determined by the health care employer
- 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

PROCEDURE:

The following process will be implemented to find replacement staff if needed to maintain safe patient care.

The staffing office will attempt to meet staffing needs by reassessment of needs and reassignment of staff on a shift-to-shift basis or by soliciting employees to work in following order:

1. Nursing floats
2. Per diem employees
3. Off duty part time employees
4. Bonus shift
5. Off duty full time employees

The Chief Nursing Officer/designee will make the final determination as to whether it is necessary to utilize mandatory overtime.

Documentation Required:

1. Each incidence of MOT will be logged in the Nurse staffing shared drive. (see attachment A)
2. 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.
3. The call log will document the staff member who called, the employee contacted, the date and the time of the call.
4. A broadcast to all eligible employees is stored in the electronic scheduling system.

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:

DEFINITIONS:

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

§ 177.3 Mandatory Overtime Prohibition

- A. 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.
- B. 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:
- 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.
 - 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.
 - 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.

C. 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.

§ 177.4 Nurse Coverage Plans

- A. 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.
- B. 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.
- C. 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.
- D. 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 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.

E. The Plan shall be in writing and upon completion or amendment 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 the Commissioner of Labor, or his or her designee upon request

ATTACHMENT:

1. MOT Report

POLICY HISTORY:

Supersedes: N/A

Original Implementation Date: 3/2017

Latest Review Date: N/A

Revision Date (List All): 7/2020, 5/2022

Next Review Date: 05/2024

Attachment A

MOT Report

Date	Unit	Shift	MOT Reason

Original Schedule Start Time	Original Schedule End Time	Total Schedule Time

Mandatory Overtime Start Time	Mandatory Overtime End Time	Total Mandatory Overtime

Supervisor	Staffing Coordinator	Employee

Nurse Coverage Plan Implemented

MOT Due to Unforeseeable Emergency

MOT Due to Unforeseeable Emergency Details

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MOT Due to Unforeseeable Vacancies

MOT Due to Unforeseeable Vacancies Details

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MOT Due to Any Declared National, State or Municipal Emergency

MOT Due to Any Declared National, State or Municipal Emergency Details

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MOT Due to a Patient Care Emergency

MOT Due to a Patient Care Emergency Details

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