

# ST LAWRENCE HEALTH

An Affiliate of  
Rochester Regional Health

## Hospital Charter

Clinical Staffing Committee Massena Hospital

Date: May 2023

### **Purpose**

The clinical staffing committee will work collaboratively with nurses and other members of the care team to design and implement a hospital staffing plan, in accordance with New York State Law 2805-t. The Clinical Staffing Committee allows for frontline team members to have a role and voice in the staffing process.

### Committee Responsibilities

- Development and oversight of implementation of an annual clinical staffing plan
- At least semiannual review of the staffing plan against patient needs and known evidence-based staffing information, including the nursing sensitive quality indicators collected by the general hospital
- Develop a process to assess and respond to complaints concerning the adopted staffing plan, staffing variations or issues concerning the plan implementation of the staffing plan, pursuant to NYS 2805-t

This Charter will be reviewed on an annual basis by the committee

### **Membership Selection**

Committee members who provide direct patient care will be selected in accordance with their collective bargaining agreement, if applicable. Other frontline committee members who provide direct patient care but who are not covered under any collective bargaining agreement will be nominated and selected by their peers. Final selection will apply a ballot process to be conducted by teammates and without leadership involvement.

In addition, frontline committee members will appoint a Patient Co-Lead and the general hospital administration group will appoint an Administrative Co-Lead, the purpose of which is to facilitate meetings and voting and ensure that the work of the Committee is completed.

Each member will serve a one-year term, beginning January 1<sup>st</sup> of each year.

### **Scope**

The acute care units within the ambit of the Clinical Staffing Committee are:

- **Med/Surg**
- **Operating Room**
- **ASU**
  
- **Endoscopy**
- **Radiology**

- **Infusion**
- **Emergency Department**

### **Voting**

Voting members of the committee include members of the direct care frontline team and general hospital administration members. Non-hospital employees in attendance on behalf of a union are non-voting observers. Each side—direct care frontline team and general hospital administration—has one vote on recommendations to the staffing plan for each patient care unit and work shift. Voting will be done in collaboration between the Administrative Co-Leads and Patient Care Co-leads. Each side had one vote. Each unit will reviewed during the voting process, and areas of consensus and disagreement will be documented for the record. Impasse will be resolved by the Hospital President, pursuant to New York State 2805-t

### **Clinical Factors Considered in Development of Staffing Plan:**

Pursuant to New York State Law 2805-t, in considering the hospital's staffing plan, the Committee will consider the following:

- 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
- Mechanisms/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
- 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

### **Meetings**

Meetings of the hospital’s Clinical Staffing Committee shall be held at least quarterly, at dates and times to be decided and upon notice to all committee members. An agenda will be distributed five business days in advance of a committee meeting. Minutes will be prepared following each meeting to document discussion and decisions of the Committee.

## **Massena Hospital Committee Composition**

### **Management Members**

Julie Smithers, VP of Nursing  
 Joanne Ellis, HR Operations Manager  
 Jonathan Rhodes, Director of Labor Relations,  
 Kelly Cicchinelli (or designee), VP of Finance  
 Tammysue Mitchell, Assistant Director of Nursing

### **Frontline Members and Roles** RN, LPN, PCT, CNA, Unit Clerk, other

Melissa Matson, CNA  
 Deborah Lynch, LPN  
 Ashley Pryce, ED Assistant  
 Amanda Murray, RN  
 Megan Poupore, RN  
 Casey Paquin, RN  
 Brittany Murphy, RN

### **Union reps CSEA and NYNSA-observers**

Damon Lynch, Local President, CSEA  
 Em Doyle, North Country Program Representative, NYSNA