

**ERIE COUNTY MEDICAL CENTER CORPORATION
CLINICAL STAFFING PLAN ADOPTION**

WHEREAS, pursuant to Public Health Law §2805-t (2) (a) the **ERIE COUNTY MEDICAL CENTER CORPORATION** ("ECMCC" OR "Corporation") has established and maintains a **CLINICAL STAFFING COMMITTEE** ("Committee") to carry out the functions and responsibilities set forth in Public Health Law §2805-t (4); and

WHEREAS, pursuant to Public Health Law §2805-t (2) (b) and (c), ECMCC has engaged the **AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 1095, COUNCIL 66, AFL-CIO** ("AFSCME") representing Critical Care Technicians and Hospital Aides in good faith discussions and negotiations regarding clinical staffing levels, and those AFSCME direct care employees designated to serve as part of the Committee are set forth in **EXHIBIT A** to this Agreement; and

WHEREAS, pursuant to Public Health Law §2805-t (2) (b) and (c), ECMCC has engaged the **CIVIL SERVICE EMPLOYEES ASSOCIATION, INC., LOCAL 1000, AFSCME, AFL-CIO** on behalf of the **CSEA ERIE COUNTY UNIT 6700 OF THE CSEA ERIE COUNTY LOCAL 815** ("CSEA") representing Community Mental Health Technicians, Emergency Room Technicians, and Licensed Practical Nurses in good faith discussions and negotiations regarding clinical staffing levels, and those CSEA direct care employees designated to serve as part of the Committee are set forth in **EXHIBIT A** to this Agreement; and

WHEREAS, pursuant to Public Health Law §2805-t (2) (b) and (c), ECMCC has engaged the **NEW YORK STATE NURSES ASSOCIATION** ("NYSNA") representing General Duty Nurses in good faith discussions and negotiations regarding clinical staffing levels; and those NYSNA direct care employees designated to serve as part of the Committee are set forth in **EXHIBIT A** to this Agreement; and

WHEREAS, pursuant to Public Health Law §2805-t (2) (c), ECMCC has designated certain members of its administration to serve as part of the Committee are set forth in **EXHIBIT A** to this Agreement; and

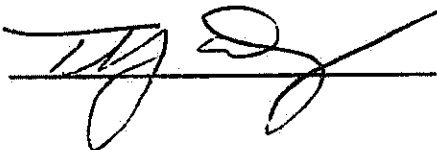
WHEREAS at least one half of the Committee is made up of registered nurses, licensed practical nurses, and ancillary members of the frontline team currently providing or supporting direct patient care and up to one half of the Committee is made up of employees appointed by general hospital administration pursuant to Public Health Law §2805-t (2) (c); and

WHEREAS, pursuant to Public Health Law §2805-t (3), participation on the Committee has been on scheduled work time and compensated at the appropriate rate of pay; and

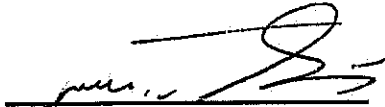
WHEREAS, pursuant to Public Health Law §2805-t (6) (b), collectively, the Committee has developed and adopted **CLINICAL STAFFING LEVELS** ("Levels") considering the factors set forth in Public Health Law §2805-t (4) (b), which is set forth as **EXHIBIT B** to this Agreement; and

NOW THEREFORE, pursuant to Public Health Law §2805-t (6) (c), on this 4th day of January, 2024, the **ERIE COUNTY MEDICAL CENTER CORPORATION** hereby adopts the **CLINICAL STAFFING LEVELS** set forth as **EXHIBIT B** and the **CLINICAL STAFFING PLAN** set forth hereto as **EXHIBIT C**.

FOR THE ERIE COUNTY MEDICAL CENTER CORPORATION

1/4/24
DATE 

APPROVED AS TO FORM:

1/4/24
DATE 
JOSEPH T. GIGLIA, ESQ.
GENERAL COUNSEL
ERIE COUNTY MEDICAL
CENTER CORPORATION

**ERIE COUNTY MEDICAL CENTER CORPORATION,
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL
EMPLOYEES, LOCAL 1095, COUNCIL 66, AFL-CIO,
CIVIL SERVICE EMPLOYEES ASSOCIATION, AND
NEW YORK STATE NURSES ASSOCIATION
CLINICAL STAFFING LEVEL AGREEMENT FOR THE
ERIE COUNTY MEDICAL CENTER**

WHEREAS, pursuant to Public Health Law §2805-t (2) (a) the **ERIE COUNTY MEDICAL CENTER CORPORATION** ("ECMCC" OR "Corporation") has established and maintains a **CLINICAL STAFFING COMMITTEE** ("Committee") to carry out the functions and responsibilities set forth in Public Health Law §2805-t (4); and

WHEREAS, pursuant to Public Health Law §2805-t (2) (b) and (c), ECMCC has engaged the **AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 1095, COUNCIL 66, AFL-CIO** ("AFSCME") representing Critical Care Technicians and Hospital Aides in good faith discussions and negotiations regarding clinical staffing levels, and those AFSCME direct care employees designated to serve as part of the Committee are set forth in **EXHIBIT A** to this Agreement; and

WHEREAS, pursuant to Public Health Law §2805-t (2) (b) and (c), ECMCC has engaged the **CIVIL SERVICE EMPLOYEES ASSOCIATION, INC., LOCAL 1000, AFSCME, AFL-CIO** on behalf of the **CSEA ERIE COUNTY UNIT 6700 OF THE CSEA ERIE COUNTY LOCAL 815** ("CSEA") representing Community Mental Health Technicians, Emergency Room Technicians, and Licensed Practical Nurses in good faith discussions and negotiations regarding clinical staffing levels, and those CSEA direct care employees designated to serve as part of the Committee are set forth in **EXHIBIT A** to this Agreement; and

WHEREAS, pursuant to Public Health Law §2805-t (2) (b) and (c), ECMCC has engaged the **NEW YORK STATE NURSES ASSOCIATION** ("NYSNA") representing General Duty Nurses in good faith discussions and negotiations regarding clinical staffing levels, and those NYSNA direct care employees designated to serve as part of the Committee are set forth in **EXHIBIT A** to this Agreement; and

WHEREAS, pursuant to Public Health Law §2805-t (2) (c), ECMCC has designated certain members of its administration to serve as part of the Committee are set forth in **EXHIBIT A** to this Agreement; and

WHEREAS, pursuant to Public Health Law §2805-t (3), participation on the Committee has been on scheduled work time and compensated at the appropriate rate of pay; and

WHEREAS, pursuant to Public Health Law §2805-t (4) (b), collectively, the Committee has developed and established **CLINICAL STAFFING LEVELS** ("Levels") considering the factors set forth in Public Health Law §2805-t (4) (b), which is set forth as **EXHIBIT B** to this Agreement:

NOW THEREFORE, the Committee hereby:

1. Adopts the Levels it has created and has attached hereto as **EXHIBIT B** as required by Public Health Law §2805-t (6); and
2. Agrees that the Committee shall meet at regular intervals to oversee the implementation of the Plan as required by Public Health Law §2805-t (4) (a).

FOR THE AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES,
LOCAL 1095, COUNCIL 66, AFL-CIO

1-4-2024 [Signature]
DATE

1-4-2024 [Signature]
DATE

DATE

DATE

FOR THE CIVIL SERVICE EMPLOYEES ASSOCIATION, INC., LOCAL 1000, AFSCME, AFL-CIO on behalf of the CSEA ERIE COUNTY UNIT 6700 OF THE CSEA ERIE COUNTY LOCAL 815


11/20/23 Wm. Wain
DATE

11/20/23 Tony Rose
DATE

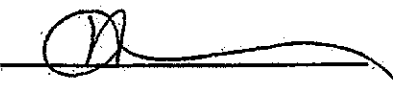
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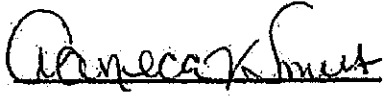
FOR THE NEW YORK STATE NURSES ASSOCIATION

1/4/24 

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FOR THE ERIE COUNTY MEDICAL CENTER CORPORATION

11/4/24
DATE

Charlene Ludlow

11/4/24
DATE

S. P. B.

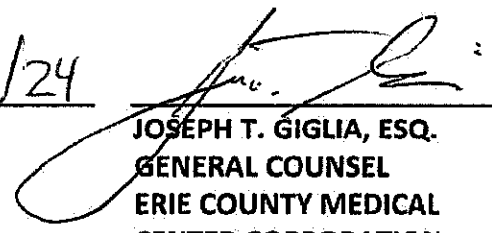
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APPROVED AS TO FORM:

11/4/24
DATE



JOSEPH T. GIGLIA, ESQ.
GENERAL COUNSEL
ERIE COUNTY MEDICAL
CENTER CORPORATION

EXHIBIT A

ERIE COUNTY MEDICAL CENTER CORPORATION CLINICAL STAFFING COMMITTEE

HOSPITAL ADMINISTRATION

Sean P. Beiter, Esq., Director of Labor and Employee Relations

Andrew L. Davis, MBA, Chief Operating Officer

Pamela Lee, MBA, MS, RN, Senior Vice President of Operations

Charlene Ludlow, MS, RN, CIC, Senior Vice President of Nursing

Jon Swiatkowski, Chief Financial Officer

DIRECT CARE EMPLOYEE REPRESENTATIVES

AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 1095, COUNCIL 66, AFL-CIO

Demetris Graham, Certified Nursing Assistant

Paul Mason, Certified Nursing Assistant

Kevin Randle, SPD Aide

Rich Canazzi, President, AFSCME Local 1095

CIVIL SERVICE EMPLOYEES ASSOCIATION, INC., LOCAL 1000, AFSCME, AFL-CIO on behalf of the CSEA ERIE COUNTY UNIT 6700 OF THE CSEA ERIE COUNTY LOCAL 815

Ebony Rose, Discharge Planner

Sabrina Wells, Medical Office Assistant

William Wilkerson, LPN, Licensed Practical Nurse

Deborah Mueller, CSEA Labor Relations Specialist

NEW YORK STATE NURSES ASSOCIATION

Shawntres Currin, RN, General Duty Nurse

Steve Bailey, RN, General Duty Nurse

Victoria Daniels, RN, General Duty Nurse

Loretta Palermo, RN, General Duty Nurse

Crystal Knihinicki, RN, General Duty Nurse

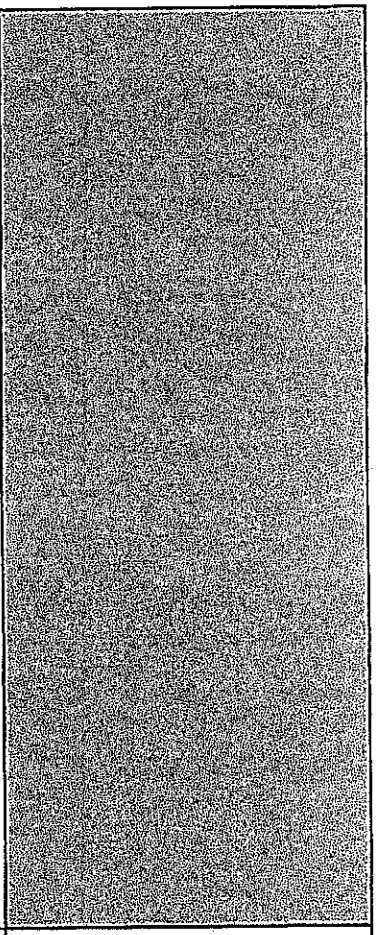




Taneca Smith, RN, General Duty Nurse

Jennifer Brinkworth, RN, General Duty Nurse

Michael Graham, NYSNA Representative

EXHIBIT B

Unit	Ratio: New York State Nurses Association (NYSNA)	Ratio: Civil Service Employees Association, Inc. (CSEA)	Ratio: American Federation of State, County and Municipal Employees (AFSCME)
Medical Intensive Care Unit (MICU) North	1:2/1:1 High Acuity/1:3 Transitioning Patients (All 3 Pts must be transitioning)	1:2 (LPNs)	1:11 (HA)
Medical Intensive Care Unit (MICU) South	1:2/1:1 High Acuity/1:3 Transitioning Patients (All 3 Pts must be transitioning)	1:2 (LPNs)	1:11 (HA)
Trauma Intensive Care Unit (TICU)	1:2/1:1 High Acuity/1:3 Transitioning Patients (All 3 Pts must be transitioning)	1:2 (LPNs)	1 (CCT)
Burn	1:2/1:1 High Acuity/1:3 Transitioning Patients	1:2 (LPNs)	1 (CCT)
Surgical Services*	1:1 - In cases where there is bedside sedation require additional ancillary or nursing staff	1:3 (LPNs)	

<p>Post-Anesthesia Care Unit (PACU)</p>	<p>1:2 - If assigned at least one Phase 1 Pt. (Phase 1 is defined as immediate post-op to anesthesia sign-out), 1:3 - If assigned a combination of Phase 2 and/or Extended Care Pts. No Phase 1 pts will be included. (Phase 2 is defined as anesthesia sign-out to discharge), 1:4 - If assigned all Extended Care pts (Extended Care is defined as pts awaiting transportation longer than thirty (30) minutes to go home or pts who have had procedures requiring extended observation/intervention and patients being held for an in-patient bed)</p>	<p>1:3 LPNs</p>	
<p>Emergency Department (ED)</p>	<p>1:1 Trauma, 1:2 Critical Care, 1:4 General</p>	<p>1:4 (LPNs) and 1:4 (ED Techs)</p>	<p>1:15 (HA)</p>
<p>Comprehensive Psychiatric Emergency Program (CPEP)</p>	<p>1:3</p>	<p>1:5 (LPNs) 1:4 (CMHTs)</p>	<p>1:20 (HA)</p>
<p>9z4</p>	<p>1:5</p>	<p>1:6 (LPNs) and 1:4 (CMHTs)</p>	
<p>9z3</p>	<p>1:5</p>	<p>1:6 (LPNs) and 1:4 (CMHTs)</p>	
<p>9z2</p>	<p>1:4</p>	<p>1:4 (LPNs)</p>	<p>1:18 (HA)</p>
<p>9z1</p>	<p>1:5</p>	<p>1:6 (LPNs) and 1:4 (CMHTs)</p>	<p>1:15 (HA)</p>
<p>5z4</p>	<p>1:5</p>	<p>1:6 (LPNs) and 1:4 (CMHTs)</p>	<p>1:18 (HA)</p>
<p>5z3</p>	<p>1:5</p>	<p>1:6 (LPNs) and 1:4 (CMHTs)</p>	<p>1:18 (HA)</p>
<p>5z2</p>	<p>1:5</p>	<p>1:6 (LPNs) and 1:4 (CMHTs)</p>	<p>1:18 (HA)</p>
<p>5z1</p>	<p>1:4</p>	<p>1:6 (LPNs) and 1:4 (CMHTs)</p>	<p>1:18 (HA)</p>
<p>4z4</p>	<p>1:5</p>	<p>1:6 (LPNs) and 1:4 (CMHTs)</p>	<p>1:16 (HA)</p>
<p>4z3</p>	<p>1:3</p>	<p>1:6 (LPNs) and 1:4 (CMHTs)</p>	<p>1:10 (HA)</p>
<p>4z2</p>	<p>1:5</p>	<p>1:6 (LPNs) and 1:4 (CMHTs)</p>	<p>1:18 (HA)</p>
<p>4z1</p>	<p>1:5</p>	<p>1:6 (LPNs) and 1:4 (CMHTs)</p>	<p>1:18 (HA)</p>
<p>12z3</p>	<p>1:3</p>	<p>1:4 (LPNs)</p>	
<p>12z2</p>	<p>1:4/1:3 - If assigned one or more "step-down" and/or vented pts</p>	<p>1:4 (LPNs)</p>	

10z4	1:4 - In the case that one side (10z3 or 10z4) has less than 4 pts, there will be no less than 1 GDN and 1 ancillary staff assigned that side	1:4 (LPNs)	1:11 (HA)
10z3	1:4 - In the case that one side (10z3 or 10z4) has less than 4 pts, there will be no less than 1 GDN and 1 ancillary staff assigned that side	1:4 (LPNs)	1:11 (HA)
ED Observation	1:4	1:4 (LPNs)	
8z4	1:5	1:4 (LPNs)	1:20 (HA)
8z3	1:4	1:4 (LPNs)	1:20 (HA)
8z2	1:4	1:4 (LPNs)	1:19 (HA)
8z1	1:4	1:4 (LPNs)	1:20 (HA)
7z4	1:4	1:4 (LPNs)	1:20 (HA)
7z3	1:5	1:4 (LPNs)	1:15 (HA)
7z2	1:3	1:4 (LPNs)	1:20 (HA)
7z1	1:5	1:4 (LPNs)	1:20 (HA)
6z4	1:4	1:4 (LPNs)	1:11 (HA)
6z3	1:4	1:4 (LPNs)	1:11 (HA)
6z2	1:5	1:4 (LPNs)	1:16 (HA)
6z1	1:4	1:4 (LPNs)	1:18 (HA)
Hemodialysis Inpatient	1:2	1:3 (LPNs)	
Hemodialysis Outpatient	1:12 - With appropriate ancillary staff/1:4 without proper ancillary staff	1:3 (LPNs)	

* Main, Snyder, Cath Lab/IR procedures, VAC procedures, GI procedures

Job Titles:
CMHT - Community Mental Health Technician
CCT - Critical Care Technician
ED Tech - Emergency Room Technician
GDN - General Duty Nurse
HA - Hospital Aide
LPN - Licensed Practical Nurse



Origination 10/2013
Last 08/2023
Approved
Effective 08/2023
Last Revised 08/2023
Next Review 08/2024

Owner Charlene Ludlow:
Senior Vice
President of
Nursing
Area Nursing
Applicability Erie County
Medical Center
References NUR-137

Staffing Plan

POLICY PURPOSE, STATEMENT OF POLICY, AND POLICY GOALS:

POLICY:

Patient care areas are staffed with an adequate number and mix of qualified, competent licensed and assistive personnel to meet patient care needs and implement plans of care. Staffing is based on projected unit activity, actual census, budgeted patient days, patient acuity, and national standards, where available. When the annual budget is reviewed and/or new variables are introduced, consideration is given to changes in technology, services, patient population, case mix, the degree and complexity of care required by the patients, and the scope and level of integration with other clinical services. All clinical departments that provide Nursing care are represented by the Nurse Executive Committee, which is facilitated by the Senior Vice-President of Nursing.

Staffing consideration will be completed with input from clinical staff, with consideration of schedules that meet both organizational and personal needs of employees. Flexible scheduling to meet the staffing plan of each individual location will be utilized when possible.

GOALS:

1. Provide care that is safe and effective and is in accordance with professional nursing standards and best practices:
 - Ensure clinical competency - both in general nursing practice and in the specialty area the staff member is assigned to

- Ensure that regulations and standards of accrediting bodies are met
 - Implement a staffing scheduling plan for each location
 - Meet all contractual obligations in development and implementation of staffing and scheduling
 - Establish a master staffing plan that allows for continuing education and participation in performance improvement activities
 - Implement a scheduling plan that includes prioritization of time off for higher education
2. Maintain fiscal responsibility:
- Implement strategies that respond to fluctuations in census
 - Minimize the use of overtime and agency personnel
 - Optimize utilization of personnel
 - Manage personnel resources in a fiscally responsible manner
 - Minimize staff turnover
3. Maintain compliance with NYS Labor Law, Section 167 which outlines conditions wherein mandatory overtime of RNs and LPNs who provide direct care is to be prohibited.
4. Staff will be canvassed for staffing needs by utilizing all methods set forth in its nurse coverage plan required pursuant to section 177.4 of this Part. Efforts may include the ECMC One-Call recruitment telephone communication system, internal recruitment of staff working, and other measures for recruitment of overtime as stipulated in collective bargaining agreements between ECMC and its labor partners for additional shifts and/or voluntary overtime.

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 of this Part 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 Part if it was caused by the health care employer's failure to develop or properly and fully implement a nurse coverage plan is required under section 177.4 of this Part.

Ongoing medical or surgical procedure in which the nurse is actively engaged and in which the nurse's case of an ongoing medical or surgical procedure in which the nurse is actively engaged and in which the nurse's 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 supervision such nurse.

Nothing in this Part shall prohibit a nurse from voluntarily working overtime. A nurse may signify his or her willingness to work over time by either:

- (1) agreeing to work a particular day or shift as requested;
- (2) agreeing to be placed on a voluntary overtime list or roster; or
- (3) agreeing to prescheduled on-call time pursuant to a collective bargaining agreement or other written contract or agreement to work.

- 5. Meet bargaining unit contractual obligations.

Criteria for Staffing Levels

Staffing levels are based on regulatory requirements, benchmarking, fiscal considerations, and expert opinion.

Staffing Mix

Staffing titles that are included in the Nursing Hours are Team Leader, Charge Nurse, Registered Nurse, Licensed Practical Nurse, Hospital Aide, Technician, Mental Health Counselor, Licensed Mental Health Counselor and Mental Health Worker, if included in staffing mix and assigned to the patient care units. Unit Managers are required to work a minimum of sixteen hours per month. When Unit Managers are working clinical days, they are also included in the Nursing Hours.

Administrative Control Clerks are not included in the Model Nursing Hours. Quality Management Nurses, Case Managers, Administrative Nursing Care Coordinators, Nurse Clinicians, Clinical Nurse Specialists, Clinical Managers, Wound Ostomy NP, Burn Unit NP Manager, NIED RNs and Assistant Vice Presidents of Nursing are not included in the Model Nursing Hours unless they have completed the required competencies and are assigned a direct care staffing assignment

UNIT CLUSTERS

Behavioral Health	Medical/Surgical	Critical Care	Surgical Services	Ambulatory Services
Chemical Dependency 9z3, 9z4	6z1, 6z2, 6z3, 6z4, 7z1, 7z2, 7z3, 7z4, 8z1, 8z2, 8z3, 8z4, 9Z1, 9z2, 10z3, 10z4, 12z2, 12z3, First Floor Observation Unit	MICU-North, MICU-South, TICU, Burn Unit,	Pre-admission Testing	ECMC Family Health Clinic
4z1, 4z2, 4z3, 4z4, 5z1, 5z2, 5z3, 5z4			Inpatient & Outpatient Hemodialysis	Internal Medicine Clinic
CPEP, EOB		Emergency Department	OR & Cysto Suite *	Ortho Clinic

Behavioral Health	Medical/Surgical	Critical Care	Surgical Services	Ambulatory Services
Behavioral Health Outpatient Clinics			PACU	Specialty Clinics
			GI Lab	You Center for Wellness
			Cath Lab Non-Invasive Cardiology	Hematology/ Oncology, Grider Family, Dr. Sperry, Dental, Dental/Oncology, Wound, Transfusion
			Ambulatory Surgical Center	
			Vascular Access Unit	

* OR Staff may be sent to work in Cysto, but Cysto staff cannot work in the OR related to multi-service competency.

The Ambulatory Care Clinics are staffed with Registered Nurses, Licensed Practical Nurses and Medical Office Assistants. Each outpatient area has a designated charge nurse and/or team leader to oversee the staff and daily operations of their center. The number of staff scheduled and assigned is based on the daily patient census, acuity of patients, and consideration of providers scheduled each day (Physicians, NP's, PA's and Residents).

Specialty clinics include:

- A. Surgery, Cardiology, Pulmonology and Sleep Clinic, GI/Hepatology, Podiatry, Neurology, Neurosurgery, Anticoagulation/Coumadin, OMFS (Oral MaxilloFacial Surgery, Otolaryngology (Ear Nose and Throat), Urology, Center for Cardiovascular Care, Environmental & Occupational Health, Employee Health, Pulmonary Function Testing Lab, Rheumatology & Cardio-Thoracic. Staff may be reassigned within the patient care areas noted above to meet patient care needs, and/or may be assigned to assist/complete care that is within their scope of practice, based upon training and capabilities outlined by licensure.
- B. Outpatient departments may function without a Registered Nurse (RN) present. Criteria for a department to function without an RN may include:
 - The standard of practice and services provided.
 - Staff must work within the scope of their licensure, and follow the standard of practice for services delivered.
 - In the event of a medical emergency the staff must follow the Adult Medical Emergency/ Pediatric Medical Emergency policy
 - Staffing and alternative staffing plans for these departments must meet the needs of the services rendered.

Nursing Care Hours (NCH)

Nursing Care Hours are statistical figures which reflect the hours of nursing care, per patient, delivered on a nursing unit.

The Unit Manager and NCC or Nurse Staffing Office Specialist will assure that KRONOS work schedules are current and correct so as nursing care hours will be computed accurately. The Unit Manager, NCC & Nurse Staffing Office Specialist will ensure staffing sheets accurately reflect shift activity.

The Nursing Care Hour Reports generated are reviewed by the respective Unit Managers, the Senior Vice President of Clinical Service, Vice Presidents and Assistant Vice Presidents of Nursing.

CRITICAL CARE

The following Critical Care Units are staffed with Registered Nurse, ICU Technician: TICU, TICU Overflow BTU, MICU North, and MICU South. Both titles will be computed in the aggregate model hours with RN minimum NCHs as noted below for each level of assessed patient care required.

Model nursing hours are:

TICU	15.80 Nursing Hours Per Patient Day (NHPPD)
BTU	14.00 Nursing Hours Per Patient Day
MICU-North	15.00 Nursing Hours Per Patient Day
MICU-South	15.00 Nursing Hours Per Patient Day

Intermediate level patients in the Critical Care Units will receive 9.00 Nursing Hours per Patient Day.

MEDICAL/SURGICAL/REHABILITATION

Medical/Surgical/Rehabilitation Units are staffed with Registered Nurses, Licensed Practical Nurses, Hospital Aides.

Model nursing hours are:

6z1	8.0 Nursing Hours Per Patient Day
6z2	7.5 Nursing Hours Per Patient Day
6z3	8.5 Nursing Hours Per Patient Day
6z4	8.5 Nursing Hours Per Patient Day
7z1	7.5 Nursing Hours Per Patient Day
7z2	9.0 Nursing Hours Per Patient Day
7z3	7.5 Nursing Hours Per Patient Day
7z4	8.0 Nursing Hours Per Patient Day
8z1	8.0 Nursing Hours Per Patient Day

8z2	8.0 Nursing Hours Per Patient Day
8z3	8.0 Nursing Hours Per Patient Day
8z4	7.5 Nursing Hours Per Patient Day
9Z1	7.5 Nursing Hours Per Patient Day
9z2	8.0 Nursing Hours Per Patient Day
10z3	8.5 Nursing Hours Per Patient Day
10z4	8.5 Nursing Hours Per Patient Day
12z2	8.0 Nursing Hours Per Patient Day
12z3	9.0 Nursing Hours Per Patient Day
First Floor Med-Surg Observation	8.0 Nursing Hours Per Patient Day

FIRST FLOOR OBSERVATION UNIT

Observation patients will be cohorted in the First floor Observation Unit. Staffing levels will include Registered nurses . Model Nursing Care Hours are 8.0.

BEHAVIORAL HEALTH

Behavioral Health Units and CPEP are staffed with Registered Nurses, Licensed Practical Nurses, Mental Health Technicians, and Mental Health Workers II and III, Licensed Mental Health Counselor, Clinical Case Managers, Hospital Aides.

Model Nursing Hours are:

4z1	5.0 Nursing Hours Per Patient Day
4z2	5.0 Nursing Hours Per Patient Day
4z3	9.0 Nursing Hours Per Patient Day
4z4 Adolescent	6.0 Nursing Hours Per Patient Day
9z3	8.0 Nursing Hours Per Patient Day
9z4	8.0 Nursing Hours Per Patient Day
5z1	5.0 Nursing Hours Per Patient Day
5z2	5.0 Nursing Hours Per Patient Day
5z3	5.0 Nursing Hours Per Patient Day
5z4	5.0 Nursing Hours Per Patient Day

CPEP

The CPEP is staffed with Team Leaders, Clinical Nurse Specialists, Registered Nurses, Licensed Practical Nurses, Mental Health Technicians and Hospital Aides. Patient Census and patient acuity are utilized in determining numbers of staff needed. Staffing levels vary by day of the week and time of day. Variable volume data is utilized to determine staff scheduling.

EMERGENCY DEPARTMENT

The Emergency Department is staffed with Registered Nurses, Licensed Practical Nurses and Emergency Room Technicians. The New York State Department of Health 405.19 regulation, the Level 1 Trauma Center, as well as patient census, are utilized in determining numbers of staff needed. Staffing levels vary by days of the week and time of day based upon historical Emergency Department activity.

SURGICAL SERVICES & HEMODIALYSIS

The Operating Room's staffing levels vary, based upon scheduling patterns and patient complexity. Attached *ECMC Operating Room Staffing Plan* outlines minimal staffing levels.

- Surgical Service Unit Clusters of GI, Cath Lab/Non-Invasive Cardiology/Interventional Radiology, Prep & Pack, Urology, Surgical Center and PACU follow the policy and goals stated on Page 1.

ECMC OPERATING ROOM STAFFING PLAN

MONDAY-FRIDAY (0700-1500)		12 OPERATING ROOMS
TOTAL	12 RN'S	1 CYSTOSCOPY ROOMS
TOTAL	12 ORT'S	1 CHARGE NURSE AT DESK
NOTE-THIS IS MINIMAL STAFFING		
MONDAY-FRIDAY (1500-1700)		4 OPERATING ROOMS
TOTAL	4 RN'S	1 Charge Nurse
TOTAL	4 ORT'S	
NOTE-THIS IS MINIMAL STAFFING		
MONDAY-FRIDAY (1700-2300)		2 OPERATING ROOMS
TOTAL	2 RN'S	1 Charge Nurse
TOTAL	2 ORT'S	
NOTE-THIS IS MINIMAL STAFFING		
MONDAY-FRIDAY (2300-0700)		1 OPERATING ROOM
TOTAL	1 RN'S	1 Charge Nurse
TOTAL	1 ORT'S	
NOTE-THIS IS MINIMAL STAFFING		
SATURDAY (0700-1500)		3 OPERATING ROOMS
TOTAL	3 RN'S	1 Charge Nurse
TOTAL	3 ORT'S	
SUNDAY (0700-1500)		3 OPERATING ROOMS

TOTAL	3 RN'S	1 Charge Nurse
TOTAL	3 ORT'S	
	WEEKENDS (1500-0700)	
TOTAL	2 RN'S	1 OPERATING ROOM
TOTAL	1 ORT'S	

NOTE-THIS IS MINIMAL STAFFING

TRAUMA "A" CALL TEAM (1 RN/1 ORT)

AVAILABLE 1500, 1700, 1800-0700 M-F

24 HRS SAT/SUN (0700-0700)

TRAUMA "B" CALL TEAM (1 RN/1 ORT)

AVAILABLE 2300-0700 MONDAY - FRIDAY

1500 - 0700 SATURDAY & SUNDAY

***** NOTE MINIMUM 1 RN/1 ORT PER ROOM *****

PLEASE NOTE THAT THE OR SUPPORTS PAIN MANAGEMENT WITH 2 RN'S ON MONDAY, TUESDAY, WEDNESDAY AND THURSDAY.

ECMC HEMODIALYSIS DEPARTMENTS STAFFING PLAN

OUTPATIENT - 1 RN PER POD, 3 LPNS for each full POD. 1 CHARGE NURSE The Outpatient Hemodialysis unit has fluctuations of patients depending on shift and census. All Pods are required to have 1 RN present at all times, with the LPN volume adjusted to census.

INPATIENT - 1 RN PER 2 PATIENTS

NURSE COVERAGE PLAN

The following indicates alternative staffing methods and patient assignment interventions available to ensure adequate staffing that may be leveraged by managers/Nursing Care Coordinators (NCC) who oversee nursing units/patient care areas:

- Facilitation of transfers/discharges to decrease staffing requirements
- Reassignment through floating
- Reassignment to a competent RN/LPN completing an indirect care assignment (i.e. Unit Manager, RN in a BLS class)
- Recruitment of voluntary overtime
- Recruitment of per diem nurses
- Agency RN/LPN contracts (extended or per diem)
- Reassignment of scheduled shifts to cover staffing needs in accordance with contractual obligations
- Non-acceptance of inter-institutional transfers with authorization from the Chief Medical

Officer

Documentation of all attempts to avoid the use of mandatory overtime during a patient care emergency is to be completed by management staff/designee and forwarded to the Staffing Office/Management staff of relative Clinical Department for attachment to staffing sheet(s).

Nursing staffing varies based on acuity, volumes and staffing titles.

Staff are scheduled by Nursing areas with adjustment made to flex staff based on needs of each shift.

- Registered Nurses staffing:
 - Critical Care 1:2 patients
 - 12 z3, 7z2 and 4z4 is 1:3 patients
 - Telemetry Patients 1:4 patients
 - Acute Medical care, MRU, ALC and BH units 1:5

Licensed practical Nurses, Tech's and Nurses Aides are scheduled per unit based on volumes and acuity of care.

Defined Staffing committee composed of Hospital staff, Executive team and Union representatives meet to review and revise the Nurse staffing plan.

Reference:

1. Restrictions on Consecutive Hours of Work for Nurses. 12 NYCRR PART 177
2. NY State Labor Law, Section 167
3. NYS Regulation Parts 400 405 of Title 10 Clinical Staffing in General Hospitals

ECMCC has developed these policies and procedures in conjunction with administrative and clinical departments. These documents were designed to aid the qualified health care team in making clinical decisions about patient care. These policies and procedures should not be construed as dictating exclusive courses of treatment and/or procedures. No health care team member should view these documents and their bibliographic references as a final authority on patient care. Variations from these policies and procedures may be warranted in actual practice based upon individual patient characteristics and clinical judgment in unique care circumstances.

Approval Signatures

Step Description	Approver	Date
	Charlene Ludlow: Senior Vice President of Nursing	08/2023

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