



Bassett Healthcare Network
O'Connor Hospital

Comprehensive Nurse Staffing Plan 2023 as approved by O'Connor Hospital Nurse Staffing Committee

The attached staffing plan and matrix was developed in accordance with New York State Clinical Staffing Committees and Disclosure of Nursing Quality Indicators. Public Health (PBA) chapter 45, Article 18, Section 2805, and includes all units covered under our hospital license. This plan was developed with consideration given to the following elements:

- Census, including total number of patients on each unit, each shift and activity such as discharges, admission and transfers.
- Level of intensity and complexity of all patients and nature of the care to be delivered on each shift.
- Skill mix of personnel.
- 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 room/s, treatment areas, nursing stations, medication preparation areas, and equipment.
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations and other health professional organizations.
- Availability of other personnel supporting nursing services on the unit.
- Strategies to enable registered nurses to take meal and rest breaks as required by law.

Submitted by:

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There are many variables to consider in terms of what is safe, efficient staffing for patient care units at O'Connor Hospital. Every unit is different based upon the types of patients cared for on that unit and the way in which care is organized and delivered. Staffing also varies on the education and experience level of the staff.

The evaluation for care needs must consider patient variables such as: patient complexity, Covid positive/negative, length of stay, functional status, activities of daily living, need for transport, and age. All of these factors play a role in determining the patient's nursing care needs.

Through all the departments at O'Connor Hospital; the Emergency Department, Inpatient Unit, Specialty Clinic, and Ambulatory Surgery unit; we will continue to support nursing students coming to gain experience in an acute care setting. We also support the hiring of newly graduated nurses which impacts staffing levels during their preceptorship but supports the new nurse as they advance along the pathway from novice to expert in their career.

O'Connor Hospital has used patient volumes on the inpatient unit to assure that our staffing levels meet the standard for safe, efficient, quality care. In the Emergency Department, we looked at our peak arrival times and triage levels to determine how to appropriately staff the unit with adequate professionals and ancillary staff. For the Ambulatory Care Unit, we used the staffing requirements set forth in the ASPAN and AORN staffing Recommendations. For the Specialty Clinic staffing requirements is based on the number of providers in clinic.

Development and Implementation:

Development of the staffing plan takes into consideration these factors;

- Nursing care required by individual patient needs, taking into account the turnover rate of patients; admissions, discharges and transfers.
- Qualifications and competency of the nursing staff. The skill mix and competency of the nursing staff to ensure the nursing care needs and the safety of the patient are met.
- The scope of practice of the Registered Nurses and delegated duties to Licensed Practical Nurses and Patient Care Technicians that require monitoring.
- Relevant infection control and safety issues of the patients.
- Continuity of care for the patients.
- Predetermined core staffing, establishing the minimal number of patient care staff that are needed (RN's, LPN's, PCT's). These staffing levels fluctuate with the patient census and level of care needed for each patient. The number of nursing staff on duty shall be sufficient to ensure care needs of each patient are met.



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- The Department Leader receives input from direct-care clinical staff in the development, implementation, monitoring, evaluation and modification of the staffing plan.
- We consider nationally recognized evidence-based standards established by professional nursing organizations in our staffing plans.

Patient Classification:

- The Resource Nurse, in conjunction with direct care staff on the Inpatient Unit, makes the assignment based on the needs of the patients.
- The Resource Nurses make the patient assignments for the next shift on the Inpatient Unit.
- These decisions are made taking into account all criteria previously identified.
- Daily Staffing Practices.
- Staffing is evaluated and adjusted at least once every 12 hours on the inpatient unit and in the Emergency Department.
- The staffing needs on the Inpatient unit and Emergency Department are evaluated by the Resource Nurse and conveyed to the Department Managers or Director of Nursing so adjustments to staffing needs can be made.

Factors that influence this are:

- Timely, accurate data provided to department leaders when changes are needed.
- Level of care and complexity of needs of the inpatient unit.
- Assigning nurses to patients matching patient needs with the qualifications and competency of the staff.
- Adjustments to nursing needs when precepting a newly graduated nurse.
- Evaluation of shift demands; admissions, discharges, transfers which must be reflected in the daily staffing needs.
- Reassignment of scheduled staff, when sufficient staff is available, to support other departments.
- Maintaining budgeted FTEs within established parameters whenever possible depending on patient care needs.
- Documenting on the daily staffing sheets and any changes needed within the shift.
- Accurate entries on Daily Sheet call in for coverage or call off for low census is record.



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Support Personnel Available for all Inpatients:

- Hospitalist – Mid-level coverage 0800-1700 Monday to Friday. MD/Mid -level on call 1700-0800. Monday to Thursday. On-Call MD/Mid- level coverage Friday at 1700- Monday at 0800.
- Pharmacy services - Pharmacist onsite Monday-Friday 0800-1700. On Call Pharmacist Coverage for Pyxis/ medication needs Monday- Thursday 1700-0800. Friday 1700 to Monday 0800. After hours and weekends Cardinal Pharmacy does Medication reviews.
- Case Manager - 5 days a week 0700-1530.
- Respiratory Therapist – no current respiratory therapist on service.
- Social Worker – Monday to Thursday 0800-1400 and Friday 0800-1200.
- Physical Therapy/Occupational Therapy — Monday-Friday 0800 — 1630, Saturday 0900 – 1200.

Staff roles and responsibilities:

- Registered Nurse (RN): provide direct patient care 24 hours/day, 7 days/week.
- Licensed Practical Nurse (LPN): provides care to patients under the direct supervision of an RN who delegates appropriate tasks.
- Patient Care Technician (PCT)/ Nursing Assistant / Certified Nurse Aide: provides care to patients under the direct supervision of an RN or LPN who delegates appropriate tasks.
- Inpatient Unit manager: Monday through Friday 0700-1500, directs work flow, manages all day to day operations and provides support to the providers and nurses.
- Nursing Unit Clerk are scheduled from 0700-2330 Seven days a week, to assist with clerical duties as needed.

Inpatient Unit Staffing Matrix:

- Inpatient Unit staff are scheduled for 12-hour shifts and per the staffing plan will attempt to have the following number of staff as listed by job classification, below staffing based on average census of 12. Adjustments up or down in staffing are made for fluctuations in census.



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Day Shift Staffing by Census and number of staff

CENSUS	RN- Resource	Nurse RN	RN/LPN	RN/LPN/PCT/CNA
23	1	2	X	3
22	1	2	X	3
21	1	2	X	3
20	1	2	X	3
19	1	2	X	3
18	1	2	X	3
17	1	2	X	3
16	1	1	X	3
15	1	1	X	2
14	1	1	X	2
13	1	1	X	2
12	1	1	X	2
11	1	1	X	2
10	1	X	1	1
9	1	X	1	1
8	1	X	1	1
7	1	X	1	1
6	1	X	X	1
5	1	X	X	1
4	1	X	X	1
3	1	X	X	1
2	1	X	X	1
1	1	X	X	1

The above graph represents the staffing break down for inpatient unit for the day shift.

The resource nurse will assume the oversight of LPN's, working on the unit. If more than, two LPN's then the Resource nurse can assign oversight of one LPN to another RN working or take on the oversight of both LPNs. The resource nurse can take an assignment.



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Night Shifty Staffing by Census and number of staff.

CENSUS	RN- Resource	Nurse RN	RN/LPN	RN/LPN/PCT/CNA
23	1	2	X	3
22	1	2	X	3
21	1	1	X	3
20	1	1	X	3
19	1	1	X	3
18	1	1	X	3
17	1	1	X	3
16	1	1	X	2
15	1	1	X	2
14	1	1	X	1
13	1	1	X	1
12	1	X	1	1
11	1	X	1	1
10	1	X	1	1
9	1	X	1	X
8	1	X	1	X
7	1	X	X	1
6	1	X	X	1
5	1	X	X	1
4	1	X	X	1
3	1	X	X	1
2	1	X	X	1
1	1	X	X	1

The above graph represents the staffing break down for inpatient unit for the night shift. The resource nurse will assume the oversight of LPN's, working on the unit. If more than, two LPN's then the Resource nurse can assign oversight of one LPN to another RN working or maintain it. The resource nurse can take an assignment if needed.



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Variances in staffing matrix:

Staffing Variance form: *see attachment A*

This form will be filled out and given to the Inpatient Nurse who will make the necessary adjustments in work assignments and staffing to meet the needs of the department. This form will be sent to the staffing committee for review at their next meeting.

Ambulatory Care staffing is as follows per ASPAN and AORN staffing recommendations:

PACU: Phase I recovery

1 nurse to 2 patients:

- Two conscious patients, stable and free of complications, but not yet meeting discharge criteria
- Two conscious patients, stable, 8yrs of age and under, with family or competent support staff present, but not yet meeting discharge criteria
- One unconscious patient, hemodynamically stable, with a stable airway, over the age of 8yrs and one conscious patient, stable and free of complications

1 nurse to 1 patient:

- At the time of admission, until the critical elements are met
- Airway and/or hemodynamic instability

Examples of unstable airway include:

- Requiring active intervention to maintain patency such as manual jaw lift or chin lift or an oral airway
- Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing
- Symptoms of respiratory distress including dyspnea, tachypnea, panic agitation, cyanosis
 - Any unconscious patient 8yrs of age and under
 - A second nurse must be available to assist as necessary
 - Patient with contact precautions until there is sufficient time for donning and removing PPE and washing hands in between patients

2 nurses 1 patient

- One critically ill, unstable patient

ASU Post op: Phase II recovery

1 nurse to 3 patients:

- Over 8 years old



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- 8 years old and under with family present

1 nurse to 2 patients:

- 8 years old and under without family present
- Initial admission of patient post procedure

1 nurse to 1 patient

- Unstable patient of any age requiring transfer to higher level of care.

Pre-op there is no recommendation based on a wide variation across the country. It is more based on volume; health status and the educational/ cultural/ literacy needs of the patients. Max 4 patients to 1 RN

Endoscopy Procedures - 1 RN (2 RN if Conscious Sedation case)

Plastics Procedures- 1 RN

Urology Cysto- 1- RN

IV Infusions- 1 RN to 4 Patients

Emergency Department Staffing Matrix:

Emergency Department is scheduled for 12-hour shifts, and per the staffing plan will have the following number of staff as listed by job classification.

	RN	PCT	Mid-Level Provider or MD
0700-1930	1	1	
1100-2330	2		
1900-0730	1	1	
0900-0900			1

0700 –1100

1- RN

1- ER Technician.

1100-2300

2- RNs

1-ER technician.

2300– 0700

1- RN

1- ER Technician.



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- ER Manager available if patient acuity is high or the staff need assistance Monday to Friday 0630-1500
- Inpatient Resource Nurse is available to assist in the ER until ER staff can be called in to assist at times manager is unavailable.

Specialty Clinic Staff Matrix:

Specialty clinic nursing staff are scheduled for 8-hour shifts, and per the staffing plan will have the following number of staff as listed by job classification.

Providers	LPN	Technician
Ophthalmology/ Optometrists		1
Providers 1-2 (up to 30 pts)	1	
Providers 3-4 (31-60 patients)	2	
Providers 5-6 (61- 100 patients)	3	
Over 7 Providers (100- more patients)	4	
Nurse Visits- can be arranged with Nurse Manager/ Lead Nurse of clinic based on clinic volumes per provider		

RN Manager to oversee all clinics available during the clinic hours to assist and oversee the LPNs or a RN available to assist staff via phone or from other hospital department.