

CALVARY HOSPITAL

Where Life Continues

CLINICAL STAFFING PLAN

[2024]

Form 2805 – t, Section 4. (b), (i – xvi)

FACTOR	RESPONSE
<p>4. Primary responsibilities. Primary responsibilities of the clinical staffing committee shall include the following functions:</p>	
<p>b. Factors to be considered and incorporated in the development of the plan shall include, but are not limited to:</p>	
<p>i. Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;</p>	<ul style="list-style-type: none"> • Reference Figure 1
<p>ii. Measures of acuity and intensity of all patients and nature of the care to be delivered on each shift;</p>	<ul style="list-style-type: none"> • The Admitting and Outreach Departments, which are staffed by Registered Nurses, play a crucial role in evaluating which patients are appropriate for the facility. Patients are accepted based on the assessment of their condition and types of services they require.
<p>iii. Skill Mix;</p>	<ul style="list-style-type: none"> • Reference Figure 1
<p>iv. The availability, level of experience, and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift;</p>	<ul style="list-style-type: none"> • Experience level varies from new RN to many years of experience; • BLS is required for nurses • Certifications are encouraged but not required; • All units at Calvary Hospital have the following nursing personnel providing patient care: <ul style="list-style-type: none"> - Clinical Care Coordinator (CCC) - Registered Nurse (RN) - Licensed Practical Nurse (LPN)

	<ul style="list-style-type: none"> - Calvary Care Technician (CCT) - Care Partners (CP) - IV Nurses - Wound Nurses - Admission Nurses
<p>v. The need for specialized equipment</p>	<ul style="list-style-type: none"> • End of life and palliative care patients require various types of special equipment and support to ensure their comfort, safety, and quality of life. Common types of special equipment include: <ul style="list-style-type: none"> - BiPAP - Nasal High-Flow (Opti-flow) - Specialty beds (Envella, Bariatric)
<p>vi. The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;</p>	<ul style="list-style-type: none"> • Reference Figure 2.1 [BRONX CAMPUS] • Reference Figure 2.2 [BROOKLYN CAMPUS]
<p>vii. Mechanisms and procedures to provide for one-to one patient observation, when needed, for patients on psychiatric or other units as appropriate;</p>	<ul style="list-style-type: none"> • Calvary Hospital is a restraint – free facility. Observation for patients is essential for ensuring their safety and well – being, particularly when they are at risk of medical complications or harm to themselves or others. The specific mechanism for providing observation varies depending on the patient’s condition and level of risk <ul style="list-style-type: none"> - Bed alarms - devices designed to alert caregivers when a patient attempts to get up or out of bed; - Viewing rooms - rooms in the direct line of sight of the Nurse’s station; these rooms are designed to provide a safe and controlled environment;

	<ul style="list-style-type: none"> - Frequent Rounding Stations - there are consistently two (2) Frequent Rounding Stations of four (4) beds which alternate between units throughout the year; these locations are manned primarily by Care Partners, two of which are scheduled every day, for each shift; additional paraprofessionals can be utilized if there is clinical need of; - Constant Observation - a level of patient monitoring in which a Care Partner or paraprofessional maintains continuous visual and auditory contact with a patient for safety reasons.
<p>viii. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors;</p>	<ul style="list-style-type: none"> • End of life and palliative care patients are a unique and diverse group, each with their own distinct characteristics and needs. The specialized form of healthcare that these types of patients require focuses on providing comfort, pain management, and emotional support for individuals facing life-limiting illness; • Our patients span in age from 18 years and up. These adult patients may vary from young adults to the elderly, highlighting the need for age-appropriate care and services; • Our patients come from diverse cultural backgrounds, which influence their belief, values, and expectations regarding healthcare. In addition to the Nursing specialty, ancillary departments like Social Work, Pastoral Care, and Volunteer Services offer culturally competent care that integrates these values. Additionally, language barriers can pose significant challenges; interpreter services via the Language Line help facilitate effective verbal communication and understanding;

	<ul style="list-style-type: none"> • Our patients have varying levels of ability. Consistent assessment of an individual’s functioning allows clinicians to develop care plans that support patients in their specific circumstances; • Our patients may have difficulty communicating due to medical conditions or the side effects of medications; patients may have difficulty speaking, understanding, or expressing their needs and wishes. Our clinicians adapt their communication techniques to overcome these deficits;
<p>ix. Measures to increase worker and patient safety, which could include measures to improve patient throughput;</p>	<ul style="list-style-type: none"> • To enhance both worker and patient safety throughout the hospital, various measures have been implemented including: <ul style="list-style-type: none"> - Infection Control Prevention: this includes the use of hand hygiene protocols for healthcare workers, proper use and fit of personal protective equipment, isolation rooms for patients with contagion precautions, and regular cleaning and disinfection of the facility - Utilization of EHRs for streamlined documentation - Medication safety protocols - Fall prevention strategies - Reducing the risk of pressure ulcers - Ensuring patient identification through wristbands - Emergency Preparedness: this includes regular drills and training for staff to respond to emergencies; maintaining appropriate communication systems for rapid response and information dissemination - Workplace Safety: this includes but is not limited to safe patient handling equipment to prevent staff injuries during patient transfers; training on handling hazardous materials and bloodborne pathogens

	<ul style="list-style-type: none"> - Quality Improvement and Reporting; incident reporting systems; regular safety audits and assessments - Patient Education; providing patients and families with information about their conditions and treatment plans - Security Measures: security personnel and surveillance systems to protect staff and patients; controlled access to certain areas of the hospital - Technology Integration: this includes the utilization of our Electronic Medical Record (Meditech), and mobile health applications like Avaya for communication; - Interdisciplinary Team Meetings: each unit holds weekly conferences to discuss patient progress and safety concerns - Patient – Centered Care: this includes engaging patients and families in their care decisions and treatment plans; additionally, patient satisfaction surveys are used to identify areas for improvement
<p>x. Staffing guidelines adopted or published by other states or local jurisdictions, national nursing professional associations, specialty nursing organizations, and other health professional organizations;</p>	<ul style="list-style-type: none"> • Calvary Hospital is classified as an Extended Neoplastic Disease Care Hospital, providing palliative care for terminally ill cancer patients;
<p>xi. Availability of other personnel supporting nursing services on the unit;</p>	<p>The following personnel is available to support Nursing Services on each unit of the facility:</p> <ul style="list-style-type: none"> • Patient Care Associate (PCA) • Professional Development • Case Management • Physical Therapist • Unit Secretary • IV Nurse • Wound Nurse • Respiratory Therapist

<p>xii. Waiver of plan requirements in the case of unforeseeable emergency circumstances as defined in subdivision fourteen (14) of this section;</p>	<ul style="list-style-type: none"> • Calvary Hospital maintains an Emergency Management Plan
<p>14. Unforeseeable emergency circumstances.</p>	
<p>a. For purposes of this section, “unforeseeable emergency circumstance” means:</p> <ul style="list-style-type: none"> i. Any officially declared national, state or municipal emergency ii. When a general hospital disaster plan is activated; or iii. Any unforeseen disaster or other catastrophic event that immediately affects or increases the need for health care services. 	<ul style="list-style-type: none"> • Calvary Hospital maintains an Emergency Management Plan
<p>b. In determining whether a general hospital has violated its obligations under this section comply with the general hospital’s clinical staffing plan, it shall not be a defense that it was unable to secure sufficient staff if the lack of staffing was foreseeable and could be prudently planned for or involved routine nurse staffing needs that arose 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.</p>	<ul style="list-style-type: none"> • Calvary Hospital maintains an Emergency Management Plan
<p>xiii. Coverage to enable registered nurses, licensed practical nurses, 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 collective bargaining agreement, if any, between</p>	<ul style="list-style-type: none"> • It is the policy of Calvary Hospital to provide employees who work a minimum of specified hours in a day with:

<p>the general hospital and a representative of the nursing or ancillary staff;</p>	<ul style="list-style-type: none"> - (1) an unpaid meal break in accordance with applicable law and; - (2) one fifteen-minute rest period
<p>xiv. The nursing quality indicators required under subdivision seventeen (17) of this section:</p>	
<p>17. Disclosure of quality indicators.</p>	
<p>a. Every facility with an operating certificate pursuant to the requirements of this article shall make available to the public information regarding nurse staffing and patient outcomes as specified by the commissioner by rule and regulation. The commissioner shall promulgate rules and regulations on the disclosure of nursing quality indicators providing for the disclosure of information including at the following as appropriate to the reporting facility:</p> <ul style="list-style-type: none"> i. The number of registered nurses providing direct care and the ratio of patients per registered nurse, full time equivalent, providing direct care. This information should be expressed in actual numbers, in terms of total hours of nursing care per patient, including adjustment for case mix and acuity, and as a percentage of patient care staff, and shall be broken down in terms of the total patient care staff, each unit, and each shift. ii. The number of licensed practical nurse providing direct care. This information should be expressed in actual numbers, in terms of total hours of nursing care per patient, including adjustment for 	<ul style="list-style-type: none"> • Reference Figure 3

<p>case mix and acuity, and as a percentage of patient care staff, and shall be broken down in terms of the total patient care staff, each unit, and each shift.</p> <p>iii. The number of unlicensed personnel utilized to provide direct patient care, including adjustment for case mix and acuity. This information should be expressed in actual numbers, in terms of total hours of nursing care per patient, including adjustment for case mix and acuity, and as a percentage of patient care staff, and shall be broken down in terms of the total patient care staff, each unit, and each shift.</p> <p>iv. Incidence of adverse patient care, including incidents such as medication errors, patient injury, decubitus ulcers, nosocomial infections, and nosocomial urinary tract infections.</p> <p>v. Methods used for determining and adjusting staffing levels and patient care needs and the facility's compliance with these methods.</p> <p>vi. Data regarding complaints filed with any state or federal regulatory agency. Or an accrediting agency, and data regarding investigations and findings as a result of those complaints, degree of compliance with acceptable standards, and the findings of scheduled inspection visits.</p>	<ul style="list-style-type: none"> • Nursing Staffing levels are adjusted based on hospital census; please refer to Figure 1
<p>b. Such information shall be provided to the commissioner of any state agency responsible for licensing or accrediting the facility, or responsible for overseeing the delivery of services either directly or indirectly, to any employee of a general</p>	<ul style="list-style-type: none"> • Such information is accessible on all patient care units, and can also be made available upon request

<p>hospital or the employee’s collective bargaining agent, if any, and to any member of the public who requests such information directly from the facility. Written statement containing such information shall state the source and date thereof.</p>	
<p>xv. General hospital finances and resources; and</p>	<ul style="list-style-type: none"> • The Nursing Department is budgeted for the following: <ul style="list-style-type: none"> - Registered Nurses: 116.10 FTE - Licensed Practical Nurses: 18.90 FTE - Calvary Care Technicians: 177.20 FTE - Care Partners: 10.00 FTE - Unit Secretaries: 09.00 FTE • The budgets are approved annually and allow us to meet the staffing plan;
<p>xvi. Provisions for limited short-term adjustments made by appropriate general 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</p>	<ul style="list-style-type: none"> • Calvary Hospital has established contingency measures to address temporary staffing needs that may unexpectedly arise with limited duration. These measures are in place as the hospital maintains contracts with staffing agencies, although is not presently utilizing agency staff.

<p>ADDENDUM</p>	<ul style="list-style-type: none"> • When OPD patients present for an appointment, a nurse is available for the visit
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Figure 1

Interprofessional Staffing Grid

	AM	PM	DAY	EVE	NIGHT	DAY	EVE	NIGHT
17 – 25	3	2	1	.50	0	4	4	3
9 – 16	2	2	.5	0	0	3	3	2
0 – 8	1	1	.5	0	0	2	2	1
	RN		LPN			CCT		

CENSUS

Note: The Interprofessional Staffing Grid is a structured tool used to allocate and manage resources effectively. The grid is designed to ensure that the right mix of healthcare professionals with different skills and qualifications is available to meet the needs of the patients.

Figure 2.1

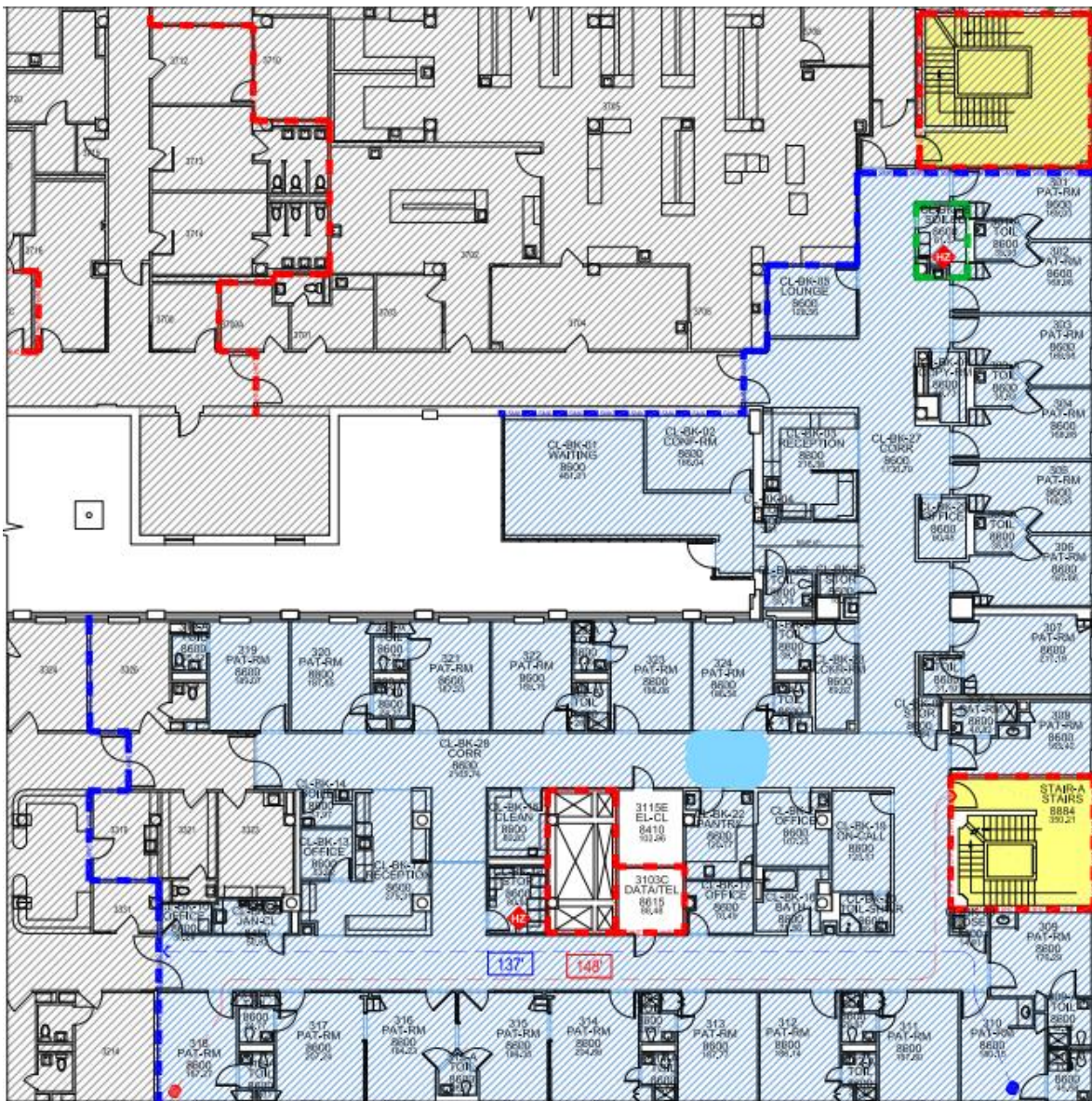
Patient Care Unit Diagram [Bronx Campus]



Note: This diagram is a visual representation of the layout and organization of the eight (8) patient care units of the Bronx campus. These units are structurally identical to each other with superficial aesthetic differences between each unit.

Figure 2.2

Patient Care Unit Diagram [Brooklyn Campus]



Note: This diagram is a visual representation of the layout and organization of the patient care unit located at Calvary Hospital's Brooklyn campus. Such illustrations are important for several reasons including:

- Patient Safety
- Efficient Workflow
- Regulatory Compliance
- Patient Experience

Figure 3

Hours Per Patient Day Calculation

RN [DAY]	HPPD RN [DAY] 3 RNs x 7.5 hours = 22.5 hours 22.5 hours / 24 (average) patients = 0.9375
	0.94 hours per patient
RN [EVE]	HPPD RN [EVENING] 3RN (15P-19P) / 2RN (19P-23P) 2.5RN x 8 hours = 20.00 hours 20.00 hours / 24 (average) patients = 0.8333
	0.83 hours per patient
RN [NIGHT]	HPPD RN [NIGHT] 2RNs x 7.5 hours = 15 hours 15 hours / 24 (average) patients = 0.625
	0.62 hours per patient
TOTAL	2.40 <i>hours per patient day</i>
LPN [DAY]	HPPD LPN [DAY] 1LPN x 7.5 hours = 7.5 hours 7.5 hours / 24 (average) patients = 0.3125
	0.31 hours per patient
LPN [EVE]	HPPD LPN [EVE] 0.5 LPN x 8 hours = 4.00 hours 4.00 hours / 24 (average) patients = 0.1666
	0.17 hours per patient
LPN [NIGHT]	HPPD LPN [NIGHT] 0 LPN x 7.5 hours = 0 hours 0 hours / 24 (average) patients = 0.00
	0.00 hours per patient
TOTAL	0.48 <i>hours per patient day</i>
CCT [DAY]	HPPD CCT [DAY] 4CCTs x 7.5 hours = 30 hours 30 hours / 24 (average) patients = 1.25
	1.25 hours per patient
CCT [EVE]	HPPD CCT [EVE] 4CCTs x 7.5 hours = 30 hours 30 hours / 24 (average) patients = 1.25
	1.25 hours per patient
CCT [NIGHT]	HPPD CCT [NIGHT] 3CCTs x 7.5 hours = 22.5 hours 22.5 hours / 24 (average) patients = 0.9375
	0.93 hours per patient
TOTAL	3.43 <i>hours per patient day</i>

Note: Calculating hours per patient day (HPPD) is an important metric, as it helps to monitor and manage staffing levels, resource allocation, and overall patient care quality.