

# Clinical Staffing Committee and Clinical Staffing Plan 2022-3

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 Unity Hospital. The Clinical Staffing Committee Meetings are monthly with active participation on pertinent clinical staffing discussions. Minutes are sent out to each committee representative and are made available to be shared with any interested clinical staff.

The Unity Hospital **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 Patient Service Representatives (PSRs). The newly established Clinical Staffing Committee members reviewed, revised and approved the staffing grids for their perspective units. Please see Attachment 2 for the staffing grids by units.

In addition, The Unity Hospital collaborates with The Unity Hospital of Rochester using the Nursing Centralized Staffing Office that enhances ongoing, up to date, current staffing requirements. The full time Staffing Coordinator has easy access to each 4 week nursing schedule by unit and has access to current patient census for all units. The centralized Staffing Coordinator receives all sick calls in order to enhance appropriate triaging of any per diem or part time staff to the unit of need. Floating staff from one unit, to a similar unit occurs when necessary to meet patient needs.

On the off shifts and weekends, an RN Nursing Supervisor continues the staffing coordination so that 24/7 the staffing needs at Unity Hospital can be addressed by this centralized process. The unit charge RNs 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 accessed 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, provisions and many options are then utilized that 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 of team members in house and resource share as appropriate to meet the needs of acuity in individual departments
- Offer additional pay incentives to staff nurses in times of high RN vacancy rates
- Utilize Nurse Educator to take a patient assignment
- 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 Off Site Bed Coordination Office **Care Management Nurse** Chaplin **Department Educator Environmental Services** Food and Nutrition Clerks Hospital Equipment Coordinator Hospitalist Infection Prevention Nurse Educator **Occupational Therapists** Off Shift and Weekend Nursing Supervisors Pharmacy **Physical Therapists Regulatory RN** Residents **Respiratory Therapists** Security Social Work **Speech Pathologist WOCN** Team

#### **Complaint Reporting:**

Concerns related to the Staffing Plan should be entered into the Safe Connect Event reporting system. Concerns will be tracked and brought to the standing Clinical Staffing Committee for review and then responded to accordingly.

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

Concerns can also be brought forth to the immediate nurse leader in the department.

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Unit	4100									ĺ										
				Grids are	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.															
Census	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
ay																				
CNL	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
RN	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3
TECH or LPN	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2
PSR	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Evening																				
RN	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
TECH or LPN	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	3	3	3	3	3
PSR	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
ight																				
RN	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
TECH or LPN	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2



#### The Unity Hospital of Rochester Charter PFI 0471 Unity Specialty Hospital PFI 0412

New York State Legislature Hospital Clinical Staffing Committee Bill

**Due Date:** January 1, 2022

### Purpose

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 hospital
- Complaints related to staffing are to be tracked, reviewed, assessed and responded to. 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 July 2022 and annually thereafter and implemented January 1<sup>st</sup> 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 12/17- Final selection using ballot process to be conducted by teammembers and without leadership involvement 1/20 at 1:00 Shared Governance Meeting.

### <u>Scope</u>

Med/Surg (3 Rep) Perioperative Services (2 Rep) Emergency Department (1 Rep) Family Birth Place (1 Rep) Intensive Care Unit (2 Rep) Cath Lab (1 Rep) Psych (1 Rep) Inpatient Dialysis (1 Rep) Imaging (1 Rep) Brain Injury (1 Rep)

Term- One year Term Limits- 2 years Day of Week- Wednesday Frequency- Every other month Physical Location- /Zoom Riley Board room with Zoom as additional option Meeting Minutes to occur each meeting and be disseminated out to team

## **Unity Hospital Committee Composition**

#### Management Members and Roles

- 1. CNO Shannon Bentham
- 2. CFO Thomas Crilly
- 3. ACNO Clare Pullano
- 4. Sr. Director Tricia Simonelli
- 5. VP Human Resources Shane Nickerson
- 6. Nursing Director Amy Welch
- 7. Nursing Director Ivonne Clement
- 8. Nursing Director Shannon Betz
- 9. Nursing Director Alyssa Bruno
- 10. Nursing Director Letha Schaff
- 11. Nurse Manager Paul Price
- 12. Nurse Manager Shannen Hayden
- 13. Nurse Manager Katherine Parnell
- 14. Nurse Manager Joleen Friga

**Frontline Members and Roles** Registered Nurse, Licensed Practical Nurse, Patient Care Technician and Patient Service Representative

- 1. Kiara Caro, PSR
- 2. Kendall Piccirilli, RN
- 3. Emily Hadley, RN
- 4. Sarah Rheinwald, RN
- 5. Christine Cribbin. RN
- 6. Jeanne Langless, RN
- 7. Brianna Wright, RN
- 8. Samantha Fritts, RN
- 9. Elizabeth Conheady, RN
- 10. Mirza Osmancevic, PCT
- 11. Caresse Lessard, RN
- 12. Yolanda Petocchi. RN
- 13. Kelly Layland, RN
- 14. Taylor Zugnoni, PCT

Scribe- Heather Powers