June 30, 2022

Via email to: hospitalstaffingplans@health.ny.gov

Stephanie Shulman, DrPH, MS
Director, Division of Hospitals and Diagnostic & Treatment Centers
New York State Department of Health
Empire State Plaza, Corning Tower
Albany, NY 12237

Re: 0208 John R. Oishei Children’s Hospital Clinical Staffing Committee - Staffing Plans

Dear Dr. Shulman:

Enclosed please find a copy of the clinical staffing plan adopted by John R. Oishei Children’s Hospital (OCH) pursuant to the New York State Hospital Clinical Staffing Committee (NYSHCSC) law, N.Y. Public Health Law § 2805-t.

Representatives of management and staff at OCH met weekly from March 21, 2022 through June 6, 2022 in furtherance of developing a recommended clinical staffing plan for that site. I am pleased to report that this process resulted in a recommended plan achieved by consensus, which was adopted in full.

Sincerely,

Robert J. Nesselbush

Robert Nesselbush
CEO
DATE: June 30, 2022

TO: Bob Nesselbush, CEO Kaleida Health

FROM: Allegra Jaros, President of John R. Oishei Children’s Hospital

SUBJECT: 0208 John R. Oishei Children’s Hospital Clinical Staffing Committee - Staffing Plans

Attached you will find John R Oishei Children’s Hospitals’ (OCH) clinical staffing plan as developed with our staff, in the OCH Clinical Staffing Committee (CSC) which I oversaw. We met with labor leadership in December of 2021 to develop the staff rosters our CSC, which has been inclusive of labor leadership. OCH’s CNO, Cassie Church co-led the OCH committee along with the committee elected staff representative, and we all sit on the KH System CSC Steering Committee.

Per the New York State Hospital Clinical Staffing Committee (NYSHCSC) law enacted in June 2021, committee members included front line staff and managers from OCH’s inpatient units (including inpatient operating room), emergency department, intensive care units, and post-anesthesia care unit. Participants from each unit included registered nurses (RNs), licensed practical nurses (LPNs) and nursing assistive staff, including certified nursing assistants (CNAs), patient care attendants (PCAs), medical assistants (MAs) and unit secretaries, as applicable to the patient care in each unit. Each participant had a critical voice in developing unit level staffing plans contained in the attached.

The CSC Steering Committee has met regularly throughout 2022 and our site CSC met weekly from March 21, 2022 – June 6, 2022. Our committee utilized industry standards and staffing practices when available, hospital specific data, including but not limited to the sixteen clinical factors identified for consideration by the NYS CSC law enacted in June 2021.

Our committee completed the work collaboratively and voted on the attached recommendation on May 23, 2022. At John R. Oishei Children's Hospital, the CSC reached consensus, management and staff each voted to approve the plan as presented. (Attachment A).

This is the plan we are recommending to you for evaluation, possible adoption, and submission to New York State DOH by July 1, 2022.
Attachment A

John R Oishei Children’s Hospital

Staffing Ratios

Pediatric Intensive Care Unit (PICU)

Guidelines used for the Pediatric Intensive Care Unit Staffing:

- AACN. (2018). AACN Guiding Principles for Appropriate Staffing, American Nurses Association (ANA), Cincinnati Children’s, NY State 405 ICU draft

Employer and Staff Agreement

1 Charge Nurse without Assignment 24/7

RN 1:1-2 24/7

*RN with 1:3 if all three patients are designated as an intermediate and/or are designated as transfer level of care which requires an order

MA –

- 1:9 24/7

1:1 patient care below: Hemodynamic instability requiring pressors/nicardipine

- Oscillator
- Increased respiratory support
- Known procedure at bedside
- Intubated/immunocompromised/heme-onc
- Critical trauma
- Wakeful intubated patient
- Intubated Critical airway
- Aggressive behavior
- ICP/CPP critical neuro patients

1:3 intermediate and/or transferable
1:2 all other PICU patients

Supportive roles in this department: Float Pool RNs and MA’s, Respiratory Therapy (RT), Environmental Services (EVS), Hospitality Associates (HA’s), Pharmacists, Material Handlers, Physician Assistants or Nurse Practitioners (APP’s), Physicians (MDs), Social Work (SW), Discharge Planning, Educators
Neonatal Intensive Care Unit (NICU)

Guidelines used for the Neonatal Intensive Care Unit Staffing:

- Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN, 2019), National Association of Neonatal Nurses (NANN), American Academy of Pediatrics (AAP)

Employer and Staff Agreement

2 Charge Nurse without Assignment 24/7

RN 1:1-2-3 24/7

RN with 1:3 if all three patients are designated as an intermediate care/feeders and growers.

Ancillary Staff:

- 1 MA census 0-24
- 2 MA census 25-49
- 3 MA census 50-64
- 4 MA 64+

1 unit secretary 24/7

Supportive roles in this department: Float Pool RNs and MA’s, RT, EVS, HA’s, Pharmacists, Material Handlers, APP’s, MDs, Lactation Consultants, SW, Discharge Planning, Educators

Maternity

Guidelines used for Maternity Staffing:

- AWHONN, 2019

Labor & Delivery

Employer and Staff Agreement

1 Charge Nurse without Assignment 24/7

RN 1:1

- Unstable antepartum
- Initial triage
- First hour of IV magnesium sulfate infusion
- Labor complications- i.e. fetal demise, abnormal FHR
- Initiation of regional anesthesia
• Labor requiring
  • Oxytocin
  • Unable to relieve pain
  • Auscultation of fetus

• Active pushing phase of labor and advanced labor
• Birth
• Active recovery of birthing phase for a minimum of 2 hours
• TOLAC

1:2
• Labor without complications
• Stable triage presentation
• Cervical ripening

1:3
• Stable antepartum
• Stable extended triage
• Stable postpartum

Delivery/Baby Nurse
• 1:1
  • Birth
  • 1:3
    • Infant in couplet status

Holdovers
• 1:3
• Mother-baby couplets after initial 2-hour recovery

Ancillary Staff:
3 OB Techs on Days, Monday-Friday
2 OB Tech at night, M-F nights, and Weekends (day and night)
2 MA’s 24/7

1 Unit Sec’y 11a-1130pm 7 days/week

Supportive roles in this department: Float Pool RNs and MA’s, RT, EVS, HA’s, Pharmacists, Material Handlers, APP’s, MDs, Lactation Consultants, Midwives, Doulas, SW, Discharge Planning, Educators

Mother Baby Unit/J8

Employer and Staff Agreement

1 RN Charge Nurse without Assignment 24/7

1:1

- Newborn undergoing circumcision

1:3

- Stable antepartum*
- Couplets (both mother and baby)
- Stable postpartum**
- NICU mom**

* Stable antepartum is the equivalent of one couplet
** NICU mom/stable postpartum is the equivalent of ½ couplet

Ancillary staff

- 2 MAs 24/7
- 1 Clerical 7a to 7p 7 days a week

Supportive roles in this department: Float Pool RNs and MA’s, RT, EVS, HA’s, Pharmacists, Material Handlers, APP’s, MDs, Lactation Consultants, Midwives, SW, Discharge Planning, Educators

Emergency Department (ED)

Guidelines used for Emergency Department Staffing:

- Emergency Nurse’s Association (ENA)
Employer and Staff Agreement

1 secretary 24/7

3 MA 24/7

4 MA is 11 am to 11 pm when Kids’ Express is Open

RN:

<table>
<thead>
<tr>
<th>Schedule</th>
<th>RN Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
<td>6 RN</td>
</tr>
<tr>
<td>11a</td>
<td>12 RN</td>
</tr>
<tr>
<td>3p</td>
<td>12 RN</td>
</tr>
<tr>
<td>7p</td>
<td>12 RN</td>
</tr>
<tr>
<td>11p</td>
<td>9 RN</td>
</tr>
<tr>
<td>3a</td>
<td>6 RN</td>
</tr>
</tbody>
</table>

Supportive roles in this department: Float Pool RNs and MA’s, RT, EVS, HA’s, Pharmacists, Material Handlers, APP’s, MDs, SW, Discharge Planning, Educators

**Epilepsy Monitoring Unit (EMU)**

Guidelines used for **Epilepsy Monitoring Unit:**

- AAP, Society of Peds Nursing

Employer and Staff Agreement

1 Secretary 9a – 5p Monday through Friday

1:4 RN EMU patients’
1:5 RN observation/ambulatory patients

Supportive roles in this department: Float Pool RNs and MA’s, RT, EVS, HA’s, Pharmacists, Material Handlers, APP’s, MDs, END Techs, SW, Discharge Planning, Educators, Child Life, Art Therapist

**Pediatric Hematology/Oncology**

Guidelines used for **Pediatric Hematology/Oncology Unit:**
Employer and Staff Agreement

1 Charge Nurse 24/7:

- 5 or less patients on the unit, charge can have assignment
- At 6 or more patients on the unit, the charge has one patient

1 Secretary 9a-5p Monday through Friday

RN

1:1 during BMT infusion

1:3 otherwise

*except 1:2 for bone marrow transplant or dinutuximab (immunotherapy), Compth, ATG (biological modifiers)

** 1:4 with Pediatric medical

Supportive roles in this department: Float Pool RNs and MA’s, RT, EVS, HA’s, Pharmacists, Material Handlers, APP’s, MDs, SW, Discharge Planning, Educators, Psychologist, Child Life, Art Therapist

Pediatric MedSurg Units

Guidelines used for Medical/Surgical Staffing:

- AAP, Society of Peds Nursing

J10

Employer and Staff Agreement

Charge RN may take no more than one patient; no assignment when census greater than 20

RN 1: 3-4-5

* RN 1:3

* Acute Trach Vent
  - High Flow >/1.5 liters per kilo
  - Eat, Sleep and Console
  - DKA
RN 1:4 Gen peds patients

RN 1:5 If all patients in obs/amb status and in proximate geography; inclusive of the following diagnosis:

Cellulitis, asthmatic on q4, social admit, broken limb (except femur), T&A bleed, GT placement, suicide with sitter, new onset diabetic (not on a drip)

MA

2 MA’s 24/7

3rd MA from 11 a to 11 p if the census is 17 patients or more

Secretary 7a-7:30 p M-F

Supportive roles in this department: Float Pool RNs and MA’s, RT, EVS, HA’s, Pharmacists, Material Handlers, APP’s, MDs, SW, Discharge Planning, Educators, Psychologist, Child Life, Art Therapist

J-11

Employer and Staff Agreement

Charge Nurse would never have more than 2 patients up to a census of 20. If above 20 patients, charge has no assignment.

RN 1: 4-5

- 1:5
  - If all patients in obs/amb status and in proximate geography

MA

2 MA’s 24/7

3rd MA from 11 a to 11 p if the census is 17 patients or more

Secretary 7a-7:30 p M-F

Supportive roles in this department: Float Pool RNs and MA’s, RT, EVS, HA’s, Pharmacists, Material Handlers, APP’s, MDs, SW, Discharge Planning, Educators, Psychologist, Child Life, Art Therapist

Operating Room, PACU and Pre-Operative Care
Guidelines used for **Operating Room, PACU and Pre-Operative Care Staffing:**

- Following AORN (Association of perioperative Registered Nurses) standards, American Society of PeriAnesthesia Nurses (ASPAN)

**Operating Room (OR)**

**Employer and Staff Agreement**

1 Charge Nurse without Assignment 24/7
1:1 RN per patient in OR
2:1 RN if local anesthesia
1:1 Surgical Tech

**Pre-Operative Care**

**Employer and Staff Agreement**

RN 1:5

**PACU**

**Employer and Staff Agreement**

Charge RN – 2 without Assignment on J2; 1 with NO Assignment on J3
- Based on open hours

**Phase 1**

- 1:1
  - New admission to PACU from the OR
  - Patient has secure/stable airway- oral airway
  - Symptoms of respiratory distress- dyspnea, tachypnea, cyanosis, panic
  - Patient is hemodynamically stable
  - Initial assessment is complete
  - Report has been received from the anesthesia provider

- 1:2
  - Two conscious patients, stable and free of complications, not yet meeting discharge criteria
  - Two conscious patients, stable, 8 years or under with family or support team members, not yet meeting discharge criteria
• One unconscious patient, hemodynamically stable, stable airway over 8 years and one conscious patient, stable & free of complications

• 2:1
  - Unstable airway - interventions to maintain airway such as jaw thrust, chin lift
  - Intubated
  - Unstable patient

Phase 2

• 1:2
  - Initial admission to Phase 2
  - 8 years of age and under without family or healthcare support

• 1:3
  - Over 8 years of age
  - 8 years of age and under with family present

• 1:3-5
  - Patients waiting for transportation
  - Patients waiting for medications from pharmacy
  - Patients requiring extended observation prior to going home
  - Patient being held for inpatient bed

MA – M-F:
2 @ 530a
3 @ 8a
4 @ 11a
2 @ 130p
1 @ 4p -730p

Unit secretary

• 1 530a-130p M-F
• 1 11a-5p M-F

Supportive roles in this department (OR, PACU, Pre-Op): Float Pool RNs and MA’s, RT, EVS, HA’s, Pharmacists, Material Handlers, APP’s, MDs, SW, Discharge Planning, Educators, Psychologist, Child Life, Art Therapist