

# ROCHESTER REGIONAL HEALTH

## Saint Lawrence Health System

50 Leroy Street Potsdam, NY 13676

### Clinical Staffing Committee and Clinical Staffing Plan 2023

The three hospitals that make up Saint Lawrence Health acted collaboratively to complete this process with all unions involved. **Clinical Staffing Committee** were formulated during last quarter of 2021 and began meeting in January of 2022, for purposes of developing charters. On April 7, 2022, a Committee meeting was held that included management and employees serving as committee members from Canton-Potsdam, Massena and Gouverneur hospitals, along with representatives from the NYSNA, 1199SEIU and CSEA unions. Thereafter, in May and June 2022, clinical staffing meetings were scheduled at Canton-Potsdam, Massena and Gouverneur hospitals, to discuss staffing at each campus. In May 2023 sessions were held at all ambulatory sites where nursing was present.

The original plan at all campuses was for staff to participate through an election by their peers to represent all units. At the request of the CBA and in an interest to save time, they were selected by the CBA and approved by nursing leadership. The Clinical Staffing Committee Meetings are scheduled in advance upon the agreement of Committee members and have included active participation on pertinent clinical staffing discussions. Minutes are recorded and may be made available for any interested clinical staff. After July 1, 2022, these meetings will merge into the labor management meeting agenda. Starting in May 2023 these moved to standing quarterly meetings following our regularly scheduled Labor management sessions so that all staff could participate. Starting in January 2024 we plan to hold separate Ambulatory quarterly sessions to allow for each geographic ambulatory team to have the opportunity to discuss staffing.

The **Canton-Potsdam Hospital Nursing Staffing Plan** have been developed by utilizing staffing grids as a guide for the various units that reflect the expected/ideal clinical staff to patient ratios. The grids reflect direct patient caregivers: nursing staff (RN/LPNs), Patient Care Technicians (PCTs) Unit Clerks (UC), and Nurse Aides (NA). The newly established Clinical Staffing Committee members reviewed, revised and approved the staffing grids for their perspective units. Please see Attachment 2 for the latest staffing grids by units.

In addition, Canton-Potsdam Hospital has an established, successful **Nursing Centralized Staffing Office** that enhances ongoing, up to date, current staffing requirements. The two full time Staffing Coordinators have easy access to each 4week nursing schedule by unit and has access to current patient census for all units. The centralized Staffing Coordinators receive all sick calls in order to enhance appropriate triaging of any per diem or part time staff to the unit of need. Floating staff from one unit, to a similar unit, will occur when necessary to meet patient needs. The Massena Hospital **Nursing Staffing Plan** have been developed by utilizing staffing grids as a guide for the various units that reflect

the expected/ideal clinical staff to patient ratios. The grids reflect direct patient caregivers: nursing staff (RN/LPNs), Health Unit Coordinators, and Nursing Assistants. The newly established Clinical Staffing Committee members reviewed, revised and approved the staffing grids for their perspective units. Please see Attachment 2 for the latest staffing grids by units.

In addition, **Massena Hospital** has an established, successful **Nursing Centralized Staffing Office** that enhances ongoing, up to date, current staffing requirements. The full time Staffing Coordinator has easy access to each 2-week nursing schedule by unit and has access to current patient census for all units. The centralized Staffing Coordinator receives all sick calls in order to enhance appropriate triaging of any per diem or part time staff to the unit of need. Floating staff from one unit, to a similar unit, will occur when necessary to meet patient needs.

The **Gouverneur Hospital Nursing Staffing Plan** have been developed by utilizing staffing grids as a guide for the various units that reflect the expected/ideal clinical staff to patient ratios. The grids reflect direct patient caregivers: nursing staff (RN/LPNs), Unit Clerks (UC), and Certified Nurse Aides (CNA). The newly established Clinical Staffing Committee members reviewed, revised and approved the staffing grids for their perspective units. Please see Attachment 2 for the latest staffing grids by units.

**Gouverneur** Hospital does not have a **Nursing Centralized Staffing Office**; however, the nursing supervision team enhances ongoing, up to date, current staffing requirements. The supervisor has access to each 4-week nursing schedule by unit and has access to current patient census for all units. The supervisor receives all sick calls in order to enhance appropriate triaging of any per diem or part time staff to the unit of need. Floating from one unit, to a similar unit, will occur when necessary to meet patient needs.

At all three campuses, on the off shifts and weekends, an RN Nursing Supervisor continues the staffing coordination so that 24/7 the staffing needs can be addressed by this centralized process. At CPH and MH the unit charge RNs are expected to communicate closely with the Departmental Director and Staffing Coordinator/Nursing Supervisor by addressing changes/increases in patient acuity level that may necessitate additional staffing needs. At GH the unit staff RNs are expected to communicate closely with the Nursing Supervisor by addressing changes/increases in patient acuity level that may necessitate additional staffing needs. Patient acuity and hospital census which includes new admissions, patient transfers and expected discharges, are numbers assessed each shift in order to anticipate any changes to staffing needs for the upcoming shifts. Real time concerns should be escalated to CNO or ACO.

In situations in which the expected nurse to patient ratio for safe staffing cannot be met by the number of staff previously scheduled, provisions and many options are then utilized that include:

- Asking staff to work an additional 4 hours or 8 hours to an existing shift
- Call in additional per-diem or part time staff (may attempt to call in full time staff with director or designee approval of OT)
- Switch scheduled shift/day off to another shift/day to meet the present need
- Adjust the charge nurse to take a full patient assignment in addition to the charge nurse responsibilities
- Assess the skill mix and experience of team members in house and resource share as appropriate to meet the needs of acuity in individual departments
- Offer additional pay incentives to staff nurses in times of high RN vacancy rates (as negotiated with CBA)

PFI #: 000815, Canton Potsdam

PFI #: 000804, Massena Hospital

PFI #: 000812, Gouverneur Hospital

- Utilize unit Nurse Educators to act as “helping hands”
  - Offer office or specialty area nurses to assist on medical-surgical units as a “helping hands” nurse that is paired with a scheduled unit staff nurse
  - Agency RN utilization with contracts for areas with a vacancy.
- 
- When all efforts have been exhausted union staff can be mandated to maintain a safe environment until help is obtained.

Additional Support and collaboration within the Nursing Division:

Advanced Practice Providers

Behavioral Health Nursing and Psychiatry Consult Staff

Department Educators

Environmental Services

Food and Nutrition Clerks

Hospitalist

Infection Prevention

Nurse Educators

Occupational Therapists

Operations Assistants

Pharmacist Support

Phlebotomy / Lab

Physical Therapists

Quality Nurses

Respiratory Therapists

Security

Social Work

Speech Pathologist

Staffing Office

Volunteers and Guest Services

WOCN Nurse

**Complaint Reporting:**

Complaints about staffing should be brought to the attention of the immediate nurse leader in the department in real time so assistance can be offered.

Union members are able to complete a Protest of Assignment form that is maintained by administration and union leadership, from which analysis of planning and staffing effectiveness action plans can be undertaken.

## Clinical Staffing Guidelines Massena Hospital 2024

<b>MSU</b>	<b>Day Shift</b>				<b>Evening Shift</b>			<b>Night Shift</b>			
Census	RN	NA	MT	UC	NA	MT	UC	RN	NA	MT	UC
21-25	6	4	1	1	4	1	1	5	3	1	.5
16-20	5	3	1	1	3	1	1	4	2	1	.5
11-15	4	2	1	1	2	1	1	3	2	1	.5
6-10	3	2	1	1	2	1	1	2	1	1	.5
1-5	2	1	1	1	1	1	1	2	1	1	.5

RN **Day Shift** 7:30am – 7:30pm

RN **Night Shift** 7:30pm – 7:30am

\*Charge nurse may take an assignment up to 2 (low acuity) patients

\*Charge Nurse is included in the RN# in above matrix

\*Night shift UC shared with ED

\*NA assignment will be based on acuity and census

<b>OR</b>	<b>All shifts</b>
RN	1 to 1 (RN to Pt ratio)
LPN Scrub	1
Circulator RN	2 per case only ortho/podiatry, otherwise 1
Recovery RN	1 to 2
Unit Clerk	0.5

<b>ASU</b>	<b>All Shifts</b>
RN	1 to 2 (RN to Pt ratio)
UC	0.5

<b>Endo</b>	<b>All Shifts</b>
RN	1 to 1 (RN to Pt ratio)
LPN "scrub"	1 to 1
Endo Recovery	1:2
Clerk	1 per shift

PFI #: 000815, Canton Potsdam

PFI #: 000804, Massena Hospital

PFI #: 000812, Gouverneur Hospital

<b>Radiology</b>	<b>Shifts</b>
RN	1:1 (RN to Pt ratio for procedures)
Ultrasound tech	4 per shift
CT tech	2 day shift 1 evening X-ray/CT 1 night X-ray/CT
Nuclear medicine	1 :1
MRI	2 – day shift
Mamo tech	1 day shift
X ray tech	4 day shift
Clerk	2 day shift

<b>Infusion</b>	<b>All Shifts</b>
RN	1-2 (RN to Pt ratio)

<b>ED</b>				
Shift	Charge RN	Staff RN	ED Tech	UC
7a -9a	1	1	1	1
9a-11a	1	2	1	1
11a-9p	1	3	1	1
9p-11p	1	2	1	1
11p-3a	1	1	1	.5
3a-7a	1	1	1	.5