

Burke Rehabilitation Hospital Clinical Staffing Committee and Staffing Plan Report to NYSDOH – June 2022

HOSPITAL CLINICAL STAFFING COMMITTEE CHARGE

The New York State Hospital Clinical Staffing Committee (NYSHCSC) law enacted in June 2021 requires hospitals to collaboratively develop and implement a clinical staffing plan for registered nurses (RNs) and other members of the frontline team. The hospital clinical staffing committee (HCSC) is charged with creating a forum to give frontline workers, RNs, licensed practical nurses (LPNs) and nursing assistive staff, including certified nursing assistants (CNAs), patient care attendants (PCTs), medical assistants (MAs) and unit clerks a role/voice in developing unit level staffing plans—while preserving management’s role in designing and implementing the staffing plan. The HCSC’s primary responsibilities are to develop and oversee implementation of the hospital’s annual clinical staffing plan.

The NYSHCSC law (Public Health Law Section 2805-t) requires hospitals to form and convene a committee that will create and implement staffing plans for inpatient units, the emergency department (ED), intensive care unit (ICU), and critical care units. The staffing plan must support 12 hours of RN care per day for ICU and critical care patients. The staffing plan must comply with and incorporate any minimum staffing levels provided for in a collective bargaining agreement (CBA), including nurse-to-patient ratios, caregiver-to-patient ratios, staffing grids, matrices, or other specific staffing provisions.

Hospital Clinical Staffing Committee COMPOSITION

Burke Rehabilitation Hospitals is a 150 bed acute rehabilitation hospital located in White Plains, Westchester County New York. Our average daily census is 125 patients currently. The Burke nursing staff is composed of 50% RNs and 50% Nursing Assistants. This ratio is appropriate for inpatient rehabilitation because of the need for patients to get up, washed and dressed each morning and then go to the gym for therapy. Patients at Burke get about 3 hours of therapy a day. Patients are admitted to an inpatient rehabilitation hospital because of the need for 24-hour medical care. If they could be managed at home, the patients would not be admitted to Burke.

The Burke hospital staffing committee membership was established in our staffing committee charter to include 6 members representing hospital leadership and front-line health care workers (RNs, NAs, and unit clerks):

- Chief Nursing Officer or their alternate (AVP of Nursing)
- Chief Financial Officer or their alternate (VP of Human Resources)
- Nursing Unit Manager or their alternate (Nursing Unit Manager)
- Two (2) Registered Nurses or their alternates
- One (1) Nursing Assistant or their alternate

Voting members of the committee include members of the workforce and hospital management. Each side—hospital management and front-line health care workers —has one vote on recommendations to the staffing plan.

Committee membership was determined by a front-line health care worker vote for their representatives. The top two winning RN candidates were assigned as the representatives. The third winning candidate was made the RN alternate. The one nursing assistant member was the winning candidate. The second winning candidate was made the alternate.

STAFFING PLAN

The Burke Rehabilitation Hospital staffing plan was developed based on the clinical needs of our patients and the mix of diagnostic groups. A staffing calculator was developed based on a 50% Registered Nurses and 50% Nursing assistant workforce which is the industry standard for rehabilitation hospitals. Using the last 180 days of patient data extracted from the Erehab database, a fraction of patients in each Rehab Impairment Group (RIC) was identified. Nursing care hours provided by the nurses and nursing assistants were then assigned based on industry standards and the average acuity of patients coming to Burke. This allows for the calculation of the nursing care hours needed to care for our patients on average and the care provided by our full time staff members. Burke uses a flex workforce of overtime, per diems, and agency staff to close the gap between the hours provided by full time staff and patient care needs.

Plan for 2022 Budget Update May 2022 - 125 Patients Burke Rehabilitation Hospital								
Patient Days/NCH	Patient Group	2022 Last 180 Days Discharges	Fraction of DCs	Number of DC with Census 125	Annual Pt Days	NCH/PPD	Annual NCH Required	
	BI (RIC 2)	113	0.08	10.46	3819.0	8.5	32461	
	SCI (RIC 3)	92	0.07	8.52	3109.3	8.5	26429	
	Neuro (RIC 5)	59	0.04	5.46	1994.0	7.5	14955	
	Stroke (RIC 1)	411	0.30	38.06	13890.3	7.5	104177	
	Ortho (RIC 4)	390	0.29	36.11	13180.6	6.5	85674	
	Gen Rehab (RIC 6)	285	0.21	26.39	9631.9	7	67424	
	Total	1350		125.00	45625.0		331119	
NCH/PPD for COVID was set at 10 because of time lost for donning and doffing PPE and frequent orders for IV Hy								
Full Time / PT Direct Care Staffing	Position			FTEs	Hrs/Week	Hrs/Year	Prod Hrs/Yr	
	12 hr RNs			85	3315	172380	141352	
	8 hr Aides				0	0	0	
	12 hr Aides			85	3315	172380	141352	
	Total FTEs			170				
Total deductions from Prod requiring coverage	10% turnover							
	1 Ed day / yr							
Adjusted Total								
						Prod Hours / Yr	282703	
Productive Hrs = Actual *0.82								
Required Hours / Yr							331119	
Fixed Staff Hours / Yr							282703	
Additional Covering Hrs / Yr						Shortage	48416	
						FTE Shortage	30	

This staff is then assigned via a staffing plan to achieve patient safety, quality of care, and outcomes. Within Burke, staff are assigned to 5 units. The primary diagnostic groups are listed below.

UNIT	Primary Diagnoses
1 East	Neurologic, Orthopedic, & Amputee
1 North	Neurologic and Spinal Cord Injury
1 West	Cardiac, Respiratory, Neurologic
2 East	Stroke
2 West	Brain Injury and Neurologic.

Burke is a non-union hospital. The nursing leadership team have an open dialogue with the clinical staff to optimize patient care and respond to the needs of our patients and staff. The primary assigned RN and Nursing assistant staff is supplemented by a variety of additional staffing resources to share the burden of care. Respiratory therapists are present at Burke and treat patients from 7am to 7pm seven days a week. Two wound care nurses work full time to provide expert guidance and treatment for patients with wounds and to maximize our wound prevention efforts. Nurse managers on each unit assist with hands on care at times of high demand. A team of occupational therapists works with patients on activities of daily living. A team of physical therapists works to help patients optimize clinical function. Recreational therapists provide activities to enhance patients' recovery. Burke has an active Patient Experience and volunteer organization which works to assist the patients with non-clinical tasks including helping to provide video visits for patients who are unable to see their family via a visit to the hospital. A dedicated person performs EKGs during weekdays. Patient transporters are utilized to escort patients from their rooms to the gyms and take patients to outside appointments.

CLINICAL FACTORS THAT WERE CONSIDERED TO DEVELOP UNIT LEVEL STAFFING PLANS

- Census, including total numbers of patients on the unit and each shift and activity such as discharges, admissions, and transfers
- Measures of acuity and intensity of all patients; nature of care delivered on each unit and shift
- Skill mix
- Availability, level of experience, and Individual and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift
- Need for specialized or intensive equipment
- Architecture and geography of the unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
- Mechanisms/procedures to provide for one-to-one patient observation when needed
- Other special characteristics of the patients including age, cultural or linguistic diversity and needs, functional ability, communication skills, and other relevant social or socioeconomic factors
- Measures to increase worker and patient safety
- Availability of other personnel supporting nursing services on the unit
- Waiver of plan requirements in the case of unforeseeable emergency circumstances as defined in New York's Public Health Law
- Coverage to enable RNs, LPNs, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are "reasonably foreseeable" as required by law
- Nursing quality indicators
- Provisions for limited short-term adjustments, made by 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

Patients at Burke Rehabilitation Hospital are located in five units each with 30 beds.

UNIT	Primary Types of Patients
1 East	Neurologic, Orthopedic & Amputee
1 North	Neurologic, Spinal Cord Injury
1 West	Cardiac, Respiratory, Neurologic
2 East	Stroke
2 West	Brain Injury, Neurologic

Staffing Procedure

This table is a guideline for staffing. Actual staffing is driven by patient acuity, census, staff expertise, and assessment of patient needs. The diagnostic groups have varying needs for medical management, assistance with ADLs and need for supervision. These considerations are reflected in the tables below; however, staffing adjustments are based on need and do not strictly follow any tables.

Guideline for Staff Subject to Adjustment as Needed

Registered Nurse Staffing Guidelines

Day Shift 7 a.m. – 7 p.m.

Unit	Ratio of patents to RN	Census 30 – 22	Census 21 -15	Census less than or equal to 14
1 East 1 North 2 East	Average 7	4	3	2

Unit	Ration of Patients to RN	Census 30 – 25	Census 24 – 19	Census 18 – 13	Census Less than or equal to 12
1 West 2 West	Average 6	5	4	3	2

Night Shift 7 p.m. – 7 a.m.

Unit	Ratio of Patients to RN	Census 30 – 19	Census Less than or equal to 18
1 East 1 North	Average 9	3	2

Unit	Ration of Patients to RN	Census 30-25	Census 24-15	Census Less than or equal to 14
1 West 2 West 2 East	Average 7-8	4	3	2

Nursing Assistant Staffing Guidelines

Day Shift 7am – 3pm

Unit	Ratio of Patients to NA	Census 30-25	Census 24-19	Census 18-13	Census Less than or equal to 12
1 East 1 West	Average 6	5	4	3	2

Unit	Ratio of Patients to NA	Census 30-25	Census 24-21	Census 20-16	Census Less than or equal to 15
1 North 2 East 2 West	Average 5	6	5	4	3
2 West Monitor Tech		1	1	1	1

Evening Shift 3 p.m. – 11 p.m.

Unit	Ratio of Patients to NA	Census 30-22	Census 21-15	Census Less than or equal to 14
1 East 1 West	Average 7	4	3	2

Unit	Ratio of Patients to NA	Census 30-25	Census 24-19	Census 18-13	Census Less than or equal to 12
1 North 2 East 2 West	Average 6	5	4	3	2

2 West Monitor Tech		1	1	1	1
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Night Shift 11 p.m. – 7 a.m.

Unit	Ratio of Patients to NA	Census 30-19	Census Less than or equal to 18
1 East 1 West	Average 9	3	2

Unit	Ratio of Patients to NA	Census 30-25	Census 24-17	Census Less than or equal to 12
1 North 2 East 2 West	Average 8	4	3	2
2 West Monitor Tech		1	1	1

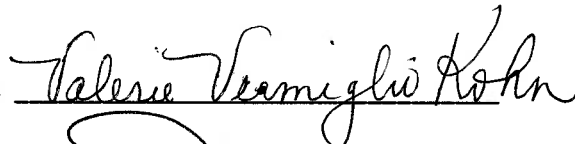
Reference:

American Nurses Association. (2020). ANA’s Principles for Nurse Staffing – Third Edition.

*Matrices are developed as a guide for shift-to -shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mix of hospital staff.

Approval:

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Scott Edelman, Chief Financial Officer



Clinical Staffing Committee Review and Approval 5/25/2022