



Department
of Health

Public Health Law § 2805-t

Clinical Staffing Committees and Disclosure of Quality Indicators

Statute

- Public Health Law (PHL)§ 2805-t:
 - Staffing levels that reduce errors, complications, adverse patient care events and workplace injuries.
 - Working conditions and staffing that supports retention of registered nurses.
 - Promoting evidence-based staffing standards
 - Increasing transparency of health care data and decision making.

Definitions

- General Hospital (PHL §2801(10)): a hospital engaged in providing medical and/or surgical services with provision for admission or treatment of persons in need of emergency care and within an organized medical staff and nursing service.
- Patient Care Unit (PCU) : a unit/department included within a general hospital's license providing direct patient care.
- Ancillary Member of the Frontline team (AMFT): Ancillary members of the frontline include but are not limited to patient care technicians, certified nursing assistants, other non-licensed staff assisting with nursing or clerical tasks, and unit clerks.

Clinical Staffing Committees

- By 1/1/22 establish a clinical staffing committee (CSC):
 - new committee; or
 - assign the functions of the committee to an existing one.
 - When a collective bargaining agreement (CBA) exists and it provides for a staffing committee, the terms of the CBA are incorporated into the CSC.
 - CSC's do not limit or otherwise supplant the CBA.

Clinical Staffing Committee Membership

- At least 1/2 of the members will be registered nurses (RN), licensed practical nurses (LPN), and AMFTs providing or supporting direct patient care. Up to one-half of the members are selected by the general hospital administration.
- If there is no CBA, the members of the committee providing direct patient care shall be selected by their peers.
- If there is a CBA selection of RNs, LPNs, and AMFTs, members of the committee is according to their respective CBA.
- Participation in the clinical staffing committee shall be on scheduled work time and compensated at the appropriate rate of pay.

Clinical Staffing Committee Responsibilities

- Develop and oversee implementation of the clinical staffing plan (CSP) with:
 - staffing for each PCU and work shift based on the needs of patients.
 - specific guidelines or ratios, matrices, or grids indicating how many patients are assigned to each registered nurse and the number of nurses and ancillary staff to be present on each unit and shift.
- Perform semiannual review of the CSP against patient needs and known evidence-based staffing information.
- Review and respond 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.

Clinical Staffing Plan Adoption Process

- The CSC develops and adopts the clinical staffing plan.
 - Wholly or partially recommended by consensus of the Clinical Staffing Committee members by July first of each year.
 - If there is no consensus on the recommended CSP or any of its units/parts, the Chief Executive Officer (CEO) can use discretion to adopt a plan or partial plan for which there is no consensus.
 - The CEO provides a written explanation of the elements of the CSP that the committee was unable to agree on, including the final written proposals from the two parties and their rationales.

Clinical Staffing Plan Implementation

- Beginning January 1, 2023, and annually thereafter, implement the CSP adopted by July first of the prior calendar year, and any subsequent amendments, and assign personnel to each patient care unit in accordance with the plan.
- Under the law, each patient care unit is required to have a clinical staffing plan.
 - It needs to be posted so people can see and review it.
 - It must include the actual daily staffing for that shift on that unit as well as the relevant clinical staffing.

Annual CSP Submission

- The plan must be submitted to DOH by the Chief Executive Officer of the facility or their designee by July 1st of each year.
- All data submitted must be accurate and compliant with Section 2805-t.
- If the adopted clinical staffing plan is amended, hospitals must submit the amended plan to the Department within thirty days of adoption.

Quality Indicators

- Indicators include the number of RNs, LPNs and unlicensed personnel providing direct care. This information must 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 must be broken down for total patient care staff for each unit and each shift.
- Methods for determining and adjusting staffing levels are to be recorded.
- Data regarding complaints, investigations of these complaints, findings as a result of the investigation and degree of compliance must be provided to the Department.

Annual Report and Process

- Department drafts annual report review version (A2RV) version
 - includes the number of complaints submitted to the Department, the disposition of these complaints, the number of investigations conducted, and the associated costs for complaint investigations.
- Stakeholder workgroup consisting of hospital associations and unions representing nurses and other ancillary members of the frontline team.
 - Review the A2RV prior to its submission
- The Department finalizes and submits an annual report by 12/31/22 to:
 - The Governor
 - The Speaker of the Assembly and the Temporary President of the senate, and Health committee Chairs

Independent Advisory Commission

- Independent advisory group consisting of 9 experts
 - 3 experts in nursing practice, quality of nursing care or patient care standards;
 - 3 representatives of unions representing nurses; and
 - 3 members representing general hospitals.
- Advisory Commission will evaluate the effectiveness of the clinical staffing committees, review the Annual Report and make recommendations to the speaker of the assembly, the temporary president of the senate, and the chairs of the health committees of the assembly and senate.

Status of Near-Term Deliverables

- Annual Report:
 - Currently collecting and compiling all complaints submitted to the Department and following up on potential investigations.
 - Statutory deadline 12/31/22.
- Regulations regarding uniform collection of nursing quality indicators:
 - data collected
 - Revisions to the uniform collection.
 - Statutory deadline 12/31/22.
- Regulations regarding staffing levels