Auburn Community Hospital Clinical Staffing Plan

Clinical Staffing Committee Charge

In June 2021, the New York Legislature enacted Section 2805-t of the Public Health Law, requiring hospitals to collaboratively develop and implement a clinical staffing plan composed of registered nurses ("RNs"), licensed practical nurses ("LPNs"), and other members of the frontline team providing or supporting direct patient care. Auburn Community Hospital ("ACH" or "Hospital") has established a clinical staffing committee ("CSC") to meet the goals and requirements of Section 2805-t.

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.

CSC Composition

The CSC must include representatives of Hospital leadership and the workforce/labor including front-line health care workers, RNs, LPNs and patient care technicians, certified nursing assistants and other non-licensed staff assisting with nursing or clerical tasks and unit clerks. The Hospital and/or the workforce may suggest that ad hoc committee members participate in certain committee meetings to lend subject matter expertise to staffing on a particular unit.

The members of the Hospital CSC are as follows:

Name	Position	Function
Jason Lesch	CFO	Finance
Emily Brooks	CNO	Nursing
Paul D. Giordano	CHRO	Human Resources
Crystal Crowley	DON	Nursing
Sally Fritz	RN	ECU/Urgent Care
Michelle Major	RN	PACU
Beth O'Hara	RN	Pain Clinic
Alicyn Salato	RN	CCU
Makayla Matusic	RN	OR
Chris Fuller	RN	BHU

Additional ancillary staff to be identified

Voting members of the CSC include members of the workforce and members of Hospital management. Non-Hospital employees in attendance on behalf of a union are non-voting observers. Each side—

14270137.4 6/24/2022

Hospital management and workforce/labor—has one vote on recommendations for the Clinical Staffing Plan.

The Clinical Staffing Plan

The Hospital's clinical staffing plan ("Clinical Staffing Plan") includes specific staffing for each patient care unit and work shift and shall be based on patients' needs.

- The Clinical Staffing Plan includes specific guidelines or ratios, matrices, or grids showing the number of patients assigned to each RN and the number of RNs and ancillary staff to be present on each unit and shift, and shall be used as the primary component of the Hospital's staffing budget.
- The Clinical Staffing Plan should include a description of the additional staffing resources provided to specific units including support from float pools, respiratory and pharmacy technicians, patient education and discharge planning resources, and other in-person staff and virtual support.
- The Clinical Staffing Plan must be summitted to the New York State Department of Health (DOH) by July 1, 2022, and annually thereafter.

Clinical Factors That Must Be Considered in Unit Level Staffing Plans

Section 2805-t provides that the following must be considered:

- 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 and procedures to provide for one-to-one patient observation, when needed, for patients on psychiatric or other units, as appropriate
- Other special characteristics of the unit or community patient population, 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, 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

14270137.4 6/24/2022

- 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, or the terms of an applicable CBA
- Nursing quality indicators required by the Nursing Care Quality Protection Act (NYCRR Section 400.25)
- General Hospital finances
- 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

Reporting Requirements

The Hospital must submit its Clinical Staffing Plan to DOH by July 1, 2022, and annually thereafter.

The Clinical Staffing Plan submitted to DOH shall, where applicable, include a written explanation if there are elements in the plan that the CSC did not agree to, with signoff from the Hospital's chief executive officer (CEO) or designated hospital leadership and workforce/labor.

The Hospital will submit to DOH amendments to the Clinical Staffing Plan, including major changes such as newly created units or existing units that undergo clinical or programmatic changes, within 30 days of adoption. The Clinical Staffing Plan must include data, from at least the previous year, on the frequency and duration of variations from the adopted Clinical Staffing Plan, the number of complaints relating to the Clinical Staffing Plan and their disposition, and a description of unresolved complaints.

1. Clinical staffing complaints regarding compliance with the clinical staffing plan, personnel assignments in a patient care area or staffing levels and any other requirement of the adopted clinical staffing are to be submitted to and reviewed by the Clinical Staffing Committee.
2. Auburn Community Hospital will maintain an electronic log of all clinical staffing complaints and provide it upon request to the Department.
3. Clinical staffing complaints are to be submitted to the Clinical Staffing Committee.
4. Each complaint should be assigned a numeric complaint reference number that is clearly identified and documented in the top quarter of the response. Complainants should be provided this complaint number in reference to their submission of a complaint.
5. Auburn Community Hospital will respond to each complaint in writing. An electronic notice is acceptable as long as the hospital maintains a copy of the electronic response.

Implementation, Posting of the Clinical Staffing Plan

The Hospital will implement the Clinical Staffing Plan by January 1, 2023, and annually thereafter.

The Hospital must post the daily, unit level staffing plan for each shift in a "publicly conspicuous place" on each patient unit.

14270137.4 6/24/2022

Responding and Tracking Complaints About/Variations in the Plan

Complaints. The CSC will review, assess, and respond to complaints about potential violations of the adopted staffing plan, staffing variations, or other concerns with the plan's implementation. Complaints must first go through the Hospital's internal complaint mechanisms, and then to the CSC. The CSC may, by consensus, determine that a complaint has been resolved or dismissed. Each side—Hospital management and workforce/labor—has one vote in the consensus process for complaints. Disputes in the consensus process will be resolved by the CEO. The CSC shall establish (by consensus with each side having one vote), the agreed-upon rules and criteria to provide confidentiality for complaints that are being examined or are found to be unsubstantiated. Disputes in the consensus process will be resolved by the CEO.

Variations. Variations in staffing from what is in the Clinical Staffing Plan are "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." Variations from the approved plan are to be "short term and of limited duration." An RN, LPN, and/or ancillary member of the frontline team, or CBA representative may report to the clinical staffing committee any variations where the personnel assignment in a patient care unit is not in accordance with the adopted Clinical Staffing Plan and may make a complaint to the CSC based on the variation(s).

Waiver. The Clinical Staffing Plan may be waived in cases of unforeseeable emergency circumstances.

Other Reporting Requirements

Beginning July 2023, hospitals must report quarterly to DOH the staffing data for RNs, LPNs, and unlicensed personnel providing direct patient care, required to be maintained under the Nursing Care Quality Protection Act. DOH is charged with developing an electronic, standardized reporting format for hospitals to meet this requirement.

Compliance

The Clinical Staffing Plan shall comply with all Federal and New York State laws and regulations and shall not diminish other standards contained in State or Federal law and regulations, or the terms of a CBA. The Clinical Staffing Plan below complies with and incorporates any minimum staffing levels provided for in a CBA, including nurse-to-patient ratios, caregiver-to-patient ratios, staffing grids, matrices, or other staffing provisions.

An RN, LPN, and/or a member of the frontline team or CBA representative may report to the CSC any variations where the personnel assignment in a patient care unit is not following the adopted Clinical Staffing Plan and may make a complaint to the CSC based on the variations. The process set forth above and any procedures established thereunder will be followed.

Additional Resources

14270137.4 6/24/2022

The Hospital uses additional staffing resources provided to specific units including support from float pools, respiratory and pharmacy technicians, patient education and discharge planning resources, and other in-person staff and virtual support. The Hospital uses traveler agencies to provide support where available and needed. The Hospital uses incentive pay to encourage existing staff to work when need is high. The Hospital utilizes hiring and retention bonuses to attract and retain new staff. The Hospital also uses qualified members of management to provide patient care and ancillary services where necessary and appropriate.

Sample Unit Level Staffing Grids/Matrices

The staffing grids below are taken from the CBA between the Hospital and 1199SEIU taking into account the required statutory factors. The CSC recognizes that staffing may vary and will allocate resources including hiring travelers and using helping hands where the grids below are not met, in addition to understaffing pay used to discourage staffing below the grid and reward those who work in those situations.

Understaffing pay is paid in the event staffing falls below the premium level designated on a unit's grid for more than two (2) hours during a shift. The following rules shall apply for LPN's counting in the grid: In addition to the grid, if an LPN or LPN's are scheduled for 2M, 3M or 4C, understaffing pay will not be triggered, if the following are met: (1) no more than one less RN than indicated in the grid for that patient level is on the floor; (2) the number of licensed nurses (RN's and LPN's) on the floor exceeds the number of RN's for that patient level in the grid; and (3) the total number of employees on the floor equals or exceeds the number in the grid for that patient level. The parties agree to reevaluate every three months. This shall apply to the Hospital only. LPNs will not routinely pass medications to more than 10 patients. Orientation and job description shall be discussed between the parties.

4 Central/ 2 Memorial

Census	Premium Days		Premium Eves		Premium Nights	
	RN	PCA	RN	PCA	RN	PCA
1	2	0	2	0	2	0
2	2	0	2	0	2	0
3	2	0	2	0	2	0
4	2	0	2	0	2	0
5	2	0	2	0	2	0
6	2	1	2	1	2	1

14270137.4 6/24/2022

7	2	1	2	1	2	1
8	2	1	2	1	2	1
9	2	1	2	1	2	1
10	2	2	2	2	2	2
11	2	2	2	2	2	2
12	3	2	3	2	2	2
13	3	2	3	2	3	2
14	3	2	3	2	3	2
15	3	2	3	2	3	2
16	3	2	3	2	3	2
17	3	2	3	2	3	2
18	4	3	4	3	3	2
19	4	3	4	3	3	3
20	4	3	4	3	3	3
21	4	3	4	3	3	3
22	5	3	4	3	3	3
23	5	3	4	3	3	3
24	5	3	4	3	3	3
25	5	3	4	3	3	3
26	5	3	4	3	3	3
27	5	3	4	3	3	3
28	5	4	4	4	4	3
29	5	4	4	4	4	3

When there is no parent/guardian/other responsible adult to stay with a child five (5) years or younger, a medically trained sitter will be assigned to stay with the patient. One on one sitters do not count towards staffing numbers

14270137.4 6/24/2022

3 Memorial

Census	7 a.m. – 3 p.m.		3 p.m. – 11 p.m.		11 p.m. – 7 a.m.	
	RN	PCA	RN	PCA	RN	PCA
1	2	0	2	0	2	0
2	2	0	2	0	2	0
3	2	0	2	0	2	0
4	2	0	2	0	2	0
5	2	0	2	0	2	0
6	2	1	2	1	2	1
7	2	1	2	1	2	1
8	2	1	2	1	2	1
9	2	1	2	1	2	1
10	2	2	2	2	2	2
11	2	2	2	2	2	2
12	3	2	3	2	2	2
13	3	2	3	2	3	2
14	3	2	3	2	3	2
15	3	2	3	2	3	2
16	3	2	3	2	3	2
17	3	2	3	2	3	2
18	4	3	4	3	3	2
19	4	3	4	3	3	3
20	4	3	4	3	3	3

14270137.4 6/24/2022

21	4	3	4	3	3	3
22	5	3	4	3	3	3
23	5	3	4	3	3	3
24	5	3	4	3	3	3

To be reevaluated in three (3) months. One on one sitters do not count towards staffing numbers

CCU

Census	Premium Days		Premium Eves		Premium Nights	
	RN	PCA	RN	PCA	RN	PCA
1	2	0	2	0	2	0
2	2	1	2	1	2	1
3	2	0	2	0	2	0
4	2	1	2	1	2	1
5	3	0	3	0	3	0
6	3	1	3	1	3	1
7	4	0	4	0	4	0
8	4	1	4	1	4	1
9	5	0	5	0	5	0
10	5	1	5	1	5	1

To be reevaluated in three (3) months; One on one sitters do not count towards staffing numbers

14270137.4 6/24/2022

Emergency Care Unit

	Premium Staffing	
	RN	**PCA**
7:00 a.m.	3	2
8:00 a.m.	3	2
9:00 a.m.	3	2
10:00 a.m.	3	2
11:00 a.m.	5	2
12:00 p.m.	5	2
1:00 p.m.	5	2
2:00 p.m.	5	2
3:00 p.m.	5	2
4:00 p.m.	5	2
5:00 p.m.	5	2
6:00 p.m.	5	2
7:00 p.m.	5	2
8:00 p.m.	5	2
9:00 p.m.	5	2
10:00 p.m.	5	2
11:00 p.m.	3	1
12:00 a.m.	3	1
1:00 a.m.	3	1
2:00 a.m.	3	1
3:00 a.m.	3	1

14270137.4 6/24/2022

4:00 a.m.	3	1
5:00 a.m.	3	1
6:00 a.m.	3	1

Will implement voluntary on-call (from 7am-11am) which will be evaluated in three (3) months, at which time a joint determination will be made as to whether call will be mandatory or eliminated.

URGENT CARE CLINICS -- 2RN's

14270137.4 6/24/2022

OB/GYN

<table>
<tr><th>Census</th><th>RN</th><th>OB Techs</th></tr>
<tr><td>2 labor patients without complications</td><td>1</td><td rowspan="6">1</td></tr>
<tr><td>1 active labor patient</td><td>1</td></tr>
<tr><td>3 mother/baby units – no complications</td><td>1</td></tr>
<tr><td>6 GYN surgical</td><td>1</td></tr>
<tr><td>1 delivery</td><td>2</td></tr>
<tr><td>C-section</td><td>2</td></tr>
<tr><td>1 post partum mother and baby with complications</td><td>1</td><td></td></tr>
</table>

OB Tech on unit at all times C-Section: One (1) RN to stabilize baby; One (1) to attend to mom and provider

AWHONN definitions will apply

<table>
<tr><th colspan="2">PACU

When there is at least one (1) patient, there will be an RN and one (1) other person in department</th></tr>
<tr><td>1:2 patients</td><td>1 unconscious pt. stable, without artificial airway and >8 years of age and 1 conscious stable, free of complications; OR 2 conscious, stable and free of complications;</td></tr>
</table>

14270137.4 6/24/2022

	OR 2 conscious stable, 8 years and under, with family or competent support staff present
1:1 patient	At time of admission until critical elements** are met; unstable airway; any unconscious pt. 8 years and under of age ** critical elements can be defined as report has been received from the anesthesia provider, questions, answers and the transfer of care has taken place; patient has secure airway; initial assessment complete; patient is hemodynamically stable
2:1 patient	1 critically ill, unstable, complicated patient

14270137.4 6/24/2022

BHU

Census	Premium Days		Premium Eves		Premium Nights	
	License	PCA	License	PCA	License	PCA
1	2	0	2	0	2	0
2	2	0	2	0	2	0
3	2	0	2	0	2	0
4	2	0	2	0	2	0
5	2	1	2	1	2	1
6	3	1	3	1	2	1
7	3	1	3	1	2	1
8	3	1	3	1	2	1
9	3	1	3	1	2	1
10	3	1	3	1	2	1
11	3	1	3	1	2	1
12	3	1	3	1	2	1
13	3	1	3	1	2	1
14	3	1	3	1	2	1

Note: Licensed = RN and LPN – all shifts must have a minimum of one **(**1) RN

Premium note: one-on-one (1:1) patients require an additional qualified staff person per patient. A Part Time BHU Unit Secretary will be available based on a Monday through Friday 4 hours per day schedule and will be reviewed in 90 days.

14270137.4 6/24/2022

Pain Management and cardio lab-

Pain clinic – M, T, Th, F – 8 am to 4 pm; 1 RN, 2 ~~FT~~ techs

Wednesday –
1 Sedation patient– 1 RN pre & post op; 1 sedation nurse; 1 procedure nurse

1 patient without sedation- 1 RN pre & post op; 1 procedure nurse

IR

Sedation – 1 RN sedation only; 1 RN for procedure

Procedure – 1 RN; 1 IR tech; 1 PA; 1 Radiologist

2 nurses needed for high risk patient– catheter in artery; Phlebectomy- blood clot from vein; lung biopsy; embolization, stenting; fresh nephrostomy tube

1 nurse - check-in patient

Vascular access team cross trained to IR

CVL
7 am to 4 pm
4 RNs; 1 EEG/IR prep; 3 echo techs

1 float nurse – Cardiac rehab; CVL, Cardiology office; Pain, IR

Weekend coverage – 7 am to 11 am – 1 RN on call; 1 echo tech

Cardiac Rehab

Exercise Physiologist 1

RN 2 PT

14270137.4 6/24/2022

OR

1:1 patient

1 RN Supervisor or Charge RN

2 RNs per active operating room

1 Surgical Tech

Endo

2 RNs per procedure
2 PCA to 2 Endo Rooms

- **One Day Surgery**

  1 RN : 2 patient

- 2 clerks/aides

Pre-Admission Testing
2 RNs + 1 LPN

Bariatric

Nurse Manager 1

RN 1

Clerk 1

Dietician PD

14270137.4 6/24/2022

RT Staffing

Days 2

Eves

Nights

PFT lab

Oncology/Infusion

Director 1

RN 3

Reg clerks 2

MA 1

Speech & Language

Speech & Language pathologists 2.6 FT[1]

Laboratory Staffing

1	Pathologist/Laboratory Director
2	Histotechnologists[2]

Cytology

2	Cytotechnologists[3]

General Laboratory

1	Technical Director

[1] Current full time staff levels. Staff as needed each day/shift.
[2] Current full time staff levels. Staff as needed each day/shift.
[3] Current full time staff levels. Staff as needed each day/shift.

14270137.4 6/24/2022

4	Supervisors (working Medical Technologists)
13	Medical Technologists
1.3	Medical Technicians
1	Laboratory Scientist
12.6	Phlebotomists
5	Laboratory Assistants
2	Phlebotomy/Processing Coordinators
44.9	TOTAL[4]

Pharmacy	FTE
	1.0
Day Shift	
Order Entry	1.43
Clinical	1.0
Chemo	1.0
Evening Shift	
Order entry	1.4
Employee Rx	1.0
340 B Coor	1.0
Dayshift	1.75
Evening Shift	1.75
Day Shift	
Main	1.4
ADC	1.0
IV	1.4
Tech Duty	1.0
Chemo Tech	1.0

[4] Current full time staff levels. Staff as needed each day/shift.

14270137.4 6/24/2022

Evening Shift	1.0
Inventory	1.0[5]

	Daytime Techs	Night Techs
CT M-F	4	1
CT Wknds	1	1
U/S M-F	3	1
U/S Wknds	1	1
MRI M-F	1	
MRI Wknds	1	
Xray M-F		
flouro	1	
IR	2	
OR	1	

[5] Current full time staff levels. Staff as needed each day/shift.

Cardiology/Pulmonology Office

Supervisor	1
RN	2
LPN	2
MA	2
Receptionist	1

14270137.4 6/24/2022

Xray ABC 1

Xray XYZ 1

Xray 11-7p 1

Xray 3-11p 1

Mammo 3

Clinic 1

Xray Wknds 1 1

14270137.4 6/24/2022

Appendix A

Complaint ID Number: _______________

Clinical Staffing Complaint Form

Employee (Name) ___________________________Date: _________________Time: ________

Date of Incident: ____

Unit Name: ____________________________Shift:_______________Census:_____________

____

Complaint Type:

☐ The ratio of RNs to patients is lower than provided in the hospitals Clinical Staffing Plan posted on the Department's website
☐ The ratio of RNs to patients is lower than in the Clinical Staffing Plan in the hospital for that shift on that unit
☐ There was no Clinical Staffing Plan posted in the hospital for that shift on that unit
☐ The ratio of ancillary support staff to patients is lower than in the hospital's Clinical Staffing Plan
☐ Staff that were absent or scheduled off were not replaced
☐ Missed meals and/or breaks due to insufficient staffing to provide coverage

Complaint:

____

____

____

____

____

____

Did you notify a supervisor about this issue? Y / N

If so, who did you notify: ____

Were any corrective actions taken as a result of the complaint? Y / N

If yes, explain the corrective action (s): ____

____

____

____

____

14270137.4 6/24/2022