

New York State Legislature Clinical Staffing
Committee Bill

Due Date: November 8,
2023

Purpose

The bill represents an alternative to the mandatory nurse staffing ratio bill. The clinical staffing committee will work collaboratively with nurses and other members of the care team to design and implement a hospital staffing plan. The Clinical Staffing Committee allows for frontline team members to have a role and voice in the staffing process.

Committee Responsibilities

- Development and oversight of implementation of an annual clinical staffing plan
- Semiannual review of the staffing plan against patient needs and known evidence-based staffing information, including the nursing sensitive quality indicators collected by the general hospital
- Review, assessment and response to complaints regarding potential violations of the adopted staffing plan, staffing variations or other concerns regarding the implementation of the staffing plan and within the purview of the committee
- Staffing plan to be submitted by July 1st 2022 and annually thereafter. Implementation will occur no later than January 1st 2023 and annually thereafter
- Clinical staffing plan to be posted in a publicly conspicuous area on each patient care unit

Membership Eligibility

1. Team member to be in good standing
2. Understand staff planning process
3. Prior committee experience
4. Able to maintain collaborative relationships

Utilize a Peer Selection Process (names submitted by Friday 12/28/21- Final selection using ballot process to be conducted by team members and without leadership involvement 1/28/22 at 2:00 pm Shared Governance Meeting.

Scope

Med/Surg (3 Rep)

Surgical Services (2 Rep)

Emergency Department (2 Rep)

Maternity (1 Rep)

Intensive Care Unit (2 Rep)

Hope Haven (1 Rep)

Care Management (1 Rep)

Respiratory (1 Rep)

Education (1 Rep)

Regulatory (1 Rep)

Term- One year

Term Limits- 2 years

Day of Week- Wednesday

Frequency Monthly

Physical Location /Board Room with Zoom as additional option

First Meeting scheduled for January 28, 2022 at 2:00 PM

Meeting Minutes to occur each meeting and be disseminated out to team

Employee participation shall be on scheduled work time and compensated at the appropriate rate of pay. Clinical staffing committee members shall be fully relieved if all other work duties during meetings of the committee and shall not have work duties added or displaced to other times as a result of their committee responsibilities.

United Memorial Medical Center Committee Composition

Management Members: Shall have 1 vote, regardless of actual number of members

1. CNO - Sheri Faggiano
2. CFO - Howard Glastonbury
3. President- Daniel Ireland
4. Director of Nursing - Jessica Patnode
5. Director of Human Resources - Shane Nickerson
6. Nurse Manager - Julie Pollino- Tanner
7. Nurse Manager – Wendy Spence
8. Nurse Manager – Olivia Barren
9. Nurse Manager- Sabrina Richley
10. Nurse Manager – Carolyn Putnam
11. Nurse Manager – Jeananne Mark- Odell
12. Director of Surgical and Endoscopy Services – Bernadette Barnes
13. Manager of Respiratory Services – Jennifer Stone
14. Education RN – Judith Pickard
15. Regulatory RN- Brianne Rossi

Frontline Members and Roles RN, Techs, Secretary. Shall have 1 vote, regardless of actual number of members

1. Michelle Grohs, Surgical Services RN
2. Lori Kurek, RN
3. Tiffany Holland, RN
4. Christina Moens, RN
5. Karissa Kessler, RN
6. Candy Jones RN
7. Lori Donnelly, Tech
8. Nichole Dean, Tech
9. Jamie Lathan, Secretary
10. Kristina Chiro, RN
11. Sara Follett, RN
12. Wanda Irwin, RN
13. Jeananne Mark- Odell, RN
14. Michelle Moag, RN

Scribe- Donna Weibel

ROCHESTER REGIONAL HEALTH

United Memorial Medical Center Bank Street Campus, PFI 0340
Batavia, New York 14020

Clinical Staffing Committee and Clinical Staffing Plan 2023

The **Clinical Staffing Committee** was formulated and began meeting in January of 2022. Please see the Committee Charter document that includes the committee responsibilities, member eligibility, scope of representation from the various types of clinical units, frontline team member names and titles, and leader membership. Individuals on this Committee were nominated and selected by their peer staff to represent the various units through an already-established Shared Governance Committee of United Memorial Medical Center. The Clinical Staffing Committee Meetings are monthly with active participation on pertinent clinical staffing discussions resulting in creation and approval of a Clinical Staffing Plan annually. Minutes are sent out to each committee representative and are made available to be shared with any interested clinical staff.

The United Memorial Medical Center Bank Street Campus **Nursing Staffing Plan** has 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 care givers: nursing staff (RN/LPNs), Patient Care Technicians (PCTs) and unit/department secretaries. The newly established Clinical Staffing Committee members reviewed, revised and approved through consensus the staffing grids for their perspective units. Please see Attachment 2 for the latest staffing grids by units. Staffing information including the unit staffing plan and actual daily staffing shall be posted within a conspicuous public area on each patient care unit.

United Memorial Medical Center's Nursing Supervisors have easy access to each 4 week nursing schedule by unit and has access to current patient census for all units. The Nursing Supervisor receives all sick calls in order to enhance appropriate triaging of any full- time, part- time, or per diem staff members to the unit of need. Floating staff from one unit, to a similar unit, will occur when necessary to meet unit/department, and patient needs.

On the off shifts and weekends, an RN Nursing Supervisor oversees the staffing coordination so that 24/7 staffing needs at United Memorial Medical Center can be addressed. The unit charge RN's are expected to communicate closely with the Nursing Supervisor by addressing changes/increases in patient acuity level that may necessitate additional staffing needs. Hospital census, that include 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.

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

- Asking staff to work an additional 4 hours or 8 hours to an existing shift
- 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 (including specialty certification) of team members in house and resource share as appropriate to meet the needs of acuity in individual unit/departments
- Offer additional pay incentives to staff nurses in times of high RN vacancy rates
- Utilize RN management to take a patient assignment
- 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
- Available Weekend Program
- Available Premier Per Diem Program

Additional Support and collaboration within the Nursing Division:

Advanced Practice Providers
 Behavioral Health Nursing and Psychiatry Consult Staff
 Care Management Nurses
 Diabetic Educator
 Environmental Services
 Facilities/Emergency Preparedness
 Food and Nutrition Clerks
 Hospitalists
 Infection Prevention
 Nurse Educators
 Occupational Therapist
 Off Shift and Weekend Nursing Supervisors
 Pharmacist Support
 Phlebotomy in Med/Surg
 Physical Therapist
 Regulatory RN
 Residents
 Respiratory Therapy
 RN Stroke Coordinator
 RN Vascular Access Team
 Social Work
 Speech Pathologist
 Transport
 Volunteers
 Registration
 Health Information Management
 Informatics Nurses
 IT Staff
 Quality Improvement Coordinator

Emergency Circumstances:

During Public Health Emergencies or situations that require activation of Incident Command/Emergency Operations Plans, staffing will be evaluated and adjusted by appropriate general hospital personnel overseeing patient care operations following guidance set forth by regulatory agencies, executive leadership of the hospital and or health system, and individual acuity needs of departments.

Complaint Reporting:

Concerns related to the Staffing Plan should be entered anonymously into the Safe Connect Event reporting system. Concerns will be tracked and brought to the standing Clinical Staffing Committee for review as needed and responded to accordingly. Concerns can also be brought forth to the immediate Nurse Leader in the department. UMMC shall not retaliate against or engage in any form of intimidation of an employee, patient, or any other individual in connection with clinical staffing.

Rochester Regional Health's electronic event reporting system.<https://intranet.rochesterregional.org/safeconnect/Pages/Home.aspx>

Hope Haven Chemical Dependency Inpatient				
eight hour shifts				
Job Code	Shift	Schedule	Target	Minimum
RN	Day	2.00	2.00	2.00
RN	Eve	2.00	2.00	2.00
RN	Nights	2.00	2.00	2.00
LPN	Day	1.00	1.00	1.00
LPN	Eve	0.00	0.00	0.00
LPN	Nights	0.00	0.00	0.00
Facility Totals		7.00	7.00	7.00

Total FTE's				
RN	All Shifts	8.40	8.40	8.40
LPN	All Shifts	1.00	1.00	1.00
Total FTE's	All Shifts	9.40	9.40	9.40

Grids are developed as a guide for shift to shift unit based staffing. Decisions to adjust up or down will be made based on patient factors and skill mix of hospital staff