

**St. John's Riverside Hospital- Clinical Staffing
Committee**

**2023 Clinical Staffing Plan
PFI# 1124 Dobbs Ferry Pavilion
June 2023**

I, the undersigned with responsibility for St. John's Riverside Hospital ("SJRH" and the "Hospital"), attest that the attached staffing plan and matrix was developed in accordance with the New York State Hospital Clinical Staffing Committee law enacted in June 2021 that requires hospitals to collaboratively develop and implement a clinical staffing plan for registered nurses (RN) and other members of the front-line team and includes all units in our hospital. This plan was developed with consideration given to the following elements:

- SJRH Average daily census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers.
- Level of acuity of all patients and nature of the care to be delivered on each shift, skill mix.
- Level of experience and specialty certification or training of nursing personnel providing care.
- The need for specialized or intensive equipment.
- 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.
- Availability of other personnel supporting nursing services on the patient care unit; and
- Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

This staffing plan was adopted by the SJRH on:

As approved by: _____



Ron Corti, President & CEO, SJRH

Dated: _____

6/28/23

Staffing Plan Purpose

This plan was developed for the management of scheduling and provision of daily clinical staffing needs for the Hospital, and to define a process that ensures the availability of qualified nursing and support staff to provide safe, reliable, and effective care to our patients. This plan applies to all parts of the Hospital.

Nurse Staffing Plan Principles

- Access to high-quality nursing staff is critical to providing patients safe, reliable, and effective care.
- The optimal staffing plan represents a partnership between nursing leadership and direct nursing care staff.
- Staffing is multifaceted and dynamic. The development of the plan must consider a wide range of variables.

Nurse Staffing Plan

- The nurse staffing committee is responsible for the development and oversight of the nurse staffing plan to ensure the availability of qualified nursing staff to provide safe, reliable, and effective care to our patients.
- The committee's work is guided by its charter.
- The committee meets on a regular basis as determined by the committee's charter.
- The committee will review data from individual patient care units. Appropriate staffing levels for a patient care unit reflect an analysis of:
 - individual and aggregate patient needs.
 - Staffing guidelines developed for specific specialty areas.
 - The skills and training of the nursing staff.
 - Resources and support for nurses; Anticipated absences and need for nursing staff to take meal and rest breaks.
 - Hospital data and outcomes from relevant quality indicators
 - Hospital finances.
- The analysis of the above information is aggregated into the hospital's nurse staffing plan. Each individual patient care unit may use the Nurse Staffing Committee Checklist to guide their work.
- Staff continuously monitor individual and aggregate patient care needs and adjust staffing per agreed upon policy and collective bargaining agreement.
- Every Effort will be made to meet the ratios. In the event of unforeseen circumstances additional available support will be deployed to the unit.
- The committee will perform a semiannual review of the staffing plan. If changes are made to the staffing plan throughout the calendar year, an updated staffing plan will be submitted to DOH.
- The Hospital is committed to ensuring staff can take meal and rest breaks as required by law, or collective bargaining agreement. The committee considers breaks and strategies to ensure breaks when developing the plan. Individual patient care units may

have discretion in structuring breaks to meet specific needs while meeting the requirements of the law. Data regarding missed or interrupted breaks will be reviewed by the committee to help develop strategies to ensure nurses are able to take breaks.

Nurse Staffing Plan Scope

*Acute care hospitals are required by law to develop a nurse staffing plan. The plan must cover areas of the hospital that: (i) are under the hospital's license and (ii) where nurse(s) provides patient care (*i.e.*, a "patient care unit").

The following areas of the Hospital are covered by the nurse staffing plan:

- Emergency Department
- Ambulatory Care Unit
- Endoscopy Unit
- Perioperative Services
- Medical/Surgical Units
- Intensive Care Unit
- Telemetry Unit
- Infusion Center
- Labor & Delivery
- Post-Partum
- Nursery
- Special Care Nursery
- Wound Care
- Interventional Radiology
- Cardiology
- Hemodialysis

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan:

Staffing schedules are based on unit bed capacity, average daily patient census, and acuity demands. Adjustments to the schedule are made based on fluctuations in census, activity, and/or acuity, utilizing additional staff as necessary and available. Additional staff is called in by the Nursing Department Leadership or Supervisor.

Basic nurse staffing patterns have been established by each nursing unit. These patterns are based on: historical staffing data, unit bed capacity, patient census, budget information, quality improvement data, acuity, ages of patients served, specialty qualifications, staff competencies, technologies used, as well as patient satisfaction data.

Meal and Break Coverage:

SJRH is committed to ensuring that our staff receive rest break and meal breaks. The goal for the charge nurses is to have a lighter patient load (or no patient load if possible) to collaborate with team members to cover breaks and lunches. The nurse assigned to go for his/her break will report off to the Charge and/or Resource Nurse (a role within the staffing matrix-not additional) who will assume responsibility for the group of patients assigned to the nurse taking a meal or rest break. Rest breaks and meal breaks will either be assigned at the beginning of a shift by the Charge Nurse. Clear communication by the staff nurse with the Charge Nurse/Designee when they cannot take a scheduled meal or rest break is imperative to ensure all staff receive breaks in a timely manner. Some departments may have a more prescribed assignment of break coverage due to case load/timing such as, endoscopy, OR, and PACU. The reasons for missed or interrupted meal or rest breaks are documented by the Charge Nurse. If a rest break or meal break is interrupted and an employee can take a complete rest or meal break at the earliest reasonable time during which the employee is required to receive a rest break, the rest break or meal break is considered to have been taken.

Department/Unit RN Staffing Specifics:

A summary of Units, Number of Beds, and Applicable RN Ratios/Per Room is attached hereto as Exhibit "A".

Medical and Surgical Units

Generally, there must be at least a 1:5 ratio of RNs on each shift. Supplemental requirements are identified in applicable collective bargaining agreements. Other skill mix consists of nursing assistants with support from clerical staff. Staffing is based on census and acuity. The staffing for Med/Surg is 1:5 ratio on both shifts. *NA/MA* staffing is dependent on each unit census. An assignment sheet is posted at the nurse's station and is submitted to the Nurse Manager daily with the staffing sheet. If lunches or breaks are missed, the manager and/or designee is made aware.

Telemetry

Telemetry Units must be at least 1:4 RN ratio on each shift. Other skill mix consists of nursing assistants with support from clerical staff. Staffing is based on census and acuity. The staffing ratio for telemetry is 1:4 on both shifts. *NA/MA* staffing is dependent on each unit census. An assignment sheet is posted at the nurse's station and is submitted to the Nurse Manager/designee daily with the staffing sheet. If lunches or breaks are missed, the manager and/or designee are made aware.

Intensive Care Unit (ICU)/2West

There are qualified RNs at a 1:2 ratio. Other skill mix consists of nursing assistants with support from clerical staff. The staffing ratio for ICU RN to patients is 1:2. *NA/MA* staffing depends on unit census. An assignment sheet is posted at the nurse's station and is submitted to the Nurse Manager daily with the staffing sheet. If lunches or breaks are missed, the manager and/or designee are made aware.

2West is a telemetry unit with a 1:4 RN to patient ratio. 2West is currently covered by a float nurse and/or ICU nurses depending on acuity.

Emergency Department - Andrus Pavilion

The Emergency Department is staffed with a minimum of 18 RNs 24-hours per day, seven days a week. One RN is assigned as Triage Nurse and One RN is patient care coordinator (PCC) each shift. Additional staff are utilized based on census and acuity, including clerical staff support and NAs/MAs. Ancillary departments are also added to the interdisciplinary patient care team. Staffing ratios for the Emergency Department can range depending on acuity. The ER Department nurses respond to specific departments when Codes (code 99 and rapid response team) are called. Each shift will have a designated PCC to facilitate throughput, answer EMS calls and any other needs of the unit. Lunch and breaks are scheduled and tracked by the PCC on each shift. An assignment

sheet is posted at the nurse's station and is submitted to the Director daily with the staffing sheet.

If lunches or breaks are missed, the manager and/or designee is made aware.

The ER Holding Area is a multipurpose room within the ED. If there are admitted patients within this area, the ratio matches the CBA in-patient ratios (med/surg 1:5 and telemetry 1:4).

Emergency Department - Dobbs Ferry Pavilion

The Emergency Department is staffed with a minimum of 4 RN's staggered shift 24 hours/day starting at 0700, 0900, and 1900 hours. Additional staff are utilized based on census and acuity, including clerical staff support and NA/MA staffing. Ancillary departments are also added to the interdisciplinary patient care team. Lunch and meal breaks are assigned by the supervisor. If lunches or breaks are missed, the manager and/or designee is made aware.

Float Nurses and NAs

The float team includes RNs, NAs, and unit clerical staff on varied shifts. Assignments and patient ratio are dependent on the department to which they are assigned for the shift. Meal and Rest Breaks will follow the assigned department's process.

RN Supervisors

There is an RN Supervisor Monday thru Friday and all-day Saturday and Sunday, including holidays.

Perioperative Services

Operating Room (OR)

One RN may be assigned as Charge Nurse. The circulator must be an RN. The scrub may be an RN, LP, or surgical technician. Additional support staff include, OR environmental services employees. Case scheduling and complexity of cases determine the daily assignments including the specific complement of staff assigned to each case. Meal and breaks will follow the process outlined above under the heading "Meal and Break Coverage."

Post Anesthesia Care Unit (PACU)

RNs must be staffed in PACU at all times of operation. Clinical nurse manager (CNM) and/or Charge Nurse assigns Meal and breaks and will follow the process outlined above under heading "Meal and Break Coverage."

Ambulatory Surgical Unit (ASU)

The ASU is open Monday thru Friday from 6 a.m. to 8:00 p.m. RNs must be in the unit during hours of operation. One RN may be assigned as Charge Nurse as needed other personnel utilized include CNAs. Staffing is based on acuity, staffing matrix, and nursing hours adjusted for rapid turnover of outpatient beds. Staffing will flex up or down as needed based on daily volume and complexity. Meal and breaks will follow the process outlined above under the heading "Meal and Break Coverage."

Endoscopy

One RN and a second RN or tech is assigned to each Endoscopy room according to schedule Monday through Friday 7:00am-5pm. Meal and breaks will follow the process outlined above under the heading "Meal and Break Coverage."

Maternity

L&D

- Minimum of (5) labor & delivery trained RNs each shift (11.5 hrs.)
- Minimum of (1) scrub technician in house each shift (7.5 hrs.)
- Unit Clerical Staff (1) Monday - Friday day shift (7.5 hrs.)
- Unit Clerical Staff (1) Monday- Friday evening shift (7.5 hrs.)
- Birth Certificate Registrar- (1) FT (7.5 hrs.)
- Nurse to patient ratio is 1:1 to 1:3 depending on acuity of patients. Ratios based on Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) recommendations.
- Each shift may have a designated charge nurse to facilitate the flow of the department, assist with triage, antepartum testing, cesarean sections, emergencies, and be a baby nurse for routine deliveries if needed. Daily assignments, meal and breaks will be scheduled and tracked by the charge nurse on each shift. If meals or breaks are missed the charge nurse will document the reason on the daily assignment sheet.

Postpartum

- Minimum of 2 postpartum trained RNs (11.5 hrs.) Nurse to patient ratio is 1:5
- Lactation Consultant - (1) per day/ 7 days week (7.5 hrs.)
- Unit Clerical Staff (1) Monday- Friday (7.5 hrs.)
- NA (1) per shift (7.5 hrs.)
- Each shift may have a designated charge nurse to facilitate throughput from patients coming from L&D and GYN patients from the ED/OR. Daily assignments, meals and breaks will be scheduled and tracked by the charge nurse on each shift. If meals or breaks are missed the charge nurse will document the

reason on the daily assignment sheet.

Nursery (Well Baby and Special Care)

- Combined Minimum of (4) nursery trained RNs (minimum of 2 that are trained in the Special Care Nursery)
- Unit Clerical Staff (I) Monday- Friday day shift (7.5 hrs.)
- Well Baby Nursery Nurse to patient ratio 1:6
- Special Care Nursery ratio is I: 1 to 1:3 depending on acuity.
- All deliveries are attended by trained nursery RNs. This may be the designated charge nurse.
- Each shift may have a designated charge nurse to facilitate the flow of the department and be a resource. Daily assignment, meal and breaks will be scheduled and tracked by the charge nurse on each shift. If meals or breaks are missed the charge nurse will document the reason on the daily assignment sheet.

The Maternity Department Charge nurses collaborate with each other and team members to facilitate throughput to maximize the quality of patient care and facilitate a positive patient experience

Infusion Center (IC)

Our Infusion Center is designed to deliver exceptional care, comfort, and compassion to our patients. We provide a wide range of services. We administer intravenous chemotherapy and biotherapy/immunotherapy infusions/injections, growth factors, iron infusions, blood transfusions, and medications across a variety of clinical specialties, medical conditions, and health maintenance.

The Infusion Center is open Monday thru Friday from 7:00 am to 7:15 pm, and on weekends as needed. At least 2 RN's who have chemotherapy and biotherapy certification must be in the infusion center during hours of operation. Acuity levels vary by severity of patient illness, the complexity of nursing service required, and the complexity of the treatment regimen. Meals and breaks will follow the process outlined above under the heading "Meal and Break Coverage."

Wound Care

Wound Care is open Monday- Friday from 8:00 am to 5:00 pm. Staffing will be 4 RNs daily and is schedule driven. Meals and breaks will follow the process outlined above under the heading "Meal and Break Coverage."

Interventional Radiology (IR)

Interventional Radiology (IR) is open Monday- Friday from 8:00 am to 5:00 pm. Staffing will be 1 RN per room. Meals and breaks will follow the process outlined above under the heading "Meal and Break Coverage."

Cardiology

Cardiology is open Monday - Friday from 8:00 am to 5:00 pm. Staffing will be 1 RN per room and is schedule driven. Meals and breaks will follow the process outlined above under the heading "Meal and Break Coverage."

Hemodialysis

Hemodialysis is open Monday-Friday and will have 2 RNs staggered.

NAs/MAs/Surgical Technologist/ED Tech Staffing Specifics:

A summary of Units and Applicable NA/MA/Surgical Technologist/ED Tech Ratios/Per Room is attached hereto as Exhibit "B".

The staffing of Nursing Assistants (NAs) and Medical Assistants (MAs) shall be an ***approximate*** ratio of 1:7 on applicable units except for the following units and as outlined below:

- Surgical Services (ASU, PACU, OR, and ENDO)
- Maternity (L&D, OB/Post-Partum, and Nursery)
- Emergency Department

Surgical Services

Surgical Services shall have 1 Surgical Technologist per room.

Labor & Delivery (L&D)

L&D shall have 1 Surgical Technologist per shift.

OB/Post-Partum

Post-Partum shall have 1 NA per shift.

Emergency Department (ED) - Andrus

The Andrus ED shall have 5 staggered MAs.

Emergency Department (ED) - Dobbs Ferry

The Dobbs Ferry ED shall have 1 ED Tech per shift.

EXHIBIT A

Summary of Units, Number of Beds, and Applicable RN Ratios/Per Room

Unit	Number of Beds (if applicable)	Applicable RN Ratio/Per Room/Frequency
8W	20	1:5
7W	16	1:5
6S	20	1:5
5S	22	1:5 (subject to vent number) (See applicable CBA)
5 W (Not Open)		{See applicable CBA}
6 W (Not Open)		(See applicable CBA)
4W	22	1:4
4S	14	1:4
ICU	12	1:2
2W	4	1:4
DF Med/Surg	12	1:5
DF Tele		1:4
Interventional Radiology		1 per room
Cardiology		1 per room
Hemodialysis		2 staggered
Wound Care		4 daily
Infusion	8	1:4
ER-Andrus		18 Daily
ER - Dobbs Ferry		4 Daily
Endo -Andrus		1:1
Endo - Dobbs Ferry		1:1
OR -Andrus		1:1
OR - Dobbs Ferry		1:1
PACU -Andrus		8 staggered 1:2
PACU - Dobbs Ferry		4 staggered 1:2
ASU -Andrus		8 daily
ASU - Dobbs Ferry		6.5 daily
Well Nursery		1:6
Level II		1:3
Labor & Delivery		5 per shift
Post-Partum		1:5
Case managers		8

EXHIBIT B**Summary of Units and Applicable NA/MA/Surgical
Technologist/ED Tech Ratios/Per Room**

Unit	Number of Beds (if applicable)	Applicable NA/MA/Surgical Technologist/ED Tech Ratio/Per Room/Frequency
8W	20	Approximately 1:7
7W	16	Approximately 1:7
6S	20	Approximately 1:7
5S	22	Approximately 1:7
5 W (Not Open)		(Not Applicable)
6 W (Not Open)		(Not Applicable)
4W	22	Approximately 1:7
4S	14	Approximately 1:7
ICU	12	Approximately 1:7
2W	4	Approximately 1:7
DF Med/Surg	12	Approximately 1:7
DF Tele		Approximately 1:7
Interventional Radiology		(Not Applicable)
Cardiology		(Not Applicable)
Hemodialysis		(Not Applicable)
Wound Care		(Not Applicable)
Infusion	8	(Not Applicable)
ER-Andrus		5 Staggered MAs
ER - Dobbs Ferry		1 ED Tech per shift
Endo -Andrus		1 Surgical Tech per room
Endo - Dobbs Ferry		1 Surgical Tech per room
OR -Andrus		1 Surgical Tech per room
OR - Dobbs Ferry		1 Surgical Tech per room
PACU -Andrus		(Not Applicable)
PACU - Dobbs Ferry		(Not Applicable)
ASU -Andrus		2 Staggered NAs per day
ASU - Dobbs Ferry		1 NA per day
Well Nursery		(Not applicable)
Level II		(Not Applicable)
Labor & Delivery		1 Surgical Tech per shift
Post-Partum		1 NA per shift
Case managers		(Not Applicable)

The Hospital Staffing Committee, through their duly authorized management and employee representatives, hereby agrees and adopts the foregoing collaborative staffing plan on this 26th day of June, 2023.

For and on behalf of MANAGEMENT of
ST. JOHN'S RIVERSIDE HOSPITAL

By: Hertha Muehl

Name: HERTA MUEHL

Title: VP/CNO

Date: 6/26/23

For and on behalf of EMPLOYEES of
ST. JOHN'S RIVERSIDE HOSPITAL

By: Kathy Hoffer RN

Name: Kathy Hoffer RN

Title: Release Time - RN

Date: 6/26/23