



**Oswego Hospital
Clinical Staffing Committee Charter
Revised 11/6/2023**


Committee Name	Oswego Hospital Clinical Staffing Committee																						
Committee Membership and Leadership	<p>At least one half of the total committee membership will consist of registered nurses, licensed practical nurses and ancillary support staff currently providing direct patient care. Up to one half of the total membership of the committee will consist of hospital administrative/management staff.</p> <p>Each area where nursing care is provided will have the opportunity to provide advice to the clinical staffing committee. Committee meetings are open, and any interested staff employed by Oswego Hospital may attend, but only committee members will have a vote.</p> <p>The clinical staffing committee will be co-chaired by one staff registered nurse and one management representative. Co-chairs will be selected every two years by the clinical staffing committee.</p> <p>Registered nurses, licensed practical nurses and ancillary support staff committee members will be selected by their peers.</p> <p>Co-Chair Erin Barton: Senior RN ICU Co-Chair Melissa Purtell: Director of Nursing</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Committee Membership Management</th> <th style="width: 50%;">Committee Membership Staff</th> </tr> </thead> <tbody> <tr> <td>Kathryn Pagliaroli – Chief Nursing Officer</td> <td>Hayley Jones – LPN Surgical Services</td> </tr> <tr> <td>Melissa Purtell – Director of Nursing</td> <td>Kaitlyn Gunther– RN Medical/Surgical Services</td> </tr> <tr> <td>Alissa Viscome – Human Resources Employee Experience Manager</td> <td>Jamie Ruggio– Med/surg technician ICU</td> </tr> <tr> <td>Jody Pittsley – Director of Inpatient Behavioral Health</td> <td>Rose Guzman – Nursing Assistant/PCT</td> </tr> <tr> <td>Jennifer Fasano – Director of Emergency Department</td> <td>Kimberly Maitland – RN Medical/Surgical Services</td> </tr> <tr> <td>Eric Campbell – Chief Financial Officer</td> <td>Erin Barton – RN ICU</td> </tr> <tr> <td>Alissa Miceli – Patient Sitter Manager and Administrative Coordinator DON</td> <td>Laura Cooper – RN Women’s Services</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Committee Membership Management	Committee Membership Staff	Kathryn Pagliaroli – Chief Nursing Officer	Hayley Jones – LPN Surgical Services	Melissa Purtell – Director of Nursing	Kaitlyn Gunther– RN Medical/Surgical Services	Alissa Viscome – Human Resources Employee Experience Manager	Jamie Ruggio– Med/surg technician ICU	Jody Pittsley – Director of Inpatient Behavioral Health	Rose Guzman – Nursing Assistant/PCT	Jennifer Fasano – Director of Emergency Department	Kimberly Maitland – RN Medical/Surgical Services	Eric Campbell – Chief Financial Officer	Erin Barton – RN ICU	Alissa Miceli – Patient Sitter Manager and Administrative Coordinator DON	Laura Cooper – RN Women’s Services						
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<p>Overall Purpose/ Strategic Objective</p>	<p>The purpose of this committee is to help ensure patient and staff safety, alignment with the organization’s strategic goals, support greater retention, and promote evidence-based staffing by establishing a mechanism whereby direct care staff and hospital management can participate in a joint process regarding decisions about staffing.</p> <p>The clinical staffing committee has ready access to organizational data pertinent to the analysis of staffing which may include but is not limited to:</p> <ul style="list-style-type: none"> • Patient census and census variance trends • Patient LOS • Nurse sensitive outcome indicator data • Quality metrics and adverse event data where staffing may have been a factor • Patient experience data • Staff engagement/experience data • Nursing overtime and on-call utilization • Nursing agency utilization and expense • Staffing concerns/data • Recruitment, retention and turnover data • Education, vacation and sick time (including leaves of absence, scheduled or unscheduled)
<p>Tasks/ Functions</p>	<ul style="list-style-type: none"> • Develop/produce and oversee the establishment of an annual patient care unit and shift-based staffing plan and staffing plan modifications based on the needs of patients and use this plan as the primary component of the staffing budget. • Provide semi-annual review of the staffing plan to compare budget to actual performance. Ensure mechanisms are built in to allow for flexibility based on patient need by utilizing factors such as case mix, acuity and complexity, as well as unit activity (admissions discharges and transfers). Incorporate known evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital, as well as historical budget information (prior year’s run rate, hours per patient day, etc.). <ul style="list-style-type: none"> Typical timeline for annual review and validation of staffing plans: <ul style="list-style-type: none"> ▪ April – committee review and submit to hospital president for final approval by June 1 of each year (in time for July 1 DOH submission.) ▪ October – committee review and along with final budget submission • Review, assess and respond to staffing variations or concerns presented to the committee • Assure that patient care unit annual staffing plans, shift-based staffing and total clinical staffing are posted on each unit in a public area. • Assure factors are considered and included, but not limited to, the following in the development of staffing plans: <ul style="list-style-type: none"> ○ Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions and transfers ○ Level of acuity and intensity of all patients and nature of the care to be delivered on each shift ○ Skill mix of the staff ○ Level of experience and specialty certification or training of nursing personnel providing care

Tasks/ Functions	<ul style="list-style-type: none"> ○ 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 ○ Mechanisms and procedures to provide for one-to-one patient observations, when needed. ○ Other special characteristics of the unit or community patient population. ○ Measures to increase worker and patient safety, which could include measures to include measures to improve patient throughput. ○ 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. ○ Coverage to enable registered nurses, licensed practical nurses and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable. ○ The predetermined NDNQI nurse sensitive metrics. ○ Hospital finances and resources as well as defined budget cycle must be considered in the development of the staffing plan. ○ Waiver of plan requirements in the case of an unforeseeable emergency where the hospital disaster plan is activated, or an unforeseen disaster or catastrophic event immediately affects or increases the need for healthcare services. <ul style="list-style-type: none"> ● Develop and implement a process to examine and respond to complaints submitted to the committee regarding potential violations of the staffing plan: <ul style="list-style-type: none"> ○ Track complaints coming in and the resolution of the complaints. ○ Make a determination that a complaint is resolved or dismissed based on submitted data. ○ Examine trends and make changes if necessary. ● Orientation to the clinical staffing committee is part of unit/department orientation where applicable.
Timeline for Outcome Completion	<ul style="list-style-type: none"> ● By Jan. 1, 2022 the clinical staffing committee will be established in accordance with the Clinical Staffing Committee Law. ● By July 1, 2022 the clinical staffing committee will have reviewed, approved, and submitted unit/area staffing plans to the hospital president for approval
Meeting Management	<p>Meeting schedule: The clinical staffing committee will meet as often as necessary to complete the clinical staffing plan prior to each of the deadlines and then on a regular basis as agreed upon by the committee members during the remainder of the year (monthly, quarterly, etc.). Notices of meeting dates and times will be distributed in advance in order to better accommodate unit scheduling. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Members of the clinical staffing committee will be paid, and preferably will be scheduled to attend meetings as part of their normal work hours for the majority of the meetings. It is understood that meeting schedules may require that a staff member attend on his/her scheduled day off. In this case, the staff member will be compensated for their time.</p>

<p>Meeting Management</p>	<p>Record-keeping/minutes:</p> <ul style="list-style-type: none"> • Meeting agendas will be distributed to all committee members in advance of each meeting. • The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting. Meeting minutes will be posted on SharePoint and/or Teams, or similar site to allow all staff to review. • A master copy of all agendas and meeting minutes from the clinical staffing committee will be maintained and available for review on request. <p>Attendance requirements and participation expectations:</p> <ul style="list-style-type: none"> • It is the expectation of the clinical staffing committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings and engaging in respectful dialogue as professional committee members. • If a member needs to be excused, requests for an excused absence are communicated to staffing committee co-chair/s. Failure to request an excused absence will result in attendance recorded as “absent” in the meeting minutes. • All members are expected to attend at least 75% of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee. • Replacement will be in accordance with aforementioned selection processes. <p>Decision-making process:</p> <ul style="list-style-type: none"> • Clinical staffing plans shall be developed and adopted by consensus of the clinical staffing committee. For the purposes of determining whether there is a consensus, the management members of the committee shall have one vote, and the employee members shall have one vote, regardless of the actual number of members of the committee. • If there is no consensus on the staffing plan or partial staffing plan (individual unit/department), the hospital president shall use discretion to adopt the plan, or partial plan based on the information provided and provide a written explanation of this determination. This will include the final written proposals from both the management and employee members and their rationales. • There will be a requirement of at least half of the committee members of each group in order to have a quorum. Currently five staff members and five management members.
<p>New Staff Committee Requirements</p>	<ul style="list-style-type: none"> • Staffing committee members will receive education/orientation upon joining the committee.

11/6/23
Date


Melissa Purtell, RN, BSN, MSN, Director of Nursing

11/16/2023
Date


Kathryn Pagliaro, MS, BSN, RN, Senior VP Clinical Operations;
Chief Nursing Officer

11/16/2023
Date


Michael Backus, President & CEO



BEHAVIORAL HEALTH SERVICES

Inpatient Psychiatric Acute Unit Policy & Procedure

Category C

To: Inpatient Psychiatric Acute Staff

From: Melissa Kinne, BSN, RN, Interim Inpatient Psychiatric Acute Unit Director
Melissa Purtell, RN, BSN, MSN, Director of Nursing
Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer
Michael C. Backus, President and CEO

Subject: Clinical Staffing Guidelines for Inpatient Psychiatric Acute Unit

Purpose: To provide guidelines for staffing patterns on the Inpatient Psychiatric Acute Unit.

Statement of Policy: Staffing is based on an average daily patient census of 32 patients per day.

1. **Census** – Inpatient Psych Acute staffing is based on an average daily patient census of 32 patients per day. In special circumstances the census may be increased to go above 32. Administration must be notified and approval obtained through Office of Mental Health. Acuity will be assessed and additional staffing will be obtained as detailed below.
2. **Acuity** – Staffing Levels will vary depending on the number of patients, level of acuity and amount of higher observation levels. Staffing may be adjusted based on this acuity after discussion between the Charge Nurse and the Administrator On Call/Inpatient Psychiatric Acute Unit Director.
 - a. 7a-7p: There will be one assigned Charge Nurse. In addition, each staff RN can have a patient assignment up to 11 patients.
 - b. 7p-7a: Each RN can have a patient assignment up to 11 patients.
 - c. PCTs-Each Psych Care Tech can have a patient assignment of 6 to 7 patients on all shifts.
 - d. There will be an LPN 7a-3p and 3p-11p daily to pass medications.
 - e. Prior to the start of each shift the Charge Nurse is responsible to review the staffing for the next shift with the Inpatient Psychiatric Acute Unit Director and/or designee. The acuity of the unit will be reviewed to ensure that there is an appropriate amount of staff to maintain the safe of the unit.

Inpatient Psychiatric Acute Unit Surgical Staffing Guidelines

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3. Skill Mix-

The following table may be used as a guideline to base staffing.

Census		Charge RN	RNs	LPNs: 7a-3p	PCTs	Charge RN	LPNs: 3p-11p	Charge RN	RNs	PCTs
		Day Shift: 7a-7p				Evening Shift: 7p-7a		Night Shift		
1		1	1	1	1	1	1	1	1	1
2		1	1	1	1	1	1	1	1	1
3		1	1	1	1	1	1	1	1	1
4		1	1	1	1	1	1	1	1	1
5		1	1	1	1	1	1	1	1	1
6		1	1	1	1	1	1	1	1	1
7		1	1	1	2	1	1	1	1	1
8		1	1	1	2	1	1	1	1	2
9		1	1	1	2	1	1	1	1	2
10		1	1	1	2	1	1	1	1	2
11		1	1	1	2	1	1	1	1	2
12		1	2	1	2	1	1	1	2	2
13		1	2	1	3	1	1	1	2	3
14		1	2	1	3	1	1	1	2	3
15		1	2	1	3	1	1	1	2	3
16		1	2	1	3	1	1	1	2	3
17		1	2	1	3	1	1	1	2	3
18		1	2	1	3	1	1	1	2	3
19		1	2	1	4	1	1	1	2	4
20		1	2	1	4	1	1	1	2	4
21		1	2	1	4	1	1	1	2	4
22		1	2	1	4	1	1	1	2	4
23		1	3	1	4	1	1	1	3	4
24		1	3	1	4	1	1	1	3	4
25		1	3	1	5	1	1	1	3	5
26		1	3	1	5	1	1	1	3	5
27		1	3	1	5	1	1	1	3	5
28		1	3	1	5	1	1	1	3	5
29		1	3	1	5	1	1	1	3	5
30		1	3	1	5	1	1	1	3	5
31		1	3	1	5	1	1	1	3	5
32		1	3	1	5	1	1	1	3	5
33		1	3	1	5	1	1	1	3	5

4. **Level of Experience and specialty certification** – Certification and education requirements for the Inpatient Psych Acute unit are located in the Oswego Hospital Nursing Standards Manual in the *Structure Standards Manual*

Inpatient Psychiatric Acute Unit Surgical Staffing Guidelines

- 5. **Architecture and Geography** – Architecture and Geography for the Inpatient Psych Acute unit are located in the Oswego Hospital Nursing Standards Manual in the *Structure Standards Manual*.
- 6. **Increased Levels of Observations: 1:1**–In some circumstances providers may order 1:1 observation for a patient. For each on the 1:1 observation status 1 additional staff will be obtained. Constant observations–In some circumstances a provider may order constant observation for a patient. There may be 2 patients to 1 staff member. 2:1 observations–In some certain circumstances a provide may order a 2:1 status. There will be 2 staff members with 1 patient at all times. Additional staff may be called in to cover these patients on the increased level of observations in order to maintain PCT staffing levels on the units for patient care.
- 7. **Special Characteristics of Unit’s Population** – The special characteristics of the population of patients the Inpatient Psych Acute Unit serves are located in the Oswego Hospital Nursing Standards Manual in the *Structure Standards Manual*.
- 8. **Measures to increase worker and patient safety** – The Inpatient Psych Acute RN staff will participate in daily multidisciplinary patient rounding where input from the entire care team takes into consideration the patient’s overall treatment and length of stay.
- 9. **Staffing Guidelines** – Inpatient Psych Acute unit staffing guidelines are supported by the Journal of American Psychiatric Nurses Association. (2012). *APNA Position Statement: Staffing Inpatient Psychiatric Units*.
- 10. **Breaks/Lunch** – Inpatient Psych Acute Unit nursing and support staff will be provided a 30-minute uninterrupted meal break. Nursing staff will cover each other’s patients during this break. In the event that the unit acuity is such that this cannot be done safely, the Unit Director or designee is responsible for obtaining coverage so that this break may be provided.
- 11. **Budget** – The budget is prepared annually in August and is based on historical daily census data with input from the Inpatient Psychiatric Acute Unit Director.
- 12. **Emergency Response** – The Medical Surgical Unit Staffing Guidelines are in effect during normal hospital operations. Plan requirements may be waived based on an unforeseeable emergency, catastrophic event or where the hospital disaster plan is in effect

11/7/2023
 Date DocuSigned by:
Melissa Kinne

 Melissa Kinne, RN, BSN, Interim Inpatient Psychiatric Acute Unit Director

10/30/23
 Date Melissa Purtell

 Melissa Purtell, RN, BSN, MSN, Director of Nursing

11/6/2023
 Date Kathryn Pagliaroli

 Kathryn Pagliaroli MS, BSN, RN, Senior VP Clinical Operations; Chief Nursing Officer

11/6/2023
 Date Michael C. Backus

 Michael C. Backus, President and CEO

Inpatient Psychiatric Acute Unit Surgical Staffing Guidelines

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/dgs

O: Behavioral Health Services/1-Policies & Procedures/INPT/Staffing Guidelines

Orig: 5/01

Rev: 8/03, 4/04, 12/05, 01/06, 9/06, 5/09, Rev: 5/11, 1/12, 6/12, 5/13, 7/13, 4/14, 1/19, 8/19,3/20, 03/21, 03/22, 1/23, 10/23