

6/26/2024 Clifton-Fine Hospital Clinical Staffing Committee ER

New York State Public Health Law (PHL) Section 2805-t requires each general hospital to adopt and submit its hospital clinical staffing plan annually. 2805-t of the Public Health Law states that “each general hospital licensed pursuant to this article shall establish and maintain a clinical staffing committee”. Section 2801 of the Public Health Law defines a “general hospital” as follows: *a hospital engaged in providing medical or medical and surgical services primarily to in-patients by or under the supervision of a physician on a twenty-four-hour basis with provisions for admission or treatment of persons in need of emergency care and with an organized medical staff and nursing service, including facilities providing services relating to particular diseases, injuries, conditions or deformities. The term general hospital shall not include a residential health care facility, public health center, diagnostic center, treatment center, out-patient lodge, dispensary and laboratory or central service facility serving more than one institution.*

Committee Structure Requirements

The law contains detailed requirements for the composition of the committee and requires that direct care employees comprise at least half of its members. Committee members are selected by their peers.

Each clinical staffing committee must be comprised of:

1. At least one-half registered nurses (RNs), licensed practical nurses (LPNs), and ancillary members of the frontline team providing or supporting direct patient care; and
2. Up to one-half hospital administration employees, such as the Director of Nursing (DON), and/or Patient Care Managers.

Overall Purpose/ Strategic Objective

The clinical staffing committee is primarily responsible for developing and overseeing the implementation of the hospital’s annual clinical staffing plan. “Implementation” includes conducting a semiannual review of the adopted plan and handling any employee complaints concerning violations of the plan.

The clinical staffing committee must consider numerous factors in developing its clinical staffing plan, including:

- Patient census;
- Measures of acuity and intensity of all patients and the nature of care to be delivered on each unit and shift;
- Skill mix;
- The availability, level of experience, and specialty certification or training of nursing personnel providing patient care;
- The need for specialized equipment;
- Mechanisms and procedures to provide for one-to-one patient observation, when needed;
- Measures to increase worker and patient safety;
- Staffing guidelines adopted or published by other states or local jurisdictions, national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- Availability of other personnel supporting nursing services on the unit;
- Coverage to enable RNs, LPNs, and ancillary staff to take meal breaks, planned time off, and unplanned absences;
- Nursing quality indicators;
- General hospital finances and resources; and
- Provisions for limited short-term adjustments necessary to account for unexpected changes in circumstances, including; a waiver of plan requirements in the case of unforeseeable emergency circumstances.

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Meeting Management

Meeting schedule:

The clinical staffing committee will meet as often as necessary to complete the clinical staffing plan prior to each of the deadlines and then on a regular basis as agreed upon by the committee members during the remainder of the year (monthly, quarterly, etc.). Notices of meeting dates and times will be distributed in advance in order to better accommodate unit scheduling. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Members of the clinical staffing committee will be paid, and preferably will be scheduled to attend meetings as part of their normal work hours for the majority of the meetings. It is understood that meeting schedules may require that a staff member attend on his/her scheduled day off. In this case, the staff member will be compensated for their time.

Record-keeping/minutes:

- Meeting agendas will be distributed to all committee members in advance of each meeting.
- The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting.
- A master copy of all agendas and meeting minutes from the clinical staffing committee will be maintained and available for review on request.

Attendance requirements and participation expectations:

- It is the expectation of the clinical staffing committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings and engaging in respectful dialogue as professional committee members.
- If a member needs to be excused, requests for an excused absence are communicated to staffing committee co-chair/s. Failure to request an excused absence will result in attendance recorded as “absent” in the meeting minutes.
- All members are expected to attend at least 75% of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee.
- Replacement will be in accordance with aforementioned selection processes.

Decision-making process:

- Clinical staffing plans shall be developed and adopted by consensus of the clinical staffing committee. For the purposes of determining whether there is a consensus, the management members of the committee shall have one vote, and the employee members shall have one vote, regardless of the actual number of members of the committee.
- If there is no consensus on the staffing plan or partial staffing plan (individual unit/department), the hospital president shall use discretion to adopt the plan, or partial plan based on the information provided and provide a written explanation of this determination. This will include the final written proposals from both the management and employee members and their rationales.
- There will be a requirement of at least half of the committee members of each group in order to have a quorum.

New Committee Member Requirements

Staffing committee members will receive education/orientation upon joining the committee.

Penalties

The law authorizes the Department of Health to investigate possible violations of the law that are brought to its attention, including a hospital’s failure to:

- Form or establish a clinical staffing committee,
- Comply with the requirements of the law in creating a clinical staffing plan,

6/26/2024 Clifton-Fine Hospital Clinical Staffing Committee ER

- Adopt all or part of a clinical staffing plan approved by the clinical staffing committee's consensus,
- Conduct a semiannual review of the clinical staffing plan, or
- Submit a clinical staffing plan to the Department of Health on an annual basis or within thirty days of any amendment to the plan.

If the Department of Health's investigation finds a violation, the hospital must submit a corrective action plan within forty-five days of the Department's findings. The Department may impose a civil monetary penalty if a hospital fails to submit a corrective action plan or fails to implement a corrective plan.

6/26/2024 Clifton-Fine Hospital Clinical Staffing Committee ER

Clinical Staffing Committee Charter

Name of committee:

Clifton-Fine Hospital Clinical Staffing Committee

Purpose

The Clinical Staffing Committee is composed of both frontline staff and management who are responsible for promoting the safety of those in their care. Committee goals will be established to create an environment that will help ensure patient and staff safety, which is in alignment with the mission of Clifton-Fine Hospital.

Goals include to:

- Collaborate in the development of specific staffing plans for the nursing unit and work shift.
- Communicate the staffing plan and post on the unit.
- Conduct a semiannual review of the staffing plan.
- Review, assess and respond to complaints regarding potential violations of the adopted staffing plan.
- Transform the work environment to ensure collegial relationships between frontline staff and management, as we work together to provide quality care.

Stakeholders

Nursing department staff and management; recognizing that decisions made have a broader impact on patients, families and the healthcare team.

Committee membership

Leadership Representation

Erica Peacock, Director of Nursing

ED Coordinator

Chelsea Snyder-Dennis, Registered Nurse

Direct Care Personnel

Cassandra Clark, Registered Nurse

Krystal Gagnon, Registered Nurse

Lindsay Farnsworth, Licensed Practical Nurse

Committee authority and reporting:

This committee has the authority to make collaborative decisions related to the hospital plan for the nursing department's staffing.

This committee is responsible for the ongoing monitoring, evaluation and approving necessary modifications for the staffing plan.

The Director of Nursing is a member of the committee and is responsible for ensuring that the members of the committee are informed regarding the nurse staffing law and are in compliance with the law.

Committee communication:

- Minutes are taken at each meeting and sent to all committee members electronically by e-mail.
- Emails are used to communicate meeting dates/times and agenda items. Virtual meeting options such as Zoom and/or conference call will be available as an alternative means to meeting in person.
- Committee members are responsible to share information from the meetings to frontline staff and also bring back any information.

Committee voting/decision making plan:

- Must have a quorum to hold a meeting.

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- Frontline staff members of the committee shall have one vote and management members of the committee shall have one vote. If the committee does not reach consensus, the CEO is notified and uses discretion to adopt a plan or partial plan.

Method of recording actions:

- Minutes are taken at each meeting and sent to all committee members electronically by email.

Annual committee goals:

- Establish meetings dates/times.
- Increase awareness of the goals and purpose of the clinical staffing committee.
- Create a nursing staffing plan policy and disseminate to all staff.

Emergency Department

(7 Days a week/365)

Day Shift

Night Shift

	Time	RN	Support Staff		Number of Staff			Time	RN	Support Staff		Number of Staff
Monday	0700-1900	1	1		2		Monday	1900-0700	1	1		2
Tuesday	0700-1900	1	1		2		Tuesday	1900-0700	1	1		2
Wednesday	0700-1900	1	1		2		Wednesday	1900-0700	1	1		2
Thursday	0700-1900	1	1		2		Thursday	1900-0700	1	1		2
Friday	0700-1900	1	1		2		Friday	1900-0700	1	1		2
Saturday	0700-1900	1	1		2		Saturday	1900-0700	1	1		2
Sunday	0700-1900	1	1		2		Sunday	1900-0700	1	1		2

6/26/2024 Clifton-Fine Hospital Clinical Staffing Committee INPATIENT

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6/26/2024 Clifton-Fine Hospital Clinical Staffing Committee INPATIENT Clinical Staffing Committee Charter

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Inpatient Nursing Unit

Week Day Staffing

Day Shift

	Time	RN	LPN	NA	Number of Staff		Time	RN	LPN	NA	Number of Staff	
Monday	0700-1500	1	1	1	3		Monday	1500-1900	O/C	1	1	3
Tuesday	0700-1500	1	1	1	3		Tuesday	1500-1900	O/C	1	1	3
Wednesday	0700-1500	1	1	1	3		Wednesday	1500-1900	O/C	1	1	3
Thursday	0700-1500	1	1	1	3		Thursday	1500-1900	O/C	1	1	3
Friday	0700-1500	1	1	1	3		Friday	1500-1900	O/C	1	1	3

Weekend Staffing

Day Shift

	Time	RN	LPN	NA	Number of Staff
Saturday	0700-1900	1	1	1	3
Sunday	0700-1900	1	1	1	3

Night Shift Staffing

(7 Days a week/365)

	Time	RN	LPN	NA	Number of Staff
Monday	1900-0700	1	1	1	3
Tuesday	1900-0700	1	1	1	3
Wednesday	1900-0700	1	1	1	3
Thursday	1900-0700	1	1	1	3
Friday	1900-0700	1	1	1	3
Saturday	1900-0700	1	1	1	3
Sunday	1900-0700	1	1	1	3

Clifton-Fine Hospital Clinical Staffing Planning Committee-

PRIMARY CARE 6/5/2024

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Clifton-Fine Hospital – Clinical Staffing Committee Charter

Name of committee:

Clifton-Fine Hospital Clinical Staffing Committee

Purpose

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Goals include to:

- Collaborate in the development of specific staffing plans for the outpatient primary care unit and work shift.
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Stakeholders

Nursing department staff and management; recognizing that decisions made have a broader impact on patients, families and the healthcare team.

Committee membership

Leadership Representation
Hunter Fowler, Clinic Nurse Manager
Erica Hendricks, Director of Nursing

Direct Care Personnel
Emma Schoff, Registered Nurse
Raegan Avallone, CMA

Committee authority and reporting:

This committee has the authority to make collaborative decisions related to the hospital plan for the nursing department's staffing.

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References:

- A. AACN (American Association of Critical Care Nurses)
- B. AMSN (Academy of Medical-Surgical Nurses)
- C. ENA (Emergency Nurses Association)

Approved By: Clifton-Fine Hospital Clinical Staffing Committee

Created: 01/02/21

Revised: 06/05/2024

Reviewed: 06/05/2024

Approved Date: TBD by NYS DOH

Staffing Grids

Primary Care Unit										
Week Day Staffing										
RN = Registered Nurse		MA = Medical Assistant		PSR = Patient Scheduling Representative			RC = Referral Coordinator		HN = Health Navigator	
TWO TO THREE MEDICAL PROVIDERS IN OFFICE										
OFFICE										
	Time	RN		Time	MA	RC	PSR	HN		Number of Staff
Monday	0700-1700	1		Monday	0800-1600	2	1	1	1	6
Tuesday	0700-1700	1		Tuesday	0800-1600	2	1	1	1	6
Wednesday	0700-1700	1		Wednesday	0800-1600	2	1	1	1	6
Thursday	0700-1700	1		Thursday	0800-1600	2	1	1	1	6
Friday	0700-1700	1		Friday	0800-1600	2	1	1	1	6
ONE MEDICAL PROVIDER IN OFFICE										
	Time	RN		Time	MA	PSR/RC (Either or)	HN			Number of Staff
Monday	0700-1700	1		Monday	0800-1600	1	1	1		4
Tuesday	0700-1700	1		Tuesday	0800-1600	1	1	1		4
Wednesday	0700-1700	1		Wednesday	0800-1600	1	1	1		4
Thursday	0700-1700	1		Thursday	0800-1600	1	1	1		4
Friday	0700-1700	1		Friday	0800-1600	1	1	1		4
WEEKEND STAFFING										
Saturday		CLOSED								
Sunday		CLOSED								

Notes:

- Census is contingent upon number of medical providers in the office, patient appointments, and miscellaneous tasks. Each Medical Provider averages around 10-12 patients/day.
**While staffing is contingent on patient census there may be low census days utilized for trainings, stocking/cleaning, outreach, and other miscellaneous tasks as assigned by the department manager.
- CLINIC RN COVERAGE
 - RN (Emma) is scheduled at all times despite census, due to being only nurse in office. Office does *not* utilize a Licensed Practical Nurse.
 - The RN has an independent schedule to allot for the scheduling of “Nurse Visits” (e.g. administration of injections and vaccinations, suture removals, wound changes, etc) M-F.
 - The RN handles all incoming medical triages and same day acute appointments.
 - The RN is cross-trained in all positions.
 - The RN provides as needed coverage to the ED/Nursing Departments.
 - The RN works 4 ten-hour shifts. The Clinic Manager (Hunter, RN) provides relief on the 5th shift.
- Low Census Days
 - Patient Scheduling Representative (PSR) is cross-trained to Referral Coordinator (RC) Position. PSR is able to provide coverage in RC absence.
 - Referral Coordinator (RC) is cross-trained to PSR and is able to provide coverage in PSR absence.

- Contracted Relief
 - Hiring of a contracted Health Navigator through Main Street Health (No associated cost to Clifton Fine Hospital for her Salary). Navigator is cross-trained as a MA and RC. Available to provide coverage on low census days for MA, RC, and/or other miscellaneous tasks. No financial loss from CFH.