
2023 Staffing plan

St. James Hospital

UR St. James Hospital is a Sole Community General Acute Care hospital is licensed 15 medical surgical beds. UR St. James have 4 observation bed and 9 ED Beds in addition there are 4 operating rooms and 13 pre-& post beds.

St. James Hospital Clinical Staffing Committee

St. James Hospital first Clinical Staffing Committee was developed to meet facility standards of staffing and compliance with NYS law (Chapter 155 of the Laws of 2021) and first convened in November 2021. The Committee developed and approved the Committee’s Charter, on December 6th, 2021.

The Clinical Staffing Committee discusses current staffing, open positions, and current approved FTE’s for each department. Discussion if there is a need for further staffing improvements or if the staffing in place is satisfactory to be able to perform each areas jobs/function to the best of their ability. Topics of discussion, in summary, are recruitment, retainment, staffing assignments, traveler coverage, and budgetary adjustments/impacts.

The following staffing grids were presented and approved by the following Committee Members in June 2023:

St. James Hospital Clinical Staffing Committee Members Fiscal Year 2023:

Department	Title	Name
Emergency Department	Registered Nurse	Meaghan Connors
Emergency Department	Patient Care Technician	Erinn Smith
Emergency Department	Registered Nurse	Cassie Wood
Medical-Surgical Unit	Licensed Practical Nurse	Amy Wilhelm
Medical-Surgical Unit	Registered Nurse	Mickayla Carbone
Operating Room	Registered Nurse	Kelsea Brubaker
Operating Room	Registered Nurse	Michele Ranger
Administration	Executive Vice President/Compliance Officer	Denise Becher
Administration	Chief Financial Officer	Gretchen Tennis
Nursing Administration	Chief Nursing Officer-Interim	Katherine Warner
Administration	Chief Executive Officer	Wendy Disbrow

Medical-Surgical Nursing Unit 15 total inpatient beds:

	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	Avg. No. of	Patient to
Medical Surgical Unit	RN	RN	LPN	LPN	Ancillary	Ancillary	Unlicensed	Unlicensed	Patient	RN Ratio
Days- 7:00 am- 3:00 pm	2	16	2	16	6	52	2	16	15	7.5
Eve - 3:00 pm - 11:00 pm	2	16	2	16	4	32	1	8	15	7.5
Night - 11:00 pm- 7:00 am	2	16	2	16	3	24	1	8	15	7.5

The Team Nursing Model allows for the RN and LPN to work together as a team for their assignment of patients. The LPN's work to their highest scope of licensure to assist the RN in their care. Please see Appendix B with explanation of LPN scope that is used in the staffing model. This staffing model was developed and implemented to get ahead of the staffing crisis across the nation. We are currently orienting and training LPN's on IV administration to expand to reach their highest scope.

**Additional resources available for the following shifts:

Days: Manager (RN), House Supervisor (RN), CNO, and Respiratory Therapy

Evenings: House Supervisor (RN) and Respiratory Therapy

Nights: House Supervisor (RN) and Respiratory Therapy

Emergency Department Staffing

	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	Avg. No. of	Patient to
Emergency Room	RN	RN	LPN	LPN	Ancillary	Ancillary	Unlicensed	Unlicensed	Patient	RN Ratio
Days- 7:00 am- 3:00 pm	4	32	1	4	4	24	1.4	9.7	17	5
Eve - 3:00 pm - 11:00 pm	4	31	1	8	2	16	2	30	16	4
Night 11:00 pm- 7:00 am	3	24	1	1.75	2	16	1	8	5	5

Our Emergency Department has 10 patient Exam rooms 1 of which is primarily for trauma/cardiac or respiratory arrest patients. In addition to the 10 patient exam rooms, we have 4 Observation rooms.

**Additional resources available for the following shifts:

Days: Manager (RN), House Supervisor (RN), CNO, and Respiratory Therapy

Evenings: House Supervisor (RN) and Respiratory Therapy

Nights: House Supervisor (RN) and Respiratory Therapy

Perioperative Services Department Staffing

	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	Avg. No. of	Patient to
Ambulatory Surgery	RN	RN	LPN	LPN	Ancillary	Ancillary	Unlicensed	Unlicensed	Patient	RN Ratio
Days- 7:00 am- 3:00 pm	13	10	-	-	2	16	9	72	7	4
Eve - 3:00 pm - 11:00 pm	-	-	-	-	-	-	-	-	-	-
Night 11:00 pm- 7:00 am	-	-	-	-	-	-	-	-	-	-

Our Perioperative department has 4 functioning Operating Rooms, 4 PACU (Phase I) patient bays, and 13 pre/post beds. Hours of operating are Monday through Friday 7:00am-3:00pm with on-call services Monday-Thursday

**Additional resources available for the following shifts:

Days: Manager (RN), House Supervisor (RN), CNO, and Respiratory Therapy

Evenings: House Supervisor (RN) and Respiratory Therapy

Nights: House Supervisor (RN) and Respiratory Therapy

OP Urgent Care Department Staffing

	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	Avg. No. of	Patient to
Urgent Care	RN	RN	LPN	LPN	Ancillary	Ancillary	Unlicensed	Unlicensed	Patient	RN Ratio
Days- 7:00 am- 3:00 pm	-	-	1	5	3	15	-	-	22	-
Eve - 3:00 pm - 11:00 pm	-	-	1	5	3	15	-	-	22	-
Night 11:00 pm- 7:00 am	-	-	-	-	-	-	-	-	-	-

Our Urgent Care is open and operates 7 days/week, 363 days/year. Hours of operation are 10:00 am-8:00 pm.

**Additional resources available for the following shifts:

Days: Manager (RN), House Supervisor (RN), CNO, and Respiratory Therapy

Evenings: House Supervisor (RN) and Respiratory Therapy

Nights: House Supervisor (RN) and Respiratory Therapy

OP Primary Care Clinic Department Staffing

	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	Avg. No. of	Patient to
OP Clinic - Primary Care	RN	RN	LPN	LPN	Ancillary	Ancillary	Unlicensed	Unlicensed	Patient	RN Ratio
Days- 7:00 am- 3:00 pm	-	-	6	48	3	24	-	-	97	-
Eve - 3:00 pm - 11:00 pm	-	-	-	-	-	-	-	-	-	-
Night 11:00 pm- 7:00 am	-	-	-	-	-	-	-	-	-	-

Our Primary Care Clinic is open Monday through Friday.

**Additional resources available for the following shifts:

Days: Manager (RN), House Supervisor (RN), CNO, and Respiratory Therapy

Evenings: House Supervisor (RN) and Respiratory Therapy

Nights: House Supervisor (RN) and Respiratory Therapy

OP Orthopedic Clinic Department Staffing

	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	Avg. No. of	Patient to
OP Clinic - Orthopedic	RN	RN	LPN	LPN	Ancillary	Ancillary	Unlicensed	Unlicensed	Patient	RN Ratio
Days- 7:00 am- 3:00 pm	-	-	2	16	1	8	-	-	50	-
Eve - 3:00 pm - 11:00 pm	-	-	-	-	-	-	-	-	-	-
Night 11:00 pm- 7:00 am	-	-	-	-	-	-	-	-	-	-

Our Orthopedic Clinic operates Monday through Friday.

**Additional resources available for the following shifts:

Days: Manager (RN), House Supervisor (RN), CNO, and Respiratory Therapy

Evenings: House Supervisor (RN) and Respiratory Therapy

Nights: House Supervisor (RN) and Respiratory Therapy

OP Multispecialty Clinic Department Staffing

	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	Avg. No. of	Patient to
OP Clinic - MultiSpecialty	RN	RN	LPN	LPN	Ancillary	Ancillary	Unlicensed	Unlicensed	Patient	RN Ratio
Days- 7:00 am- 3:00 pm	1	8	2	16	1	8	-	-	50	20
Eve - 3:00 pm - 11:00 pm	-	-	-	-	-	-	-	-	-	-
Night 11:00 pm- 7:00 am	-	-	-	-	-	-	-	-	-	-

Our Multispecialty Clinic operates Monday-Friday. We currently provided the following specialty services within this clinic: Urology, General Surgery, Medical Oncology, Cardiology, Nephrology, Neurosurgery, and Neurosurgery – Pain Management.

**Additional resources available for the following shifts:

Days: Manager (RN), House Supervisor (RN), CNO, and Respiratory Therapy

Evenings: House Supervisor (RN) and Respiratory Therapy

Nights: House Supervisor (RN) and Respiratory Therapy

OP Infusion Services Department Staffing

	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	Avg. No. of	Patient to
OP Infusion Services	RN	RN	LPN	LPN	Ancillary	Ancillary	Unlicensed	Unlicensed	Patient	RN Ratio
Days- 7:00 am- 3:00 pm	1	8		-	-	-	-	-	4	4
Eve - 3:00 pm - 11:00 pm	-	-	-	-	-	-	-	-	-	-
Night 11:00 pm- 7:00 am	-	-	-	-	-	-	-	-	-	-

Our Infusion Services operates Monday-Friday

**Additional resources available for the following shifts:

Days: Manager (RN), House Supervisor (RN), CNO, and Respiratory Therapy

Evenings: House Supervisor (RN) and Respiratory Therapy

Nights: House Supervisor (RN) and Respiratory Therapy

OP Coumadin Clinic Department Staffing

	No. of RN	Total Hours RN	No. of LPN	Total Hours LPN	No. of Ancillary	Total Hours Ancillary	No. of Unlicensed	Total Hours Unlicensed	Avg. No. of Patient	Patient to RN Ratio
OP Coumadin Clinic										
Days- 7:00 am- 3:00 pm	1	8	-	-	-	-	-	-	16	16
Eve - 3:00 pm - 11:00 pm	-	-	-	-	-	-	-	-	-	-
Night 11:00 pm- 7:00 am	-	-	-	-	-	-	-	-	-	-

Our Coumadin Clinic (Anti-coagulation operates Monday, Wednesday, and Friday)

**Additional resources available for the following shifts:

Days: Manager (RN), House Supervisor (RN), CNO, and Respiratory Therapy

Evenings: House Supervisor (RN) and Respiratory Therapy

Nights: House Supervisor (RN) and Respiratory Therapy

OP Rehabilitation (Cardiac Rehab) Department Staffing

	No. of RN	Total Hours RN	No. of LPN	Total Hours LPN	No. of Ancillary	Total Hours Ancillary	No. of Unlicensed	Total Hours Unlicensed	Avg. No. of Patient	Patient to RN Ratio
OP -Rehabilitation (Cardiac Rehab)										
Days- 7:00 am- 3:00 pm	1	8	-	-	-	-	1	8	14	14
Eve - 3:00 pm - 11:00 pm	-	-	-	-	-	-	-	-	-	-
Night 11:00 pm- 7:00 am	-	-	-	-	-	-	-	-	-	-

Our Cardiac Rehab Department operates Monday, Wednesday, and Friday

**Additional resources available for the following shifts:

Days: Manager (RN), House Supervisor (RN), CNO, and Respiratory Therapy

Evenings: House Supervisor (RN) and Respiratory Therapy

Nights: House Supervisor (RN) and Respiratory Therapy

OP Stress Test Department Staffing

	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	No. of	Total Hours	Avg. No. of	Patient to
Stress Test Lab	RN	RN	LPN	LPN	Ancillary	Ancillary	Unlicensed	Unlicensed	Patient	RN Ratio
Days- 7:00 am- 3:00 pm	1	4	-	-	-	-	-	-	5	5
Eve - 3:00 pm - 11:00 pm	-	-	-	-	-	-	-	-	-	-
Night 11:00 pm- 7:00 am	-	-	-	-	-	-	-	-	-	-

Our Stress Test department operates minimal days\hours during the week.

**Additional resources available for the following shifts:

Days: Manager (RN), House Supervisor (RN), CNO, and Respiratory Therapy

Evenings: House Supervisor (RN) and Respiratory Therapy

Nights: House Supervisor (RN) and Respiratory Therapy

Clinical Staffing Committee Charter

Name of Committee:

Clinical Staffing Committee

General purpose:

Frontline clinical staff (50% of committee) and administration (up to 50% of committee) work together to develop a staffing plan to submit to NYS DOH for safe effective patient care.

Committee Members Fiscal Year 2024:

Katrina Sirianni, RN-Medical/Surgical Inpatient Unit

Amy Wilhelm, LPN- Medical/Surgical Inpatient Unit

Meaghan Connors, RN- Emergency Department

Nicole Davis, PCT- Emergency Department

Kelsea Brubaker, RN-Operating Room

Sarah Bracken, LPN- Primary Care

Lisa DuVall, RN- Outpatient Services

Erica Davenport, LPN-Urgent Care

Kate Warner, RN- CNO

Kaleigh Porcaro, RN- Director of Nurses

Christopher Graham -Chief Financial Officer

Denise Becher-Executive Vice President/Compliance Officer

Wendy Disbrow-Chief Executive Officer

Primary Responsibilities:

- Development and oversight of implementation of annual clinical staffing plan
- Semiannual review of the staffing plan
- Review, assessment and response to complaints regarding potential violations of the adopted staffing plan

Annual clinical staffing plan:

- Committee must adopt an annual staffing plan by July 1st each year, beginning in 2022
- The employee members and the management members of the committee each have one vote, regardless of the actual number of members of the committee
- Consensus decisions must be included in the staffing plan; if there is no consensus on the plan or any of its parts, the hospital CEO has discretion to make the decision.
- Staffing plans must be submitted to DOH to be posted on each hospital's health profile on the DOH website.

Adjustments to the plan:

- Hospital management can make adjustments to the plan for short-term, unexpected changes in circumstances.

- Provides for “unforeseeable emergency circumstances” (declared emergencies, activation of hospital disaster plan or other disaster or catastrophic events).

Reporting Requirements:

- Hospitals must submit their annual staffing plans to DOH for posting
- Hospitals must publicly post unit-level staffing information on a daily basis.
- Beginning Dec 31, 2022, hospitals must report to DOH specific information on a quarterly basis related to the total hours of nursing care per patient provided by RN’s and LPN’s and the number of unlicensed personnel utilized to provide direct patient care.
- DOH must issue annual report by December 31, 2022 and annually thereafter

Critical Access hospitals and sole community hospitals:

- Authorizes CAHs and SCHs to develop flexible approaches to comply with provisions
- Staffing plan must include description of how approach differed from outlined process.

Clinical Staffing Meetings:

- Bi-weekly until clinical staffing plan is in place
 - Monthly and ad-hoc

LPN Roles and Responsibilities for UR St. James
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Restricted Tasks
Administer Blood or blood products
Perform admission or discharge of patients.
Acknowledgement of Provider orders in chart
Cannot independently provide patient education about meds/disease processes
Complete patient assessments

Permissible tasks
Dressing Changes/Wound Care
Initiate IVs and/or perform veni-puncture lab draws
Administer IV medications/fluids after initial dose has been given by the RN
Tracheostomy care
Perform oral, nasal and tracheostomy suctioning
Assist with ADLs (bathing, ambulation, feeding, etc.)
Insert Foley Catheters
Insert NG/OG tubes, Check NG tube patency, and administer NG Tube feedings
Monitor Intake and output
Reinforce patient education to include the teach back approach
Respiratory treatments as needed when RT not available
May administer SQ and IM injections
LPNs can witness blood products with the RN
LPNs can co-sign the administration of SQ insulin and SQ heparin

Take Verbal orders
Accept Critical lab values from the Lab technician/staff member
Administration of any IV Push Medications, and first dose IV medications.
Titrate medications of any kind
Administer high risk IV medications (e.g. Heparin, tPa, or chemotherapeutic drugs)
Initiate any IV access via PICCs, ports, and central lines or hang the initial IVF line.
Blood draws from peripheral IV, PICCs, ports or central lines.
Verify high risk IV medications as heparin, insulin drips, alteplase, or tenecteplase.



MEDICINE *of* THE HIGHEST ORDER