In accordance with New York Public Health Law § 2805-t(2)(c) and New York Public Health Law § 2805-t(6)(b), St. Luke’s Cornwall Hospital’s Clinical Staffing Plan have been developed and adopted by unanimous consensus of the MSLC Clinical Staffing Committee on June 28, 2022.

Listed below are the St. Luke’s Cornwall Hospital’s committee members:

- Margert Deyo Allers- CNO, VP Patient Care Services
- Tom Gibney, CFO, Senior VP
- Stephanie Paruolo, AVP, Patient Care Service
- Kathleen Sheehan, AVP, Patient Care Service, ED, Trauma, CC, Respiratory, Surgical Services
- Sue Curry, Director Clinical Practice & Magnet Program
- Beverly Keefer, Director Cardiovascular Services
- Kathleen Holter, Director, Nursing Resources
- Janelle Carr, Assistant Vice President- Oncology & Ambulatory Services
- Bonnie Heal, Bariatric /Orthopedic/ Urology Service Line Director
- Laurie Conan, VP, HR
- Jeanette Rodriguez-Herrera, Senior HRBP, HR
- Christina Troy, RN, Infusion
- Sandra Valera, ED Phlebotomist, ED
- Elizabeth Blackwell, PCA, 3N
- Donna Ortiz, RN, OR
- Becky Delarosa, RN, 2N
- Brenda Taylor, RN, ED
- Dana Caruso, RN, 7N
- Diane Wilkinson, RN, Cath Lab
- Erica Bariletti, RN, ENDO
- Stacy Lloyd, RN, BC
- Peggy Wineski, 1199 SEIU Organizer (non-voting member)
- Tabitha Washington, OR Asst, OR
- Dan Maldonado, 445, Secretary Treasurer, Principal Officer (non-voting member)

Respectfully Submitted,

[Signature]
Margaret Deyo Allers RN MSN, BSN, NP
Vice President of Patient Care and Chief Nursing Officer
845-568-2665
mallers@montefioreslc.org

CC: Daniel J. Maughan, MSN, MBA, FNP-c
President & Chief Executive Officer
MONTEFIORE ST. LUKE’S CORNWALL (MSLC) NURSING STAFFING PLAN PURPOSE:

The MSLC staffing plan was developed for the effective scheduling and management of daily staffing needs for Montefiore St. Luke’s Cornwall, and to define a process that ensures the availability of qualified nursing and unit level staff to provide safe, reliable and effective care to our patients. This plan applies to all licensed acute (inpatient) units and the emergency department.

MSLC CLINICAL STAFFING COMMITTEE CHARGE

In accordance with the New York State Hospital Clinical Staffing Committee (NYSHCSC) law enacted in June 2021, Montefiore St. Luke’s Cornwall (MSLC) will collaboratively develop and implement a clinical staffing plan for registered nurses (RNs) and other members of the frontline team. MSLC’s clinical staffing committee is charged with creating a forum to give frontline workers: RNs, licensed practical nurses (LPNs), patient care assistants and unit clerks a role/voice in developing unit level staffing plans, while preserving management’s role in designing and implementing the staffing plan. The MSLC Staffing Committee’s primary responsibilities are to develop and oversee implementation of the hospital’s annual clinical staffing plan.

MONTEFIORE SLC CLINICAL STAFFING COMMITTEE COMPOSITION AND ROLE:

- MSLC staffing committee includes representatives of hospital leadership and the workforce/labor including front-line health care workers, RNs, and members of nursing assistive staff (including LPNs, PCA’s, and unit clerks); the committee will maintain 50% of its membership of the committee to include workforce/labor frontline healthcare workers. The selection of registered nurses, LPNs and ancillary frontline staff will be selected by their union and peers. Hospital leadership will include but not be limited to the Chief Nursing Officer, VP HR, Clinical Nurse managers/designees, and the Chief Financial Officer.

- Voting members of the committee include members of the workforce and hospital management. Non-hospital employees in attendance on behalf of a union are non-voting observers.

- In congruence with NYS regulation, each side—hospital management and workforce/labor—has one vote on recommendations to the staffing plan that comprise the clinical staffing plan, and the plan is adopted by consensus.

- The Chief Executive Officer of MSLC will use his/her officer’s discretion, when there is no consensus, to adopt a plan or partial plan. If in the event there is no consensus on the recommended staffing plan or any parts, the Chief Executive Officer shall provide a written explanation of the elements of the clinical staffing plan that the committee was unable to agree upon, including the final written proposals from the two parties and their rationales.

MSLC NURSE STAFFING PLAN PRINCIPLES

- Per the NYSHCSC law (Public Health Law Section 2805-t) MSLC has formed and convened a committee that will create and implement staffing plans for its inpatient units, the emergency department (ED), intensive care unit (ICU)/critical care units.

- MSLC staffing plan represents a partnership between nursing leadership, direct nursing care staff and other clinical team members.
0694: ST. LUKE’S CORNWALL HOSPITAL NURSING STAFFING PLAN

- The staffing committee recognizes that access to high-quality nursing staff is critical to providing patients with safe, reliable and effective care.
- The staffing plan is multifaceted and dynamic; the development of the plan considers a wide range of variables.
- Staffing plans will include specific guidelines or grids showing the number of patients assigned to each RN and the number of RNs and ancillary staff to be present on each unit and shift and shall be used as the primary component of the hospital’s staffing budget. These guidelines will be agreed upon by the staffing committee members with each side having one vote and a consensus being achieved.
  - As per the NYSHCSC, the staffing plan will support 12 hours of RN care per day for those patients who meet ICU/CCU level of care.
- The staffing guidelines will be based on the patient’s level of care needs determined by the physician order for: ICU, Step Down, Med Surg/Telemetry and will not be based on location of the patients.
- The staffing plan includes a description of the additional staffing resources provided to specific units including support from respiratory, pharmacy, patient education, care transitions, case management and other discharge planning resources and support.
- The staffing plan will be submitted to the New York State Department of Health (DOH) by July 1, 2022, and annually thereafter.
- The creation of the staffing plan considers data and measurable nursing sensitive indicators, as articulated in the American Nursing Association Principles of Safe Staffing,
- The MSLC staffing committee work is guided by its plan and in compliance with the NYS Hospital Clinical Staffing Committee Law (HCSCL).
- The MSLC staffing committee meets on a regular basis as determined by the MSLC staffing committee plan; minimum of monthly for the first year.
- The committee’s work is informed by information and data from individual patient care units.

NURSING STAFFING COMMITTEE AND PLAN REQUIREMENTS:

The NYS Hospital Clinical Staffing Committee Law (NYS HCSCL) Is responsible for the development and oversight of the staffing plan to ensure the availability of qualified staff to provide safe, reliable and effective care to our patients. The following staffing variables have been considered and incorporated in the development of MSLC’s clinical staff plan:

- Census, including total number of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers.
- Measure of acuity and intensity of all patients and nature of the care to be delivered on each unit and shift
- Skill mix
- The availability, level of experience, and individual and specialty certification or training of nursing personnel providing patient care, including charge nurses, on each unit and shift
- 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 observation, when needed, for patients with behavioral health conditions or other needs as appropriate. Other special characteristics of the unit or community patient population, including age, cultural and linguistic diversity and needs, functional ability, communication skills, and other relevant social or socio-economic factors. Measures to increase worker and patient safety, which could include measures to improve patient throughput. Staffing guidelines adopted or published by other states or local jurisdictions, national nursing professional associations, specialty nursing organizations, and other health professional organizations. Availability of other personnel supporting nursing services on the unit. Waiver of plan requirements in the case of unforeseeable emergency circumstances as defined in the public health law. Coverage to enable RN’s, LPN’s and ancillary staff to take meal and rest breaks, planned time off and unplanned absences that are reasonably, foreseeable as required by law or the terms of an applicable Collective Bargaining Agreement. Nursing quality indicators. General hospital finances and resources. Provisions for limited short-term adjustments made by appropriate general hospital personnel overseeing patient care operations to the staffing levels required by the plan, necessary to account for unexpected changes in circumstances that are to be of limited duration.

NURSING STAFFING PLAN/SCOPES OF SERVICE:

See attached SLC Staffing Grid and Scopes of Service which contain the nursing staffing plan and scopes of services for each patient care unit.

NURSING STAFFING PLAN CRITICAL ELEMENTS:

- Staffing for each individual patient care unit is dependent on the elements of the plan requirements listed above which are the variables that will guide the work of MSLC’s Staffing Committee.
- The hospital agrees to submit its staffing plan to the NYS DOH by July 1, 2022, and annually thereafter.
- The hospital will post the daily, unit level staffing plan for each shift in a “publicly conspicuous place” on each patient unit.
- The hospital’s staffing plan will be posted on NYS DOH’s “hospital health profile” within 30 days of adoption.
- The hospital will submit to DOH amendments to the staffing plan, including major changes such as newly created units or existing units that undergo clinical or programmatic changes, within 30 days of adoption.
- The MSLC Staffing Committee will review data, on the frequency and duration of “variations” from the adopted clinical staffing plan, the number of complaints relating to the staffing plan and their disposition, and a description of unresolved complaints.
The MSLC Staffing Committee will continuously monitor individual and aggregate patient care needs and adjust the staffing plan per the agreed upon policy and Collective Bargaining Agreement.

The MSLC Staffing Committee will perform a semiannual review of the staffing plan. At minimum, the staffing plan will be submitted to the DOH annually. If changes are made to the MSLC staffing plan throughout the calendar year, an updated staffing plan will be submitted to DOH within 30 days of the change.

Montefiore St. Luke’s Cornwall hospital is committed to ensuring staff are able to take meal and rest breaks as required by law; the committee considered breaks and strategies to ensure breaks when developing the plan.

Montefiore St. Luke’s Staffing Committee will oversee the daily staffing operations assuring compliance with staffing guidelines. The nursing coverage plan is operationalized in the following manner, in accordance with policy N1 Nurse Coverage Plan:

- 4-week schedule will be posted monthly in accordance with the CBA
- Enlist Volunteer staff for posted vacancies and potential vacancies
- Call log will be initiated and maintained for filling staffing deficits
- NASH data will be entered every four hours to represent the current census and staffing on the inpatient units
- Daily nursing leadership meeting for the establishment of staffing for the current day and reconciliation of projected staffing for the coming week

QUALITY PLAN FOR MONITORING APPROVED STAFFING PLAN:

The MSLC Staffing Committee’s Quality Plan will be utilized to ensure compliance with the approved Staffing plan and the effectiveness of the plan to support quality outcomes. The MSLC Staffing Committee will meet on a monthly basis with a quarterly review of compliance to the established MSLC staffing plan.

- The MSLC Staffing plan will be reviewed on a semiannual basis by the MSLC Staffing committee against known evidence based staffing information, including the nursing sensitive quality indicators collected by the hospital i.e.: medication errors, falls with injury, pressure injuries, UTI, CLABSI, workplace injuries and Patient Satisfaction Surveys performed for Inpatient and ED patients.
- The MSLC Staffing Committee will also review results of employee perception surveys
- All complaints regarding staffing variations from the agreed upon staffing plan or concerns regarding the implementation of the staffing plan will be reviewed by the MSLC Staffing Committee for those situations that are within the purview of the staffing committee.
- The committee agrees to monitor the staffing plan on a quarterly basis with the expectation that each unit will meet its established guidelines for staffing 90% of the time.
- The MSLC Staffing committee agrees to utilize the NASH software as a tool to determine compliance with the agreed upon staffing plan.
RESPONDING AND TRACKING COMPLAINTS/VARIATIONS TO THE MSLC STAFFING PLAN

Complaints:
- MSLC Staffing Committee will review, assess, and respond to complaints about potential violations to the adopted staffing plan, staffing variations, or other concerns with the plan’s implementation monthly.
- Complaints will first go through the hospital’s established internal complaint mechanisms: to a MSLC staffing committee member, the manager and/or supervisor for immediate review of the situation in order to investigate the complaint timely, and then to the MSLC Staffing Committee for review/resolution.
- The committee will, by consensus, determine that a complaint has been resolved or dismissed.
- In compliance with NYS law (HCSCL), the MSLC Staffing Committee will assure confidentiality for complaints that are being examined or are found to be unsubstantiated.

Variations:
- It is recognized that variations in staffing from what is defined in the MSLC Staffing plan may occur and that “adjustments made by hospital personnel overseeing patient care operations to the staffing levels required by the plan necessary to account for unexpected changes in circumstances”.
- Variations from the approved plan are recognized to be “short term and of limited duration.” An RN, LPN, and/or ancillary member of the frontline team, or CBA representative may report to the MSLC Staffing Committee any variations where the personnel assignment in a patient care unit is not in accordance with the adopted staffing plan and may make a complaint to the committee based on the variation(s). As noted above, these will be reviewed by the MSLC Staffing Committee.

OTHER REPORTING REQUIREMENTS
- Beginning July 2023, MSLC will report quarterly to DOH the staffing data for RNs, LPNs, and unlicensed personnel providing direct patient care, required to be maintained under the Nursing Care Quality Protection Act.

ENFORCEMENT
- The NYS DOH may initiate an investigation of unresolved complaints on compliance with the MSLC Staffing Plan such as personnel assignments, unit level staffing, and other plan requirements.
- The NYS DOH can impose civil monetary penalties for a hospital’s failure to address and correct obvious violations of the law, such as:
  - Failure to set up a committee
  - Failure to annually submit the staffing plan to DOH
  - Failure to address complaints that must first go through the hospital’s internal complaint mechanisms and then to the MSLC Staffing Committee
  - A pattern of not resolving complaints internally
Staffing and scheduling for nursing services in the Emergency Department is the responsibility of the Director of Emergency Services. Shifts in The Emergency Department are scheduled to provide the greatest concentration of professional nursing staff during the peak workload hours based on historical census data. Census trends are monitored, and staffing patterns are adjusted accordingly.

<table>
<thead>
<tr>
<th>Title</th>
<th>Shift</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director ED</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>CNM</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td>6:45a-7:30p</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>8:45a-930p</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>9:45-10:30p</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>10:45a-11:30p</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>12:45p-130a</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>6:45p-7:30a</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>ED TECH/PHLEB</td>
<td>7a-3p</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>ED TECH/PHLEB</td>
<td>1p-9p</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ED TECH/PHLEB</td>
<td>3p-11p</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>ED TECH/PHLEB</td>
<td>11p-7a</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Unit Secretary</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Mid(12h)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
SLC Staffing Grid

ICU

The staffing plan provides for a planned daily census of 14.
Budgeted FTEs: 41.5

<table>
<thead>
<tr>
<th>SHIFT</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>CNM/ CC</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td>7a-7p</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>7p-7a</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>PCA</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>US</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The staffing plan is based on a data driven methodology inclusive of historical norms, DRG’s, Length of Stay, Co-morbidities. The Director of Critical Care oversees the daily staffing and operation of the unit. This is a general guideline and adjustments are made based on patient acuity. Staffing levels are adjusted up or down, on an as needed basis, relative to the patients’ needs and the volume of activities in the department.
The staffing plan provides for a planned daily census of 16.
Budgeted FTEs 31.1

The staffing plan is based on a data driven methodology inclusive of historical norms, DRG's, Length of Stay, Co-morbidities. Hospitalizations to include inpatient 23 hr extended stay, Observation/Transfers/Discharges and staff skill mix. The Clinical Nurse Manager oversees the daily staffing and operation of the unit. This is a general guideline and adjustments are made based on patient acuity. Staffing levels are adjusted up or down, on an as needed basis, relative to the patients’ needs and the volume of activities in the department.
### SLC Staffing Grid

#### 3 North Med Surg/Tele

The staffing plan provides for a planned daily census of 30.

Budgeted FTEs 46.8

<table>
<thead>
<tr>
<th></th>
<th>SHIFT</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNM</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>LPN</td>
<td>7a-3p</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PCA</td>
<td>D</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>US</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The staffing plan is based on a data driven methodology inclusive of historical norms, DRG's, Length of Stay, Co-morbidities. Hospitalizations to include inpatient 23 hr extended stay, Observation/Transfers/Discharges and staff skill mix. The Clinical Nurse Manager oversees the daily staffing and operation of the unit. This is a general guideline and adjustments are made based on patient acuity. Staffing levels are adjusted up or down, on an as needed basis, relative to the patients’ needs and the volume of activities in the department.
The staffing plan provides for a planned daily census of 30.

Budgeted FTEs 46.8

<table>
<thead>
<tr>
<th></th>
<th>SHIFT</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNM</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td>7a-7p</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>7p-7a</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>LPN</td>
<td>7a-3p</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PCA</td>
<td>D</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>US</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The staffing plan is based on a data driven methodology inclusive of historical norms, DRG’s, Length of Stay, Co-morbidities. Hospitalizations to include inpatient 23 hr extended stay, Observation/Transfers/Discharges and staff skill mix. The Clinical Nurse Manager oversees the daily staffing and operation of the unit. This is a general guideline and adjustments are made based on patient acuity. Staffing levels are adjusted up or down, on an as needed basis, relative to the patients’ needs and the volume of activities in the department.
SLC Staffing Grid

5 North Medical Surgical/Telemetry
The staffing plan provides a planned daily census of 30 patients.
Budgeted 46.8

<table>
<thead>
<tr>
<th>SHIFT</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNM</td>
<td>D 1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td>7a-7p</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>7p-7a</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>LPN</td>
<td>7a-3p</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PCA</td>
<td>7a-3p</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>3p-11p</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>11p-7a</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>US</td>
<td>D 1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>US</td>
<td>E 1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The staffing plan is based on a data driven methodology inclusive of historical norms, DRG’s, Length of Stay, Co-morbidities. Hospitalizations to include inpatient 23 hr extended stay, Observation/Transfers/Discharges and staff skill mix. The Clinical Nurse Manager oversees the daily staffing and operation of the unit. This is a general guideline and adjustments are made based on patient acuity. Staffing levels are adjusted up or down, on an as needed basis, relative to the patients’ needs and the volume of activities in the department.
# SLC Staffing Grid

## 7 North Orthopedic/Medical Surgical/Telemetry

The plan provides for a target census of 12 with varied census by day of the week.

- Monday, Thursday, Friday: 6-8 patients
- Saturday and Sunday: 0-5 patients
- Tuesday and Wednesday: 10-12 patients

Budgeted FTEs 20.0

<table>
<thead>
<tr>
<th></th>
<th>SHIFT</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNM</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td>D</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PCA</td>
<td>D</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>US</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>(4 hours)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The staffing plan is based on a data driven methodology inclusive of historical norms, DRG’s, Length of Stay, Co-morbidities. Hospitalizations to include inpatient 23 hr extended stay, Observation/Transfers/Discharges and staff skill mix. The Clinical Nurse Manager oversees the daily staffing and operation of the unit. This is a general guideline and adjustments are made based on patient acuity. Staffing levels are adjusted up or down, on an as needed basis, relative to the patients’ needs and the volume of activities in the department.
**SLC Staffing Grid**

**Birthing Center**
The plan provides for an average daily census of 14.
Budgeted FTEs 32.5

<table>
<thead>
<tr>
<th>Title</th>
<th>SHIFT</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THUR</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>7.5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Manager</td>
<td>7.5hrs</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lactation Specialist</td>
<td>varies</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>OB Navigator</td>
<td>7.5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td>7a-7p</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>7p-7a</td>
<td>5.5</td>
<td>5.5</td>
<td>5.5</td>
<td>5.5</td>
<td>5.5</td>
<td>5.5</td>
<td>5.5</td>
</tr>
<tr>
<td>OB Tech</td>
<td>7a-7p</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>7p-7a</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>US/PCA (varies)</td>
<td>7a-3p</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>(varies)</td>
<td>3p-11p</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The staffing plan is based on a data driven methodology inclusive of historical norms, DRG’s, Length of Stay, Co-morbidities. Hospitalizations to include inpatient 23 hr extended stay, Observation/Transfers/Discharges and staff skill mix. The Clinical Nurse Manager oversees the daily staffing and operation of the unit. This is a general guideline and adjustments are made based on patient acuity. Staffing levels are adjusted up or down, on an as needed basis, relative to the patients’ needs and the volume of activities in the department.
**SLC Staffing Grid**

**NICU**
The staffing plan provides for a planned daily census of five.
Budgeted FTE’s 12.5 (plus a full time Neonatologist.)

<table>
<thead>
<tr>
<th>SHIFT</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SAT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Director</strong></td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>CNM</strong></td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>RN</strong></td>
<td>7a-7p</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>RN</strong></td>
<td>7p-7a</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

The staffing plan is based on a data driven methodology inclusive of historical norms, DRG’s, Length of Stay, Co-morbidities. Hospitalizations to include inpatient 23 hr extended stay, Observation/Transfers/Discharges and staff skill mix. The Clinical Nurse Manager oversees the daily staffing and operation of the unit. This is a general guideline and adjustments are made based on patient acuity. Staffing levels are adjusted up or down, on an as needed basis, relative to the patients’ needs and the volume of activities in the department.
### SLC Staffing Grid

#### Operating Room

**Staffing Plan:**
Budgeted 30.8 FTE’s.

<table>
<thead>
<tr>
<th></th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director Peri Op Services</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Nurse Manager Surgical Svcs</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>RN 7a-3p</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>RN 630a-730p</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Surgical Tech 7a-3p</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Surgical Tech 630a-730p</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Assistant, OR 1p-9p 2-3 days/wk</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Assistant, OR 7a-3p</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Assistant, OR varied 10-6p</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Department Secretary</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

We have the physical capacity to run eight (8) Operating Rooms daily. We are staffed based on the block allocation for the day as well as at least one team in the event of a trauma. If the volume changes, we flex or float staff to other units. Under New York State Law, an RN has to be circulating in each Operating Room.
**Purpose:**
To identify the services and disciplines provided by the Emergency Department of Montefiore St. Luke's Cornwall.

**Department Functions:**
To provide a patient and family centered quality care model, in collaboration with the medical staff and other caregivers throughout the hospital network. This includes education of patients and families, coordination of care to facilitate recovery to maximum potential. Services are provided without discrimination as to age, race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or financial ability to pay. This is accomplished through the department's competent, dedicated employees, evidenced based practice, state of the art technology and continued performance improvement initiatives through performance monitoring.

Level of care is consistent with patient needs from advanced life support measures to the assessment and treatment of minor illnesses and injuries.

**Location:**
**Newburgh Campus:** The Emergency Department is located on the lower level of the hospital with entrances from Dubois Street.

The Department consists of:
- Triage Room
- 23 bays
- 8 Fast track rooms
- One X-ray room
- One CT room
- Three bays dedicated to Asthma Treatment
- Two Bays dedicated to OB/GYN
- One Behavioral health room
- One Family room (for family of critical patients)
- One Isolation Room
- Decontamination Room
- SANE Room

There is also: 2 clean supply rooms, 2 dirty utility rooms, 1 medication room, 1 staff break room, there are offices for the Medical Director, AVP of Patient Care, ED Director, Security. There is one main waiting area located in the front of the ED and one ED waiting area in the Fast Track. There is a dedicated respiratory area for ED specific testing. Security Services have a command center located at the ED entrance and there is a 'Greeter Desk' adjacent to the waiting area. All bay areas have monitoring capability. There is also a clean supply/storage room, dirty utility room, two bathrooms, two housekeeping closets, nurse's station with medication area, EMS supply room.

**Hours of Operation:**
The Emergency Department is operational 24 hours a day, 7 days a week.

**Primary Customers:**
Care is provided to patients in all age groups, including newborn/infants, children, adolescents, adults and geriatrics. Services are provided from birth to the end of the life.
Customers include patients, families, clinical staff, medical staff, EMS, vendors, community agencies, and those with any relationship that would define as a customer who we collaborate with to facilitate excellent outcomes.

**Methods Used to Assess and Meet Patients’ Needs:**
Age-appropriate patient assessment is utilized to identify patient needs. A registered nurse is responsible to assess the patient on entry and with any change of patient condition.

The scope of the unit is to assess and triage the patient’s physical and psychosocial status, need for care and the time frame in which care must be provided for optimal patient outcomes. Patients are classified using the Emergency Severity Index (ESI) Five (5) Level Triage system; 1= Resuscitation, 2= Emergent, 3= Urgent, 4= Semi-urgent, 5= Non-urgent. They are reassessed and treated following department policies re: assessment and reassessment. Our professional model of care drives our care delivery model which is a Patient and Family Centered Multidisciplinary Model. This Model was developed based upon the NYS Nurse Practice Act and the ANA Standards of Nurse Practice, utilizing a collaborative, multidisciplinary approach of care. Findings or changes in assessment determine further treatments and guide patient disposition. The Emergency Department is responsible for the rapid recognition, evaluation, treatment/ stabilization and disposition of patients in response to any medical, surgical or psychological emergency. The same scope is used for each patient who presents, and all patients’ needs are given priority based on the urgency of the situation.

Patients are discharged with follow up instructions including appropriate physician referral or hospitalized for general medical and surgical services. If the scope of service is beyond the hospital’s capability, and/or the patient/representative requests a transfer, the patient is stabilized and transferred in compliance with state and federal regulations. Transfer agreements have been secured with hospitals providing a level of service unavailable at MSLC. Appropriate transfer of patients is further facilitated by utilization of ambulance and/or helicopter services provided through local EMS.

**Staffing – Newburgh Campus:**

**Emergency Room Physician/Midlevel:**
- Requirements are outlined in contracts and shared in the providers Delineation of Privileges
- Annual review and competencies required

**Director of Emergency Services/Critical Care (Newburgh):**
- Current NYS licensure - Registered Professional Nurse
- BSN required
- BLS required
- MSN required
- Minimum five years Clinical ER/Critical Care experience
- Minimum three years Managerial/administrative and leadership experience preferred
- Annual review and competencies required
- Completion of computer training-EPIC
- ACLS required
- TNCC required
- PALS required
- CEN Certified preferred

**Registered Nurse:**
- Current NYS licensure - Registered Professional Nurse
- BSN preferred
- One-year Med/Surg experience required
- BLS required
Subject: Scope of Service

Date Initiated: 2/26/2003
Date Revised: 1/05, 4/05, 9/05, 1/07, 1/08, 8/08, 12/09, 3/10, 5/12, 12/13, 06/15,12/17, 01/20, 6/22

Department: Emergency Department (ED)

Initiator: Christopher Rhynehart, Director, Emergency Department

Approval: Margaret Deyo Allers, Vice President
Patient Care Services & CNO

Page: (3 of 4)

- TNCC required
- ACLS course required
- PALS course required
- Annual review and competencies required
- Completion of computer training-EPIC

Phlebotomy Technician:
- High school diploma or equivalency
- Certificate of completion of Phlebotomy Course required
- Prior experience in an active care environment preferred
- BLS required
- ECG Certification/Training preferred or required within 3 months of hire
- Annual review and competencies required
- Completion of computer training-EPIC

Unit Secretary:
- High school diploma or equivalency
- Previous secretary experience
- Personal Computer skills
- Medical terminology
- Annual review and competencies required
- Completion of computer training-EPIC

Staffing
Specially trained registered nurses, physicians, and support personnel are available on a 24-hour basis. There is specialty consultation available on an established basis as posted and maintained in the Emergency Department nurse’s station. Consultation is generally available by phone or in person within 30 minutes. Included are Family Practice, Internal Medicine, OB/GYN, Urology, General Surgery, Orthopedics, Neurology, Ophthalmology and Pediatrics.

Specific ancillary personnel that are trained and available on a 24-hour basis include Laboratory, Respiratory, and Radiology.

Surgical services are available during normal operating hours (Monday – Friday 7 a.m. through 7 p.m.). After hours call schedule is maintained with a general surgeon, orthopedic surgeon, surgical RN, Scrub Tech., and anesthesiologist. On call staff is available within 30 minutes and have provisions to expedite the process in the event of true surgical emergencies.

Emergency Physician coverage is provided 24 hours daily/7 days a week. Services are contracted through Hudson Vista. All ED physicians with privileges to practice at Montefiore St. Luke’s Cornwall (MSLC) have been reviewed and approved by the Credentials Committee in accordance with the Bylaws of MSLC. There is an appointed FT Director of Emergency Physicians who oversees the practice of all contracted Emergency Department mid-level providers.

Staffing Plan
FTEs: 58.6

<table>
<thead>
<tr>
<th>Title</th>
<th>Shift</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director ED</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td>6:45a-7:30p</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>8:45a-9:30p</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9:45-10:30p</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>10:45a-11:30p</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>12:45p-130a</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>6:45p-7:30a</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>
The staffing model used is a team approach. Staffing and scheduling for nursing services in the Emergency Department is the responsibility of the Emergency Department Clinical Nurse Manager with oversight by the Director of Emergency Services. Shifts in The Emergency Department are scheduled to provide the greatest concentration of professional nursing staff during the peak workload hours based on historical census data. Census trends are monitored and staffing patterns are adjusted accordingly.

**Required Staffing Adjustments to Meet Patient’s Needs:**

Staffing is adjusted based upon the variable staffing plan and the professional judgment of the Director of Emergency Services, or the Administrative Supervisor on duty for that shift with collaboration of the charge nurse.

When additional staff is required, determined by volume, acuity and staff skill mix, the sources include per diem pool, part time employees working additional hours, and full-time employees working voluntary overtime. When census and acuity are high, Department/Hospital Nursing Administration will call in staff. When census is low or if the acuity is low, Department/Hospital Nursing Administration will adjust staff and offer the opportunity to use vacation day, personal day or unpaid leave, as appropriate.

**Assignments**

Assignment of patient care is based on patient’s needs, competency of staff, staff skill mix with bedside nurse In-put and technology used. A nurse in charge is assigned daily.

**Policy and Procedures**

Departmental policies and procedures are available to describe how the department assesses and meets the need of patients and families. The process for developing policies and procedures includes but is not limited to the following:

- Types and ages of patients served
- Methods used to assess and meet patient care needs
- Scope and complexity of patient care needs
- The appropriateness, clinical necessity and timeliness of support services provided by the department and ancillary departments of the hospital
- The availability of necessary staff
- State regulations
- Joint Commission standards of care
- NYS Nurse Practice Act
- ANA Standards of Nurse Practice
Purpose:
To identify the services and disciplines provided by the Intensive Care Unit of St. Luke’s Cornwall Hospital.

Departmental Function:
To provide a patient and family centered quality care model, in collaboration with the medical staff and other caregivers throughout the hospital network. This includes: education of patients and families, coordination of care to facilitate recovery to maximum potential; cardiac monitoring, administration of intravenous vasoactive and/or antiarrhythmic medications, mechanical ventilation, post-operative care, intra-aortic balloon pumps, post cardiac arrest management, indwelling epidural analgesia, neurosurgical care, assisting terminally ill patients and families to experience the dying process with dignity, and providing specialized hemodynamic monitoring. This is accomplished through the department’s competent, dedicated employees, evidence-based practice, state of the art technology, and continued performance improvement initiatives through performance monitoring.

Services include, but are not limited to:
- Assessment and reassessment of physical, psychological and social status
- Interdisciplinary planning and provision of care to meet expected outcome
- Performance of patient care procedures in a manner that respects privacy
- Administration of treatments and medications as prescribed
- Evaluation of progress against care goals and plan revision as indicated
- Discharge planning
- Patient education
- Ongoing performance improvement
- Pain management

Location:
The Intensive Care unit is located on the second floor on the north side of the hospital. Inpatient care is provided in an 18, private bed unit equipped with 1 reverse isolation room and 17 rooms available for hemodialysis.

Hours of Operation:
The unit is operational 24 hours a day, 365 days a year. Hospitalizations to the unit occur through the emergency department, post-operatively, and transfers from other patient care areas.

Primary Customers:
The unit provides care for cardiac and medical/surgical patients ranging from young adult to geriatric populations.

Methods Used to Assess and Meet Patients’ Needs:
Comprehensive patient assessment is performed to identify patient needs. A registered professional nurse is responsible to assess the patient on admission, every shift, and with any change of patient condition. Reassessments are performed every four hours.

Our professional model of care drives our care delivery model which is a patient and family centered multidisciplinary model. This model was developed based on the NYS Nurse Practice Act, the ANA Standards of Nurse Practice, and St. Luke’s Cornwall Hospital's philosophy of nursing. A registered professional nurse directs the care of the patient throughout their stay. The nurse is responsible for building a trusting and caring relationship with patients and families to facilitate the collaboration of services, care delivery, and a smooth transition upon discharge.

The care of all patients is planned, directed and evaluated by a registered professional nurse. An SBAR report occurs when the care of the patient is transferred from one registered professional nurse to
Rounding is performed by all members of the healthcare team to ensure prompt and proactive responses to patients’ and families’ needs.

**Staffing and Staffing Mix Requirements:**
The basic requirements for staff are as follows:

**ICU Physician/Intensivist:**
- Requirements are outlined in contracts and shared in the providers Delineation of Privileges
- Annual review and competencies required

**Director of Critical Care and Thoracic Services:**
- Current NYS licensure - Registered Professional Nurse
- BSN required
- MSN preferred
- Minimum five years clinical nursing experience
- Managerial, administrative and leadership experience
- BLS required
- ACLS preferred
- Annual review and competencies required
- Completion of computer training – EPIC

**Clinical Nurse Manager/ Clinical Coordinator:**
- Current NYS license - Registered Professional Nurse
- BSN required
- MSN preferred
- Five years Clinical ER/Critical Care experience
- BLS required
- ACLS required
- CCRN certification preferred
- Annual review and competencies required
- Completion of computer training – EPIC

**Registered Nurse:**
- Current NYS license
- BSN preferred
- BLS required
- ACLS required
- Basic Critical Care course completion within six months
- Dysrhythmia course completion within six months
- Annual review and competencies required
- Completion of computer training – EPIC

**Patient Care Assistant (as needed)**
- High School graduate or equivalent
- Completion of CNA course preferred
- Annual review and competencies required
- Completion of computer training – EPIC

**Unit Secretary**
- High School graduate or equivalent
- Completion of computer training – EPIC
- Annual review and competencies required
- Knowledge of medical terminology preferred
- Telephone Etiquette
Subject: Scope of Service
Date Initiated: 2/26/2003
Revised: 1/05, 4/05, 9/05, 1/07, 12/08, 11/09, 8/11, 3/12, 12/13, 6/15, 12/17, 3/2020, 6/2022
Department: Intensive Care Unit (ICU)
Initiator: Renata Kargul, Director Critical Care and Thoracic Services
Approval: Margaret Deyo Allers, Vice President, Patient Care Services & CNO
Page: (3 of 3)

Staffing Plan:
The staffing plan is based on a data driven methodology inclusive of historical norms, DRG's, length of stay, co-morbidities, admissions/transfers/discharges, surgical procedures and staff skill mix. The Director Critical Care and Thoracic Services oversees the daily staffing and operation of the unit. The Director Critical Care and Thoracic Services is primarily in the hospital five days a week on the day shift and has 24-hour accountability and responsibility for the delivery of care. The staffing plan provides for a planned daily census of 14.

Budgeted FTEs: 41.5

<table>
<thead>
<tr>
<th>SHIFT</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CNM/ CC</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td>7a-7p</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>7p-7a</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>PCA</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>US</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Required Staffing Adjustments to Meet Patient’s Needs:
Staffing is adjusted based upon the variable staffing plan and the professional judgment of the VP Patient Care Services and CNO, Director Critical Care and Thoracic Services or the Administrative Supervisor on duty for that shift with collaboration of the charge nurse. When additional staff is required, determined by volume, acuity and staff skill mix, the sources include per diem pool, part time employees working additional hours, and full-time employees working voluntary overtime. When census and acuity are high, the VP of Patient Care Services and CNO, the Director Critical Care and Thoracic Services or Administrative Supervisor will call in staff from the above sources. When census is low or is acuity is low, the VP Patient Care Services and CNO, the Director Critical Care and Thoracic Services, or Administrative Supervisor will adjust staff and offer the opportunity for paid time off as appropriate.

Assignments:
Assignment of patient care is based on patient’s needs, staff competency, and staff skill mix with bedside nurse input and technology in use. A nurse in charge is assigned daily.

Policy and Procedures:
Departmental policies and procedures are available to describe how the department assesses and meets the needs of patients and their families. The process for developing policies and procedures includes, but is not limited to the following:
- Types and ages of patients served
- Methods used to assess and meet patient care needs
- Scope and complexity of patient care needs
- Appropriateness, clinical necessity and timeliness of support services provided by the department and ancillary departments of the hospital
- Availability of necessary staff
- State regulations
- JC standards of care
- NYS Nurse Practice Act
- ANA Standards of Nurse Practice
**Subject:** Scope of Service

**Date Initiated:** 12/2003

**Revised:** 1/04, 3/05, 9/05, 1/08, 8/08 12/08, 12/09, 5/11, 3/12, 12/13, 10/14, 6/15, 12/17, 3/2020, 6/22

**Department:** 2 North (Step Down)

**Approval:** Margaret Deyo Allers, Vice President Patient Care Services & CNO

**Initiator:** Renata Kargul, Director Critical Care and Thoracic Services

**Page:** (1 of 3)

**Purpose:**
To identify the services and disciplines provided by the 2 North/ Step Down Unit of St. Luke’s Cornwall Hospital.

**Departmental Function:**
To provide a patient and family centered quality care model, in collaboration with the medical staff and other caregivers throughout the hospital network. This includes education of patients and families, coordination of care to facilitate recovery to maximum potential. The unit cares for telemetry and medical/surgical patients. This is accomplished through the department’s competent, dedicated employees, evidence-based practice, state of the art technology and continued performance improvement initiatives through performance monitoring.

Services include, but are not limited to:

- Assessment and reassessment of physical, psychological and social status.
- Interdisciplinary planning and provision of care to meet expected outcome.
- Performance of patient care procedures in a manner that respects privacy.
- Administration of treatments and medications as prescribed.
- Evaluation of progress against care goals and plan revision as indicated.
- Discharge planning/Transition of Care
- Patient education
- Ongoing performance improvement
- Pain Management

**Location:**
The 2North/Step Down Unit is located on the second floor of the hospital on the north side. The unit can accommodate 17 cardiac monitored patients. It provides care for long term ventilator patients (1) and hemodialysis (1).

**Hours of Operation:**
The unit is operational 24 hours a day, 365 days a year. Hospitalizations to the unit occur through the emergency room, post operatively, transfers from other units, and direct via physician office.

**Primary Customers:**
The unit provides care for cardiac, medical/surgical patients ranging from young adult to geriatrics. The most frequent admitting diagnoses include chest pain, congestive heart failure, coronary atherosclerosis, syncope with collapse and atrial fibrillation, pneumonia, stroke and TIA, COPD, Renal Disease, Peritoneal Dialysis, Hemodialysis, Pre/Post Cardiac Catheterization Care.

**Methods Used to Assess and Meet Patients’ Needs:**
Age-appropriate patient assessment is utilized to identify patient needs. A registered nurse is responsible to assess the patient on admission, every shift or with any change of patient condition.

Our professional model of care drives our care delivery model which is a Patient and Family Centered Multidisciplinary Model. This model was developed based on the NYS Nurse Practice Act and the ANA Standards of Nurse Practice, and our philosophy of nursing. A registered professional nurse directs the care of the patient throughout their stay. The nurse is responsible for building a trusting and caring relationship with the patient and family to facilitate the collaboration of services and provide a smooth transition upon discharge.

The care of all patients is planned, directed and evaluated by an RN. A report occurs when the care of the patient is transferred from one RN to another. Rounding is performed by all members of the health care team.
Staffing and Staffing Mix Requirements:
The basic requirements for staff are as follows:

**Director Critical Care and Thoracic Services**
- Current NYS license - Registered Professional Nurse
- BSN required
- MSN preferred
- Minimum five years clinical nursing experience
- ACLS required
- BLS required
- Annual review and competencies required
- Completion of computer training – EPIC

**Registered Nurse:**
- Current NYS licensure - Registered Professional Nurse
- BSN preferred
- BLS required
- ACLS required
- Dysrhythmia course completion within six months
- Annual review and competencies required
- Completion of computer training EPIC

**Patient Care Assistant**
- High School graduate or equivalent
- Completion of CNA course preferred
- Annual review and competencies required
- Completion of computer training EPIC

**Unit Secretary**
- High School graduate or equivalent
- Completion of computer training –EPIC
- Annual review and competencies required
- Knowledge of medical terminology preferred
- Telephone etiquette

**Staffing Plan:**
The staffing plan is based on a data driven methodology inclusive of historical norms, DRG’s, Length of Stay, Co-morbidities. Hospitalizations to include inpatient 23 hr extended stay, Observation/Transfers/Discharges and staff skill mix.

*The Director Critical Care and Thoracic Services* oversees the daily staffing and operation of the unit. *The Director Critical Care and Thoracic Services* is primarily in the hospital five days a week on the day shift and has 24-hour accountability and responsibility for the delivery of care. The staffing plan provides for a planned daily census of 17.

**Budgeted FTEs 31.1**

<table>
<thead>
<tr>
<th>SHIFT</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director/Manager</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a-7p</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>7p-7a</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
This is a general guideline and adjustments are made based on patient acuity. Staffing levels are adjusted up or down, on an as needed basis, relative to the patients’ needs and the volume of activities in the department.

**Required Staffing Adjustments to Meet Patient Needs:**
Staffing is adjusted based upon the variable staffing plan and the professional judgment of the VP of Patient Care Services & CNO, Director Critical Care and Thoracic Services or the Administrative Supervisor on duty for that shift with collaboration of the charge nurse.

When additional staff is required, determined by volume, acuity and staff skill mix, the sources include per diem pool, part time employees working additional hours, and full-time employees working voluntary overtime. When census and acuity are high, the VP of Patient Care Services & CNO, Director Critical Care and Thoracic Services or the Administrative Supervisor will call in staff from the above sources. When census is low or the acuity is low, the VP of Patient Care Services & CNO, Director Critical Care and Thoracic Services or Administrative Supervisor will adjust staff and offer the opportunity to use vacation day, personal day or unpaid leave, as appropriate.

**Assignments:**
Assignment of patient care is based on patient’s needs, competency of staff, staff skill mix with the bedside nurse input and technology in use. A nurse in charge is assigned daily.

**Policy and Procedures:**
Departmental policies and procedures are available to describe how the department assesses and meets the needs of patients and families. The process for developing policies and procedures includes, but is not limited to, the following:

- Types and ages of patients served
- Methods used to assess and meet patient care needs
- Scope and complexity of patient care needs
- The appropriateness, clinical necessity and timeliness of support services provided by the department and ancillary departments of the hospital
- The availability of necessary staff
- State Regulations
- Joint Commission standards of care.
- NYS Nurse Practice Act
- ANA Standards of Nurse Practice
Subject: Scope of Service  
Date Initiated: 12/2003  
Revised: 1/04, 3/05, 9/05, 1/08, 8/08 12/08, 12/09, 5/11, 3/12, 12/13, 10/14, 5/15, 12/17, 7/19, 5/20, 5/22, 6/22

Department: 3 North (Telemetry)  
Approval: Margaret Deyo Allers, Vice President Patient Care Services & CNO

Initiator: Kim Daly, Clinical Nurse Manager

Page: (1 of 3)

Purpose:
To identify the services and disciplines provided by the 3North/Telemetry/Med Surg Unit of St. Luke’s Cornwall Hospital.

Departmental Function:
To provide a patient and family centered quality care model, in collaboration with the medical staff and other caregivers throughout the hospital network. This includes education of patients and families, coordination of care to facilitate recovery to maximum potential. The unit cares for telemetry and medical/surgical patients. This is accomplished through the department’s competent, dedicated employees, evidence-based practice, state of the art technology and continued performance improvement initiatives through performance monitoring.

Services include, but are not limited to:
- Assessment and reassessment of physical, psychological and social status.
- Interdisciplinary planning and provision of care to meet expected outcome.
- Performance of patient care procedures in a manner that respects privacy.
- Administration of treatments and medications as prescribed.
- Evaluation of progress against care goals and plan revision as indicated.
- Discharge planning/Transition of Care
- Patient education
- Ongoing performance improvement
- Pain Management

Location:
The Medical Surgical Telemetry Unit is located on the third floor of the hospital on the north side. The unit can accommodate 28 cardiac monitored patients and 8 med-surg patients for a total of 36 patients. It provides care for long term ventilator patients (1) and hemodialysis (1).

Hours of Operation:
The unit is operational 24 hours a day, 365 days a year. Hospitalizations to the unit occur through the emergency room, post operatively/post procedure, transfers from other units, and direct via physician office.

Primary Customers:
The unit provides care for cardiac, medical/surgical patients ranging from young adult to geriatrics. The most frequent admitting diagnoses include chest pain, congestive heart failure, sepsis, coronary atherosclerosis, syncope with collapse and atrial fibrillation, pneumonia, stroke and TIA, COPD, renal disease, peritoneal dialysis, hemodialysis, pre/post cardiac catheterization care.

Methods Used to Assess and Meet Patients’ Needs:
Age appropriate patient assessment is utilized to identify patient needs. A registered nurse is responsible to assess the patient on admission, every shift or with any change of patient condition.

Our professional model of care drives our care delivery model which is a Patient and Family Centered Multidisciplinary Model. This model was developed based on the NYS Nurse Practice Act and the ANA Standards of Nurse Practice, and our philosophy of nursing. A registered professional nurse directs the care of the patient throughout their stay. The nurse is responsible for building a trusting and caring relationship with the patient and family to facilitate the collaboration of services and provide a smooth transition upon discharge.

The care of all patients is planned, coordinated, directed and evaluated by an RN. A report occurs when the care of the patient is transferred from one RN to another. Rounding is performed by all members of the health care team.
Staffing and Staffing Mix Requirements:
The basic requirements for staff are as follows:

Clinical Nurse Manager:
- Current NYS license - Registered Professional Nurse
- BSN required
- MSN preferred
- Minimum five years clinical nursing experience
- ACLS required
- BLS required
- Annual review and competencies required
- Completion of computer training – EPIC

Registered Nurse:
- Current NYS licensure - Registered Professional Nurse
- BSN preferred
- BLS required
- ACLS preferred
- Dysrhythmia course completion within six months
- Annual review and competencies required
- Completion of computer training – EPIC

Licensed Practical Nurse:
- High School graduate or equivalent
- Current NYS licensure
- BLS certification required
- ACLS certification preferred
- Annual review and competencies required
- Completion of computer training – EPIC

Patient Care Assistant
- High School graduate or equivalent
- Completion of CNA course preferred
- Annual review and competencies required
- Completion of computer training – EPIC

Unit Secretary
- High School graduate or equivalent
- Completion of computer training – EPIC
- Annual review and competencies required
- Knowledge of medical terminology preferred
- Telephone etiquette

Staffing Plan:
The staffing plan is based on a data driven methodology inclusive of historical norms, DRG’s, Length of Stay, Co-morbidities. Hospitalizations to include inpatient 23 hr extended stay, Observation/Transfers/Discharges and staff skill mix.

The Clinical Nurse Manager oversees the daily staffing and operation of the unit. The Clinical Nurse Manager is primarily in the hospital five days a week on the day shift and has 24-hour accountability and responsibility for the delivery of care. The staffing plan provides for a planned daily census of 30.
Required Staffing Adjustments to Meet Patient Needs:
Staffing is adjusted based upon the variable staffing plan and the professional judgment of the Vice President, Patient Care Services & CNO, Clinical Nurse Manager or the Administrative Supervisor on duty for that shift with collaboration of the charge nurse.
When additional staff is required, determined by volume, acuity and staff skill mix, the sources include per diem pool, part time employees working additional hours, and full-time employees working voluntary overtime. When census and acuity are high, the Vice President, Patient Care Services & CNO, Assistant Vice President of Patient Care, Clinical Nurse Manager or the Administrative Supervisor will call in staff from the above sources. When census is low or the acuity is low, the Vice President, Patient Care Services & CNO, Assistant Vice President of Patient Care, Clinical Nurse Manager or Administrative Supervisor will adjust staff and offer the opportunity to use vacation day, personal day or unpaid leave, as appropriate.

Assignments:
Assignment of patient care is based on patient’s needs, competency of staff, staff skill mix with the bedside nurse input and technology in use. A nurse in charge is assigned daily.

Policy and Procedures:
Departmental policies and procedures are available to describe how the department assesses and meets the needs of patients and families. The process for developing policies and procedures includes, but is not limited to, the following:

- Types and ages of patients served
- Methods used to assess and meet patient care needs
- Scope and complexity of patient care needs
- The appropriateness, clinical necessity and timeliness of support services provided by the department and ancillary departments of the hospital
- The availability of necessary staff
- State Regulations
- Joint Commission standards of care
- NYS Nurse Practice Act
- ANA Standards of Nurse Practice
Purpose:
To identify the services and disciplines provided by the 4North/Telemetry/Med Surg Unit of Montefiore St. Luke’s Cornwall.

Departmental Function:
To provide a patient and family centered quality care model, in collaboration with the medical staff and other caregivers throughout the hospital network. This includes education of patients and families, coordination of care to facilitate recovery to maximum potential. The unit cares for telemetry and medical/surgical patients. This is accomplished through the department’s competent, dedicated employees, evidence-based practice, state of the art technology and continued performance improvement initiatives through performance monitoring.

Services include, but are not limited to:
- Assessment and reassessment of physical, psychological, and social status.
- Interdisciplinary planning and provision of care to meet expected outcome.
- Performance of patient care procedures in a manner that respects privacy.
- Administration of treatments and medications as prescribed.
- Evaluation of progress against care goals and plan revision as indicated.
- Discharge planning/Transition of Care
- Patient education
- Ongoing performance improvement
- Pain Management

Location:
The Telemetry Unit is located on the fourth floor of the hospital on the north side. The unit can accommodate 30 cardiac monitored patients and 6 med-surg patients for a total of 36 patients.

Hours of Operation:
The unit is operational 24 hours a day, 365 days a year. Hospitalizations to the unit occur through the emergency room, post operatively, transfers from other units, and direct via physician office.

Primary Customers:
The unit provides care for cardiac, Oncology & medical/surgical patients ranging from young adult to geriatrics. The most frequent admitting diagnoses include cancer, chest pain, congestive heart failure, coronary atherosclerosis, syncope with collapse and atrial fibrillation, pneumonia, stroke and TIA, COPD, Renal Disease, Peritoneal Dialysis, Hemodialysis, Pre/Post Cardiac Catheterization Care.

Methods Used to Assess and Meet Patients’ Needs:
Age appropriate patient assessment is utilized to identify patient needs. A registered nurse is responsible to assess the patient on admission, every shift or with any change of patient condition.

Our professional model of care drives our care delivery model which is a Patient and Family Centered Multidisciplinary Model. This model was developed based on the NYS Nurse Practice Act and the ANA Standards of Nurse Practice, and our philosophy of nursing. A registered professional nurse directs the care of the patient throughout their stay. The nurse is responsible for building a trusting and caring relationship with the patient and family to facilitate the collaboration of services and provide a smooth transition upon discharge.

The care of all patients is planned, directed and evaluated by an RN. A report occurs when the care of the patient is transferred from one RN to another. Rounding is performed by all members of the health care team.
Staffing and Staffing Mix Requirements:
The basic requirements for staff are as follows:

**Clinical Nurse Manager:**
- Current NYS license - Registered Professional Nurse
- BSN required
- MSN preferred
- Minimum five years clinical nursing experience
- ACLS required
- BLS required
- Annual review and competencies required
- Completion of computer training – EPIC

**Registered Nurse:**
- Current NYS licensure
- BSN preferred
- BLS required
- ACLS preferred
- Dysrhythmia course completion within six months
- Annual review and competencies required
- Completion of computer training – EPIC

**Licensed Practical Nurse:**
- High School graduate or equivalent
- Current NYS licensure
- BLS certification required
- ACLS certification preferred
- Annual review and competencies required
- Completion of computer training – EPIC

**Patient Care Assistant**
- High School graduate or equivalent
- Completion of CNA course preferred
- Annual review and competencies required
- Completion of computer training – EPIC

**Unit Secretary**
- High School graduate or equivalent
- Completion of computer training – EPIC
- Annual review and competencies required
- Knowledge of medical terminology preferred
- Telephone etiquette

**Staffing Plan:**
The staffing plan is based on a data driven methodology inclusive of historical norms, DRG’s, Length of Stay, Co-morbidities. Hospitalizations to include inpatient 23 hr extended stay, Observation/Transfers/Discharges and staff skill mix.

The Clinical Nurse Manager oversees the daily staffing and operation of the unit. The Clinical Nurse Manager is primarily in the hospital five days a week on the day shift and has 24-hour accountability and responsibility for the delivery of care. The staffing plan provides for a planned daily census of 30.
Budgeted FTEs 46.8

<table>
<thead>
<tr>
<th>SHIFT</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNM</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td>7a-7p</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>7p-7a</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>LPN</td>
<td>7a-3p</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PCA</td>
<td>D</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>US</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

This is a general guideline and adjustments are made based on patient acuity. Staffing levels are adjusted up or down, on an as needed basis, relative to the patients’ needs and the volume of activities in the department.

**Required Staffing Adjustments to Meet Patient Needs:**
Staffing is adjusted based upon the variable staffing plan and the professional judgment of the Vice President, Patient Care Services, Clinical Nurse Manager or the Administrative Supervisor on duty for that shift with collaboration of the charge nurse.
When additional staff is required, determined by volume, acuity and staff skill mix, the sources include per diem pool, part time employees working additional hours, and full-time employees working voluntary overtime. When census and acuity are high, the Vice President, Patient Care Services, Clinical Nurse Manager or the Administrative Supervisor will call in staff from the above sources. When census is low or the acuity is low, the Vice President, Patient Care Services, Clinical Nurse Manager or Administrative Supervisor will adjust staff and offer the opportunity to use vacation day, personal day or unpaid leave, as appropriate.

**Assignments:**
Assignment of patient care is based on patient’s needs, competency of staff, staff skill mix with the bedside nurse input and technology in use. A nurse in charge is assigned daily.

**Policy and Procedures:**
Departmental policies and procedures are available to describe how the department assesses and meets the needs of patients and families. The process for developing policies and procedures includes, but is not limited to, the following:

- Types and ages of patients served
- Methods used to assess and meet patient care needs
- Scope and complexity of patient care needs
- The appropriateness, clinical necessity and timeliness of support services provided by the department and ancillary departments of the hospital
- The availability of necessary staff
- State Regulations
- Joint Commission standards of care.
- NYS Nurse Practice Act
- ANA Standards of Nurse Practice
Purpose:
To identify the services and disciplines provided by the 5 North Medical/Surgical/Telemetry/Observation Unit of Montefiore St. Luke’s Cornwall.

Departmental Function:
To provide a patient and family centered quality care model, in collaboration with the medical staff and other caregivers throughout the hospital network. This includes education of patients and families, and coordination of care to facilitate recovery to maximum potential: cardiac monitoring. This is accomplished through the department’s competent, dedicated employees, evidence-based practice, state of the art technology, and continued performance improvement initiatives through performance monitoring.

Services include, but are not limited to:
- Assessment and reassessment of physical, psychological and social status
- Interdisciplinary planning and provision of care to meet expected outcome
- Performance of patient care procedures in a manner that respects privacy
- Administration of treatments and medications as prescribed
- Evaluation of progress against care goals and plan revision as indicated
- Discharge planning / Transition of Care
- Patient Education
- Ongoing performance improvement
- Pain Management

Location:
The Medical Surgical Telemetry Unit is located on the fifth floor of the hospital on the north side. 5 North is a 34-bed unit comprised of 15 semi-private, 4 private rooms, 4 bariatric rooms and 2 negative air flow isolation rooms.

Hours of Operation:
The unit is operational 24 hours a day 365 days a year. Hospitalizations to the unit occur through a process via the emergency department, post operatively, transfers from other units and direct via physician office.

Primary Customers:
The unit provides care for cardiac, medical/surgical adult/geriatric patients, ranging from young adult to geriatric. The primary DRGs include chest pain, syncope, respiratory issues, allergic reactions, same day recovery patients, back pain, urology, hypertension, and bariatric weight loss procedures inclusive of gastric sleeve and laparoscopic band procedures.

Methods Used to Assess and Meet Patients’ Needs:
Comprehensive patient assessment is performed to identify patient needs. A registered professional nurse is responsible to assess the patient on admission, every shift, and with any change of patient condition.

Our professional model of care drives our care delivery model which is a patient and family centered multidisciplinary model. This model was developed based on the New York State Nurse Practice Act and the ANA Standards of Nurse Practice, and our philosophy of nursing. A registered professional nurse directs the care of the patient throughout their stay. The nurse is responsible for building a trusting, caring relationship with the patient and family to facilitate the collaboration of services, care delivery, and a smooth transition upon discharge.
The care of all patients is planned, directed and evaluated by a registered professional nurse. A report occurs when the care of the patient is transferred from one registered professional nurse to another. Rounding is
performed by all members of the health care team to ensure prompt and proactive responses to patients and families’ needs.

**Staffing:**
The basic requirements for staff are as follows:

**Clinical Nurse Manager**
- Current NYS licensure - Registered Professional Nurse
- BSN required
- MSN preferred
- Minimum five years clinical nursing experience
- Managerial/administrative and leadership experience preferred
- BLS required
- ACLS certification required
- Annual review and competencies required
- Completion of computer training – EPIC

**Registered Nurse:**
- Current NYS licensure
- BSN preferred
- BLS certification required
- ACLS certification preferred
- Annual review and competencies required
- Completion of computer training – EPIC

**Licensed Practical Nurse:**
- High School graduate or equivalent
- Current NYS licensure
- BLS certification required
- ACLS certification preferred
- Annual review and competencies required
- Completion of computer training – EPIC

**Patient Care Assistant**
- High School graduate or equivalent
- Completion of CNA course preferred
- Annual review and competencies required
- Completion of computer training – EPIC

**Unit Secretary**
- High School graduate or equivalent
- Completion of computer training – EPIC
- Annual review and competencies required
- Knowledge of medical terminology preferred
- Telephone etiquette

**Staffing Plan:**
The staffing plan is based on a data driven methodology inclusive of historical norms, DRG’s, length of stay, co-morbidities, hospitalizations, transfers, discharges, ambulatory surgery procedures, and staff skill mix. Four week staffing schedules are planned by the Clinical Nurse Manager in collaboration with the unit staff. The staffing plan provides a planned daily census of 30 patients.
Montefiore St. Luke's Cornwall

Subject: Scope Of Service  Date Initiated: 2/2003
Revised: 1/2004, 9/04, 12/04, 1/05, 1/08, 8/08, 12/08, 12/09, 4/12, 12/13, 6/15, 9/16, 12/17, 2/2020, 5/22, 6/22

Department: 5 North  Approval: Margaret Deyo Allers, Vice President Patient Care Services & CNO
Initiator: Bonnie Heal, Bariatric, Urology Service Line Director, 5North Med-Surg

Budgeted FTEs 46.8

<table>
<thead>
<tr>
<th></th>
<th>SHIFT</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td>7a-7p</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>7p-7a</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>LPN</td>
<td>7a-3p</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PCA</td>
<td>7a-3p</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>3p-11p</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>11p-7a</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>US</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>US</td>
<td>E</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Required Staffing Adjustments to Meet Patient Needs:**
Staffing is adjusted based upon the variable staffing plan and the professional judgment of the clinical nurse manager or the administrative supervisor on duty for that shift with collaboration of the charge nurse.
When additional staff is required as determined by volume, acuity and staff skill mix, the sources include per diem pool, part-time employees working additional hours, and full-time employees working voluntary overtime.
When census and acuity are high, the clinical nurse manager/administrative supervisor will call staff in from the above sources. When census is low or is acuity is low, clinical nurse manager/administrative supervisor will offer the opportunity to use paid or unpaid leave as appropriate.

**Assignments:**
Assignment of patient care is based on patient’s needs, staff competency and skill mix with bedside nurse input and technology used. A nurse in charge is assigned daily.

**Policy and Procedures:**
Departmental policies and procedures are available to describe how the department assess and meets the needs of patients and families. The process for developing policies and procedures includes but is not limited to the following:
- Types and ages of patients served
- Methods used to assess and meet patient care needs
- Appropriateness, clinical necessity and timeliness of support services provided by the department and ancillary departments of the hospital
- Availability of necessary staff
- Scope and complexity of patient care needs
- The appropriateness, clinical necessity and timeliness of support services provided by the department and ancillary departments of the hospital
- State regulations
- Joint Commission standards of care
- ANA Standards of Nurse Practice
- NYS Nurse Practice Act
Montefiore St. Luke’s Cornwall

<table>
<thead>
<tr>
<th>Subject: Scope of Service</th>
<th>Date Initiated: 2/2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Revised: 1/2004, 9/04, 4/05, 9/05, 1/07, 1/08, 8/08, 11/08, 4/09, 12/09, 2/10, 4/12, 12/13, 5/15, 12/17, 3/20, 5/22, 6/22</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department: 7 North Pediatrics; Medical Surgical; Orthopedics; Center for Joint Replacement</th>
<th>Approval: Margaret Deyo Allers, Vice President Patient Care Services &amp; CNO</th>
</tr>
</thead>
</table>

| Initiator: Bonnie Heal, RN Director, Orthopedics and Spine Service Lines | Page: 1 of 3 |

**Purpose:**
To identify the services and disciplines provided by the 7 North Center for Joint Replacement Medical/ Surgical/ Telemetry/ Orthopedic/ Pediatric Unit of Montefiore St. Luke’s Cornwall

**Departmental Functions:**
To provide a patient and family centered quality care model, in collaboration with the medical staff and other caregivers throughout the hospital network. This includes education of patients and families, coordination of care to facilitate recovery to maximum potential. This is accomplished through the department’s competent, dedicated employees, evidenced based practice, state of the art technology and continued performance improvement initiatives through performance monitoring.

Services include, but are not limited to:
- Assessment and reassessment of physical, psychological and social status.
- Interdisciplinary planning and provision of care to meet expected outcome.
- Performance of patient care procedures in a manner that respects privacy.
- Administration of treatments and medications as prescribed.
- Evaluation of progress against care goals and plan revision as indicated.
- Discharge planning / Transition of Care
- Patient education
- Ongoing performance improvement
- Pain management

**Location:**
The 7 North Unit is located on the seventh floor of the hospital in the north tower. It consists of 25 beds, including one negative pressure rooms and nine (9) private rooms.

**Hours of Operation:**
The unit is operational 24 hours a day seven days a week. Hospitalizations to the unit occur through a process via the emergency department, post operatively, transfers from other units and direct via physician office.

**Primary Customers**
The unit provides services to the infant 0 months-1year, child 1-12 years, adolescent 13-17 years, and adults18 years through geriatrics. Our primary population is the total joint replacement and general orthopedics, bariatric patient, pediatric and epileptic patients requiring inpatient care.

**Methods Used to Assess and Meet Customers’ Needs**
Age-appropriate patient assessment is utilized to identify patient needs. A Registered Nurse is responsible to assess the patient on admission and every shift or with any change of patient condition.

Our professional model of care drives our care delivery model which is a Patient and Family Centered Multidisciplinary Model. This model was developed based on the NYS Nurse Practice Act and the ANA Standards of Nurse Practice, and our philosophy of nursing. A registered nurse directs the care of the patient throughout their stay. The nurse is responsible for building a trusting, caring relationship with the patient and family to facilitate the collaboration of services and provide a smooth transition upon discharge.

The care of all patients is planned, directed, and evaluated by a registered professional nurse. A report occurs when the care of the patient is transferred from one registered professional nurse to another. Rounding is performed by all members of the health care team to ensure prompt and proactive responses to patients and families needs.
Learning needs are identified and addressed by way of patient and family assessment and discharge planning. All patients are assessed for pain, utilizing one of the three standardized assessment tools. A plan for managing the patient's pain is initiated and reassessed on a regular basis as per policy.

**Staffing and Staffing mix requirements:**
The basic requirements for staff are as follows:

**Clinical Nurse Manager:**
- Current NYS licensure - Registered Professional Nurse
- BSN preferred
- MSN preferred
- Minimum five years clinical nursing experience
- Managerial/administrative and leadership experience preferred
- BLS required
- Annual review and competencies required
- Completion of computer training – EPIC

**Registered Nurse:**
- Current NYS licensure – Registered Professional Nurse
- BSN preferred
- BLS required
- PALS required (Pediatric RN)
- ACLS preferred
- Annual review and competencies required
- Completion of computer training – EPIC

**Patient Care Assistant**
- High School graduate or equivalent
- Completion of CNA course preferred
- Annual review and competencies required
- Completion of computer training – EPIC

**Unit Secretary**
- High School graduate or equivalent
- Completion of computer training – EPIC
- Annual review and competencies required
- Knowledge of medical terminology preferred
- Telephone etiquette

**Staffing Plan**
The staffing plan is based on a data driven methodology inclusive of historical norms, DRG’s, Length of Stay, Co-morbidities, Admissions/Transfers/Discharges and Ambulatory Surgical Procedures and staff skill mix. Daily staffing is the responsibility of the Clinical Nurse Manager in collaboration with the unit staff and the Administrative Supervisor.
The plan provides for a target census of 12 overall, with varied census by day of week related to Total Joint Center volume, and weekends closed at times due to low census.
Montefiore St. Luke’s Cornwall

<table>
<thead>
<tr>
<th>Subject:</th>
<th>Scope of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Initiated:</td>
<td>2/2003</td>
</tr>
<tr>
<td>Date Revised:</td>
<td>1/2004, 9/05, 1/07, 1/08, 8/08, 11/08, 4/09, 12/09, 2/10, 4/12, 12/13, 5/15, 12/17, 3/20, 5/22, 6/22</td>
</tr>
<tr>
<td>Department:</td>
<td>7 North Pediatrics; Medical Surgical; Orthopedics; Center for Joint Replacement</td>
</tr>
<tr>
<td>Approval:</td>
<td>Margaret Deyo Allers, Vice President Patient Care Services &amp; CNO</td>
</tr>
<tr>
<td>Initiator:</td>
<td>Bonnie Heal, RN Director, Orthopedics and Spine Service Lines</td>
</tr>
<tr>
<td>Page:</td>
<td>3 of 3</td>
</tr>
</tbody>
</table>

Budgeted FTEs 20.0

<table>
<thead>
<tr>
<th>SHIFT</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNM</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td>D</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>N</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PCA</td>
<td>D</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>E</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>N</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>US</td>
<td>D</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>E</td>
<td>(4 hours)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

This is a general guideline and adjustments are made based on patient acuity as well as age of the patients. Staffing levels are adjusted up or down, on an as needed basis, relative to the patient’s needs and the volume of activities in the department.

**Methods Used to Assess and Meet Patients' Needs:**
Staffing is adjusted based upon the variable staffing plan and the professional judgment of the Clinical Nurse Manager or the Administrative Supervisor on duty for that shift with collaboration of the charge nurse.

When additional staff is required, determined by volume, acuity and staff skill mix, the sources include per diem pool, part time employees working additional hours, and full-time employees working voluntary overtime. When census and acuity are high the Clinical Nurse Manager/Administrative Supervisor will call in staff from the above sources. When census is low or is acuity is low, Clinical Nurse Manager/Administrative Supervisor will adjust staffing.

**Assignments:**
Assignment of patient care is based on patient’s needs, competency of staff, staff skill mix with bedside nurse input and technology in use. A nurse in charge is assigned daily.

**Policy and Procedures:**
Departmental policies and procedures are available to describe how the department assess and meets the needs of patients and families. The process for developing policies and procedures includes but is not limited to the following:
- Types and ages of patients served
- Methods used to assess and meet patient care needs
- Scope and complexity of patient care needs
- The appropriateness, clinical necessity and timeliness of support services provided by the department and ancillary departments of the hospital
- The availability of necessary staff
- State regulations
- Joint Commission Standards of Care
- NYS Nurse Practice Act
- ANA Standards of Nurse Practice
Purpose:
To identify the services and disciplines provided by the Birthing Center of Montefiore St. Luke’s Cornwall.

Departmental Function:
To provide a patient and family centered quality care model, in collaboration with the medical staff and other caregivers throughout the hospital network. This includes education of patients and families, coordination of care to facilitate recovery to maximum potential. Nursing care is provided to parturient patients who present to the Birthing Center for both outpatient and inpatient evaluation and treatment.
Staff services include, but are not limited to:
- Assessment and reassessment of physical, psychological and social status.
- Interdisciplinary planning and provision of care to meet expected outcome.
- Performance of patient care procedures in a manner that respects privacy
- Administration of treatments and medications as prescribed
- Evaluation of progress against care goals and plan revision as indicated
- Discharge planning
- Patient education
- Ongoing performance improvement

Location:
The Birthing Center occupies the entire sixth floor of the Montefiore St. Luke’s Cornwall. The Labor and Delivery suites, and Recovery Rooms are located on the North portion of the unit. The Birthing Center consists of 1 evaluation room, 4 LDRs, 4LDRPs, 2 operating rooms, a 2 -bed post anesthesia recovery room, 4 private postpartum rooms, 5 semiprivate postpartum rooms, and nursery.

Hours of Operation:
The unit is operational 24 hours a day, 365 days a year. Admissions to the unit occur through a direct admission process via physicians and through the emergency room.

Primary Customers:
Obstetrical care includes the management of perinatal patients, labor and delivery patients, Cesarean sections, dilation and curettage (D & C) patients, postoperative tubal ligation patients, post-delivery care of obstetrical patients and post-op gyn patients. Routine newborn care and circumcision of male newborns is also provided. Patients include low to high-risk obstetrical patients. Care is also provided on an outpatient basis for non-stress tests, and observation.

Methods Used to Assess and Meet Patient's Needs:
Age appropriate patient assessment is utilized to identify patient needs. A registered nurse is responsible to assess the patient on admission and every shift or with any change of patient condition.

We deliver nursing care based upon the NYS Nurse Practice Act and the ANA Standards of Nurse Practice, utilizing a collaborative, multidisciplinary approach of care. A registered nurse performs assessments within 30 minutes of presentation to the unit. A complete physical is performed once per shift and more often as the patient’s condition warrants. Assessments include assessment of effective oxygenation of the mother and fetus, comfort level, skin/tissue integrity, effective elimination, adequate nutrition, fluid and electrolyte balance, endocrine functions, balance of rest and activity, and positive self-concept and independence. Assessment of comfort, pain control and education needs of patient to restore patient/family/significant other to an optimal level of self and infant care upon discharge is priority. A certified lactation specialist is available to provide education and information to breast-feeding mother, including techniques and nutrition status. A shift report occurs when the care of the patient is transferred from one RN to another.
Learning needs are identified and addressed by way of patient and family assessment and discharge plan. All patients are assessed for pain. A plan for managing the patient's pain is initiated, and reassessed on a regular basis as per policy.

**Staffing:**
The basic requirements for staff are as follows:

**Director of Nursing**
- Current New York RN licensure
- BSN required
- MSN preferred
- BLS Certification
- NRP Certification
- ACLS Certification
- Annual review and competencies
- Completion of computer training – EPIC

**Clinical Nurse Manager**
- Current New York RN licensure
- BSN preferred- commitment to complete required
- MSN preferred
- BLS Certification
- NRP Certification
- ACLS Certification
- Annual review and competencies
- Completion of computer training – EPIC

**Lactation Specialist**
- BLS Certification
- CLC (Certified Lactation Consultant) at a minimum is required
- IBCLC certification preferred.
- Two years of experience
- Annual review and competencies
- Completion of computer training – EPIC

**Registered Nurse:**
- Current NYS RN licensure
- BSN preferred
- BLS Certification
- NRP Certification
- ACLS Certification
- Annual review and competencies
- Completion of computer training – EPIC

**OB Technician**
- High school diploma or equivalency
- Experience as a CNA, Medical Assistant preferred
- Surgical tech certification preferred
- Annual review and competencies
- Completion of computer training – EPIC
### Surgical Technician
- High school diploma or equivalency required
- Completion of surgical technician certification required
- Annual review and competencies
- Completion of computer training – EPIC

### Unit Secretary/PCA
- High school diploma or equivalency required
- Medical Assistant preferred
- Annual review and competencies
- Completion of computer training – EPIC

### Staffing Plan
The staffing plan is based on a data driven methodology inclusive of historical norms, DRG’s, Length of Stay, Co-morbidities, Admissions/Transfers/Discharges and Ambulatory Surgical Procedures and staff skill mix. The Clinical Manager oversees the daily staffing and clinical operations of the unit. Nursing services are provided 24 hours a day, seven days a week. The Director of Nursing and Clinical Manager are primarily in the hospital five days a week on the day shift and are responsible and accountable for the 24 hour delivery of care. The Lactation specialist consults with breastfeeding mothers. The nurse in charge role encompasses the role of direct caregiver and serves as a link between the nursing staff and the Clinical Manager/Administrative Supervisor. The plan provides for an average daily census of 14.

#### Budgeted FTEs 32.5

<table>
<thead>
<tr>
<th>Title</th>
<th>SHIFT</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THUR</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>7.5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Manager</td>
<td>7.5hrs</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lactation Specialist</td>
<td>varies</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RN</td>
<td>7a-7p</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>(Varies by DOW)</td>
<td>7p-7a</td>
<td>5.5</td>
<td>5.5</td>
<td>5.5</td>
<td>5.5</td>
<td>5.5</td>
<td>5.5</td>
<td>5.5</td>
</tr>
<tr>
<td>OB Tech</td>
<td>7a-7p</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>7p-7a</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>US/PCA (varies)</td>
<td>7a-3p</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3p-11p</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Staffing plans are reviewed annually for utilization, turnover, performance assessment and improvement activities, changes in customer needs and budget. This review is performed as a part of the annual budget process and program evaluation.

### Required Staffing Adjustments to Meet Patient Needs:
Staffing is adjusted based upon the variable staffing plan and the professional judgment of the Clinical Nurse Manager/Administrative Supervisor on duty for that shift with collaboration of the charge nurse. When additional staff is required, determined by volume, acuity and staff skill mix, the sources include per diem pool, part time employees working additional hours, and full-time employees working voluntary overtime.

When census and acuity are high, Clinical Nurse Manager/Administrative Supervisor will call in staff from above sources. When census or acuity is low, the Clinical Nurse Manager/Administrative Supervisor will adjust staffing to meet the needs of the patient population base on assessment.
Assignments:
Assignment of patient care is based on patient’s needs, competency of staff, staff skill mix with bedside nurse input and technology used. A nurse in charge is assigned daily.

Policy and Procedures:
Departmental policies and procedures are available to describe how the department assess and meets the need of patients and families. The process for developing policies and procedures includes but is not limited to the following:

- Types and ages of patients served
- Methods used to assess and meet patient care needs
- Scope and complexity of patient care needs
- The appropriateness, clinical necessity and timeliness of support services provided by the department and ancillary departments of the hospital
- The availability of necessary staff
- State regulations
- Joint Commission standards of care
- NYS Nurse Practice Act
- ANA Standards of Nurse Practice
Montefiore St. Luke’s Cornwall

**Purpose:**
To identify the services and disciplines provided by the NICU of St. Luke’s Cornwall Hospital.

**Departmental Functions:**
To provide a patient and family centered quality care model, in collaboration with the medical staff and other caregivers throughout the hospital network. This includes education of patients and families, coordination of care to facilitate recovery to maximum potential. The Elaine Kaplan NICU is a level II Nursery providing emergency acute, chronic, and critical services for the premature through newborn neonatal population. Services provided include transport from neighboring hospitals. The nursery provides a multidisciplinary approach to care including, but not limited to, Special Therapeutic Services, Community referrals, family education and discharge planning. This is accomplished through the department’s competent, dedicated employees, evidenced based practice, state of the art technology and continued performance improvement initiatives through performance monitoring.

**Location:**
The NICU is located on the seventh floor of the hospital in the main hospital. It consists of 10 beds, inclusive of one negative pressure room. All infant stations are monitored and adaptable to meet the neonates’ needs.

**Hours of Operation:**
The unit is operational 24 hours per day, 365 days a year. Admissions are accepted by the neonatologist, in conjunction with the Clinical Nurse Manager of Birthing Center and NICU.

**Primary Customers:**
The unit provides services to the neonate only. Our primary population is the acutely ill neonate and growing premature infants.

**Methods Used to Assess and Meet Patients’ Needs:**
Age appropriate patient assessment is utilized to identify patient needs. A registered nurse is responsible to assess the patient on admission, every 15 minutes for one hour or longer if unstable, and then every hour if condition warrants. Shift assessments are completed every 8 hours or more frequent as assessment and infants condition warrants, or as ordered.

We deliver nursing care based upon the NYS Nurse Practice Act and the ANA Standards of Nurse Practice, utilizing a collaborative, multidisciplinary approach of care. A registered nurse directs the care of the patient throughout their stay. The nurse is responsible for building a trust relationship with the patient and family to facilitate the collaboration of services, and provide a smooth transition upon discharge. The care of all patients is planned, directed and evaluated by a RN. A shift report occurs when the care of the patient is transferred from one RN to another.

Learning needs are identified and addressed by way of patient and family assessment and discharge plan and at multidisciplinary rounds. All patients are assessed for pain, utilizing the neonate assessment tools. A plan for managing the patient's pain is initiated, and reassessed on a regular basis as per policy.
Montefiore St. Luke’s Cornwall

<table>
<thead>
<tr>
<th>Subject:</th>
<th>Scope of Service</th>
<th>Date Initiated: 2/2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised:</td>
<td>1/2004, 4/05, 9/05, 1/07, 1/08, 4/12, 4/13, 12/13, 06/15, 12/17, 3/20, 5/22, 6/22</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td>Neonatal Intensive Care Unit (NICU)</td>
<td>Approval: Margaret Deyo Allers, VP of Patient Care and CNO</td>
</tr>
<tr>
<td>Initiator:</td>
<td>Jeanne Boydston, Director MCH, Kathryn Elias, CNM</td>
<td>Page: 2 of 3</td>
</tr>
</tbody>
</table>

**Staffing:**
The basic requirements for staff are as follows:

**Director of Nursing**
- Current New York RN licensure
- BSN required
- MSN preferred
- BLS Certification
- NRP Certification
- ACLS Certification
- Annual review and competencies
- Completion of computer training – EPIC

**Clinical Nurse Manager:**
- Current NYS licensure - Registered Professional Nurse
- BSN or commitment to complete
- MSN preferred
- BLS required
- NRP required
- ACLS required
- Managerial/administrative and leadership experience preferred
- Annual review and competencies required
- Completion of computer training – EPIC

**Registered Nurse:**
- Current NYS licensure - Registered Professional Nurse
- BSN preferred
- BLS required
- NRP required
- Annual review and competencies required
- Completion of computer training – EPIC

**Staffing Plan**
The staffing plan is based on a data driven methodology inclusive of historical norms, DRG’s, Length of Stay, Co-morbidities, Admissions/Transfers/Discharges, and staff skill mix. The Clinical Nurse Manager oversees the daily staffing and operation of the unit. The Clinical Nurse Manager is primarily in the hospital five days a week on the day shift and has 24-hour accountability and responsibility for the delivery of care. The staffing plan provides for a planned daily census of five.

<table>
<thead>
<tr>
<th>Budgeted FTE’s 12.5 (Including a full time Neonatologist.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SHIFT</strong></td>
</tr>
<tr>
<td>Director</td>
</tr>
<tr>
<td>CNM</td>
</tr>
<tr>
<td>RN</td>
</tr>
<tr>
<td>RN</td>
</tr>
</tbody>
</table>

Neonatal transport is provided on evenings, nights, weekends and holidays.

**Methods Used to Assess and Meet Patients’ Needs:**
Staffing is adjusted based upon the variable staffing plan and the professional judgment of the Clinical Nurse Manager or the Administrative Supervisor on duty for that shift with collaboration of the nurse in charge. When additional staff is required, determined by volume, acuity and staff skill mix, the sources include per diem pool, part time employees working additional hours, and full-time employees working voluntary overtime. When census and acuity are high, Clinical Nurse Manager/ Administrative Supervisor will call in staff from the above sources. When the census or acuity is low the Clinical Nurse Manager/ Administrative Supervisor, will adjust staffing upon evaluation of the needs of the patient.

**Assignments:**
Assignment of patient care is based on patient’s needs, competency of staff, staff skill mix, with bedside nurse input and technology in use. A nurse in charge is assigned at all times.

**Policy and Procedures:**
Departmental policies and procedures are available to describe how the department assess and meets the needs of patients and families. The process for developing policies and procedures includes, but is not limited to, the following:

- Types and ages of patients served
- Methods used to assess and meet patient care needs
- Scope and complexity of patient care needs
- The appropriateness, clinical necessity and timeliness of support services provided by the department and ancillary departments of the hospital
- The availability of necessary staff
- State regulations
- Joint Commission standards of care.
- NYS Nurse Practice Act
- ANA Standards of Nurse Practice
Purpose:
To identify the services and disciplines provided by the Operating Room of St. Luke’s Cornwall Hospital.

Department Functions:
The Operating Room offers a full range of services to the surgical patient. The unit serves both inpatient and outpatient surgery. The following surgical specialties are offered, general, urology, plastic, neurosurgery, spine, ophthalmology, orthopedics, podiatric, laparoscopic, gynecology, vascular, ENT, thoracic, trauma and DaVinci robotic surgery. The Operating Room is to provide safe, age specific, cost-effective, personalized and compassionate care based on the assessed needs of the surgical patient, utilizing the perioperative nursing process. The perioperative RN works with other health care providers in a coordinated manner throughout the process of caring for the surgical patient. To meet the needs of the surgical patient in a caring manner and conforming to established standards of nursing practice as outlined in AORN Guidelines for Perioperative Practice. This is accomplished through the departments competent, dedicated employees, evidenced based practice, state of the art technology and continued performance improvement initiatives through performance monitoring.

Location:
The Operating Rooms are located on the first floor of the Newburgh campus. The Operating Room Suite consists of eight operating rooms, a soiled utility room, inner core, sterile storage and equipment rooms, staff lounge/locker rooms and administrative office space.

Hours of Operation:
The unit is operational Monday through Friday 6:30am – 7:30pm, with three rooms staffed Monday through Friday until 7:30pm. A call team is available for all off-hour weekend/holiday, urgent/emergent.

Primary Customers:
The Operating Room provides services as needed from infancy to the end of the life span.

Methods Used to Assess and Meet Patients’ Needs
We deliver nursing care based upon the NYS Nurse Practice Act and the ANA Standards of Nurse Practice, and SLCH philosophy of nursing care utilizing a collaborative, multidisciplinary approach of care.

Preoperative assessment and instruction by an RN occur upon patient arrival for presurgical testing and upon admission to Surgical Services. Instruction/teaching occurs with consideration of age and cultural needs, to reduce fear and anxiety, control pain, increase knowledge of preoperative process, unit and postoperative routines. Assessment and reassessment will be ongoing throughout the perioperative period as evidenced by completion of department specific forms. A hand off report will occur when the patient is transferred from one registered professional nurse to another.

Staffing
The basic requirements for staff are as follows:

Director of Surgical Services
-Current NYS licensure - Registered Professional Nurse
-BSN required
-MSN / MBA preferred
-Minimum of 5 years Operating Room management experience
-Certification CNOR preferred
-BLS required
-ACLS required
-Annual review and competencies required
-Completion of computer training – EPIC
OR Clinical Nurse Manager
- Current NYS licensure - Registered Professional Nurse
- BSN required
- BLS required
- ACLS required
- Minimum 5 years Operating Room experience
- Annual review and competencies
- Certification CNOR preferred
- Completion of computer training – EPIC

Epic Workflow Coordinator and Peri op Educator
- Current NYS licensure - Registered Professional Nurse
- BSN required
- BLS required
- ACLS required
- Minimum 5 years Operating Room experience
- Annual review and competencies
- Certification CNOR preferred
- Completion of computer training – EPIC

Registered Nurse
- Current NYS licensure - Registered Professional Nurse
- BSN preferred
- BLS required
- ACLS required
- Certification CNOR preferred
- Annual review and competencies required
- Completion of computer training – EPIC

Surgical Technician
- High school diploma or equivalency
- Certification as scrub tech
- BLS required
- Annual review and competencies required
- Completion of computer training – EPIC

Surgical Services Assistant
- High school diploma or equivalency
- BLS preferred
- Annual review and competencies required
- Completion of computer training – EPIC

Department Secretary
- High school diploma or equivalency
- Previous secretarial experience
- Computer skills, Excel, Word, Power Point, MIDAS
- Medical terminology
- EPIC training including charge capture and surgical scheduling
- Annual review and competencies required
- Telephone Etiquette
- Completion of computer training – EPIC
Staffing Plan:
Budgeted 30.8 FTE’s.

<table>
<thead>
<tr>
<th></th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN 7a-3p</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>RN 630a-730p</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Surgical Tech 7a-3p</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Surgical Tech 630a-730p</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Assistant, OR 1p-9p 2-3 days/week</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Assistant, OR 7a-3p</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Assistant, OR varied 10-6p</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Department Secretary</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

We have the physical capacity to run eight (8) Operating Rooms daily. We are staffed based on the block allocation for the day as well as at least one team in the event of a trauma. If the volume changes, we flex or float staff to other units. Under New York State Law, an RN has to be circulating in each Operating Room.

**Required Staffing Adjustments to Meet Patient Needs:**
Staffing is adjusted based upon the variable staffing plan and the professional judgment of the Director of Surgical Services, Clinical Nurse Manager, or the Administrative Supervisor on duty for that shift, with collaboration of nursing staff.

When there is a decrease in volume, staff will be asked to float to another unit, voluntary flex down or be released early. When there is an increase in volume, additional staff is obtained utilizing the per diem and part-time pool.

**Assignments**
Assignments are based on the specialties in surgery.

**Policy and Procedures**
Departmental policies and procedures are available to describe how the staff assess and meets the need of patients and families. The process for developing policies and procedures includes but is not limited to the following:

- Types and ages of patients served
- Methods used to assess and meet patient care needs
- Scope and complexity of patient care needs
- The appropriateness, clinical necessity and timeliness of support services provided by the department and ancillary departments of the hospital
- The availability of necessary staff
- Recognized standard of practice guidelines AORN
- State regulations
- Joint Commission standards of care.
- NYS Nurse Practice Act
- ANA Standards of Nurse Practice