Lewis County Health System

Nurse Staffing Strategic Plan 2023

In compliance of NYS PHL Section 2805-t

Lewis County General Hospital
7785 North State Street
Lowville, New York 13367
315-376-5200
PFI# 0383

Lewis County Health System is committed to providing safe staffing levels to ensure quality care.

Prepared by:

Marcy Teal, RN BSN Chief Nursing Officer

Nurse staffing is a decision based on a complex set of variables:

- Patient complexity, acuity, stability
- Number of admissions, discharges, transfers
- Professional nursing and other staff skill level and expertise
- Physical space and layout of the nursing unit
- Availability of technical support, other resources such as EKG, Respiratory

Nurse staffing plans are created specific to each unit. This establishes flexibility and accounts for changes including:

- Intensity of needs
- The number of admissions, discharges, and transfers during a shift
- Level of experience of nursing staff / staff mix.
- Layout of the unit *(Attachment A)*
- Availability of resources
- Regulations

Lewis County General Hospital advocates for safe staffing approaches that:

- Provide adequate orientation within the unit hired with a preceptor.
- Assure RNs, LPNs, CNAs or nurse assistants (NAs) are working only in units in which they have adequate training or experience.
- Establish procedures for receiving and investigating complaints for objection of assignment *(Attachment B)*. "Can you take the assignment in good faith?" The nurse has the responsibility to articulate their limitations and request adjustment of assignment.
- Utilize floating and low needs only to augment staffing and optimize resources.
- Utilize outside agencies to episodes when other means of staffing have been exhausted.

The Nurse Staffing Advisory Committee has been created in accordance with legislation S.1168-A/A.108-B.

- The committee consists of 50% nursing and 50% administration for a minimum of 8 for a quorum.
- A Team Charter *(Attachment C)* guides the committee on purpose, goals, objectives, and deliverables for the committee.

Manager and Supervisor Guidelines

Scheduling Limitations:

- Nurses are scheduled to optimize quality/safe care. The schedules for nursing staff will strive to maintain the budgeted full-time employee (FTE) hours.
- Nurses may be scheduled with approval from their immediate supervisor to work extended or different hours/shifts to ensure patient care is provided. In the case of an emergency, working hours may be also extended to ensure adequate provision of patient care.

- The maximum number of consecutive hours worked shall not exceed sixteen (16) hours.
- The hospital is committed to ensuring staff take meal and rest breaks as required by law or collective bargaining agreement. The staffing advisory committee will consider breaks and strategies to ensure the breaks. Each unit will have a structured break schedule.

Staffing Assessment:

- Patient care workload and activities can fluctuate and, therefore, requires ongoing assessment and planning to assure that adequate and qualified staff is available to meet patient care needs. Therefore, staffing is planned based on mean daily census and usual patient acuity.
- Staffing levels are assessed continuously, and adjustments are made for staff assignments based on the needs of the patient. The Nursing Director/Manager/Supervisor or designee completes the assessment prior to the beginning of each shift and staffing adjustments are made to accommodate patient needs.
- Minimize variability when possible.
    - ***Artificial variability*** is controlled by the hospital; for example, surgical schedules, assigning patients with similar disease processes, or skill sets of nurses.
    - ***Natural variability*** just happens, such as the flow of ED patients, resulting from factors not in our control.

Staffing Alternatives:

- Re-assign excess staff, which may be above the minimum staff needed for a specific patient care unit.
- Schedule available relief staff (PRN) that are unassigned or that can be reassigned.
- Contact employees that are interested in working.
- May be requested to adjust regular work hours and/or be asked to rotate shifts during extended low staffing.
- May follow contract for low needs.
- Promote educational requirements on low census days

If these alternatives are unable to address the staffing needs, Chief Nursing Officer or designee will be contacted to assist in determining other strategies.

Meal and Rest Breaks

- Meals and rest break times and coverage will be assigned at the beginning of the shift by the charge RN. Any potential for missed rest periods or meal periods will be communicated to the manager or designee. If staff refuses to take a break when offered to them, this should be documented on the Administrative Daily Report *(Attachment D)*.

Selected Staffing Performance Indicators:

- The Manager shall regularly review the nursing sensitive indicators *(Attachment E)* to evaluate the relationship, if any, to its staffing plan.

- Selected performance indicators that fall below threshold will have a root cause analysis (RCA). If the RCA indicates that a staffing problem exists, the Chief Nursing Officer and Department Nurse Manager will review and adjust staffing needs accordingly.

The written staffing plan will be developed, monitored, evaluated, and modified by the Nurse Leadership Team in collaboration with the Clinical Staffing Advisory Committee.

- Consistent with current standards established by accreditation organizations or government entities.
- Include a complement of nursing staff with the specialized skills and competency to meet patient needs in accordance with evidence-based safe nurse staffing standards.
- Staff FTE budgets will be reviewed annually based on current guidelines, regulations, and census.
- The complexity of complete care, assessment on patient admission, volume of patient admissions, discharges and transfers, evaluation of the progress of a patient's problems, the amount of time needed for patient education, ongoing physical assessments, planning for a patient's discharge, assessment after a change in inpatient condition, and assessment of the need for patient referrals.
- Patient acuity and the number of patients cared for.
- A census peak is considered 15% to 20% above average census with no change in staffing.
    - Increased census 25% above an adequate staffing level subjects the patient to a 7% increase in mortality risk.
- The hospital's policy for identifying additional nurses who can provide direct patient care when patients' unexpected needs exceed the planned workload for direct care staff.
- The CNO will offer input from nurses in patient care units regarding staffing thoughts and considerations.

Patient Care Departments

The staffing matrix is a tool to help leadership determine what levels of each staff group are needed based on the census. This matrix is used as a guideline. It will be used to improve consistency, but not to supersede critical thinking.

Immediate: Adjustments are made to the matrix, taking into consideration patient needs and acuity. Charge nurses assess the staffing needs on an ongoing basis and confer with the manager or designee to adjust as needed. Managers and supervisors continuously monitor all departments looking for potential / immediate changes in census and react as needed.

- The matrix will be reviewed and approved by the staffing committee annually or when changes are necessary.

- The staffing committee will review, assess, and respond to changes made to a posted schedule. Discussion and suggestions will be solicited and shared with a staffing communication form.

- The staffing committee will track complaints (objection of assignments) and include the resolution of complaints or suggestions for future improvement.

Emergency Department (ED)

Lewis County General Hospital's emergency department actual results for 2022 were 10,949 visits which equates to 30.2 patients per day.

The ED at LCGH is full service 24/7/365, level II ED with nine patient care rooms and one triage room.

Nurse to patient ratio is not sufficient in the ED where volume and acuity are unpredictable. Patient acuity, volume (including those in the waiting room), nursing experience, and skill mix will guide staffing decisions.

The ED Nurse Manager will have available - upon request from the Clinical Staffing Advisory Committee - the following information:

1. Patient acuity (utilizing the Emergency Severity Index Triage system)
2. Arrivals and discharges per hour
3. Volume per hour by day of week
4. Patient experience

A minimum of 2 RNs and a ward clerk will always staff the ED (ENA, 2018). Current LCGH data justifies a third nurse 11:00 am - 11:00 pm.

Staff	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
RN 6a-6p	2	2	2	2	2	2	2
RN 11a-11p	1	1	1	1	1	1	1
RN 6p-6a	2	2	2	2	2	2	2
Clerk 7a-3p	1	1	1	1	1	1	1
Clerk 3p-11p	1	1	1	1	1	1	1
Clerk 11p-7a	1	1	1	1	1	1	1

Per NYS Code Section 405.19

1. Additional registered professional nurses and nursing staff shall be assigned to the emergency service in accordance with patient needs. If, on average:
   - The volume of patients per eight-hour shift is under 25, an additional RN shall be available or
   - The volume per eight-hour shift is over 25, there shall be a minimum of two RNs per shift. As patient volume and intensity increases, the total number of available RNs shall also be increased to meet patient care needs.

Surgical Services (OR and PACU)

LCGH surgical services performed 1,329 surgical cases with an average case per day of 3.7.

All RNs are skilled to cover pre-op, post-op, and PACU as needed. Staffing will change as the need arises.

Staffing is for an eight-hour day, five days a week with 24-hour emergency coverage. The OR is staffed with Registered Nurses, OR Surgical Technicians, Certified First Assistant, and a supply clerk.

Staff	Monday	Tuesday	Wednesday	Thursday	Friday
RN Manager 7a-3p	1	1	1	1	1
RN 7a-3p	5	5	5	5	5
RN Chg 630a-230p	1	1	1	1	1
RN Casual	2	2	2	2	2
Scrub Tech 7a-3p	3	3	3	3	3
Scrub Tech 8a-4p	1	1	1	1	1
Scrub Tech Casual	1	1	1	1	1
Central Supply 7a-3p	1	1	1	1	1
Supply Clerk 7a-3p	1	1	1	1	1

Ambulatory Surgical Unit (ASU)

Staffing is for an eight-hour day, five days a week. There will be one 10-hour RN to be available to recover patients instead of bedding in medical surgical for recovery. There will be an eight hour, five days a week clerk/LPN.

Staff	Monday	Tuesday	Wednesday	Thursday	Friday
RN Chg 6a-2p	1	1	1	1	1
RN 7a-3p	1	1	1	1	1
RN 8a-4p	1	1	1	1	1
RN 730a-530p	1	1		1	1
LPN 730a-330p	1	1	1	1	1

Acute Care Medical Surgical

Total 2022 acute care inpatient census was 2,367, observation 882 and swing bed census of 1,394. For an average of 11.4 patients/day.

FTE Staffing is based on average daily census with the use of per diem staff and floating to cover for increased census days. The charge RN will assume a patient assignment if necessary.

The goal is 1:4 ratio for patient care with modifications in assignments based on acuity.

Acuity is determined by the charge RN and assignments are given out by the charge RN.

CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
17	6:30 a-p	1	4			5	
	6:30 p-a	1	4			5	
	7:00 – 3:00 a-p				3	3	
	3:00 – 11:00 p-p				1	1	
	11:00 – 7:00 p-a				1	1	
	Worked Hours	24	96		40	120	7.06
CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
16	6:30 a-p	1	4			5	
	6:30 p-a	1	4			5	
	7:00 – 3:00 a-p				3	3	
	3:00 – 11:00 p-p				1	1	
	11:00 – 7:00 p-a				1	1	
	Worked Hours	24	96		40	120	7.5
CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
15	6:30 a-p	1	3			4	
	6:30 p-a	1	3			4	
	7:00 – 3:00 a-p				2	2	
	3:00 – 11:00 p-p				1	1	
	11:00 – 7:00 p-a				1	1	
	Worked Hours	24	72		32	128	8.5
CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
14	6:30 a-p	1	3			4	
	6:30 p-a	1	3			4	
	7:00 – 3:00 a-p				2	2	
	3:00 – 11:00 p-p				1	1	
	11:00 – 7:00 p-a				1	1	
	Worked Hours	24	72		32	128	9.14
CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
13	6:30 a-p	1	3			4	
	6:30 p-a	1	3			4	
	7:00 – 3:00 a-p				2	2	
	3:00 – 11:00 p-p				1	1	
	11:00 – 7:00 p-a				1		
	Worked Hours	24	72		32	128	9.84
CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
12	6:30 a-p	1	3				
	6:30 p-a	1	3				
	7:00 – 3:00 a-p				2		
	3:00 – 11:00 p-p				1		
	11:00 – 7:00 p-a				1		
	Worked Hours	24	72		32	128	10.66
CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
11	6:30 a-p	1	3				
	6:30 p-a	1	3				
	7:00 – 3:00 a-p				2		
	3:00 – 11:00 p-p				1		
	11:00 – 7:00 p-a				1		
	Worked Hours	24	72		32	128	11.6
CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
10	6:30 a-p	1	2				
	6:30 p-a	1	2				
	7:00 – 3:00 a-p				2		
	3:00 – 11:00 p-p				1		
	11:00 – 7:00 p-a				1		
	Worked Hours	24	48		32	104	10.4

CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
9	6:30 a-p	1	2				
	6:30 p-a	1	2				
	7:00 – 3:00 a-p				1		
	3:00 – 11:00 p-p				1		
	11:00 – 7:00 p-a				1		
	Worked Hours	24	48		24	96	10.66
CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
8	6:30 a-p	1	2				
	6:30 p-a	1	2				
	7:00 – 3:00 a-p				1		
	3:00 – 11:00 p-p				1		
	11:00 – 7:00 p-a				1		
	Worked Hours	24	48		24	96	12
CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
7	6:30 a-p	1	2				
	6:30 p-a	1	2				
	7:00 – 3:00 a-p				1		
	3:00 – 11:00 p-p				1		
	11:00 – 7:00 p-a				1		
	Worked Hours	24	48		24	96	13.71
CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
6	6:30 a-p	1	1				
	6:30 p-a	1	1				
	7:00 – 3:00 a-p				1		
	3:00 – 11:00 p-p				1		
	11:00 – 7:00 p-a						
	Worked Hours	24	24		16	64	10.66
CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
5	6:30 a-p	1	1				
	6:30 p-a	1	1				
	7:00 – 3:00 a-p				1		
	3:00 – 11:00 p-p				1		
	11:00 – 7:00 p-a						
	Worked Hours	24	24		16	64	12.8
CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
4	6:30 a-p	1	1			1	
	6:30 p-a	1	1			1	
	7:00 – 3:00 a-p				0		
	3:00 – 11:00 p-p				0		
	11:00 – 7:00 p-a				0		
	Worked Hours	24	24		0	48	12
CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
3	6:30 a-p	1	1			1	
	6:30 p-a	1	1			1	
	7:00 – 3:00 a-p				0		
	3:00 – 11:00 p-p				0		
	11:00 – 7:00 p-a				0		
	Worked Hours	24	24		0	48	16
CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
2	6:30 a-p	1				1	
	6:30 p-a	1				1	
	7:00 – 3:00 a-p				0		
	3:00 – 11:00 p-p				0		
	11:00 – 7:00 p-a				0		
	Worked Hours	24	0		0	24	12

CENSUS	Time	Charge RN	RN	LPN	Clerk/Aide	Number of Staff	Direct HPPD
1	6:30 a-p	1					
	6:30 p-a	1					
	7:00 – 3:00 a-p				0		
	3:00 – 11:00 p-p				0		
	11:00 – 7:00 p-a				0		
	Worked Hours	24	0		0	24	24

CURRENT ACUITY TOOL

The chart below shows the hospital's new acuity tool. Rating options are 1 through 4, with 1 indicating the lowest and 4 indicating the highest acuity. Ratings are based on nursing time needed to complete a task, emotional and physical energy required, expertise required, frequency of tasks and interventions, and follow-up assessments related to a specific task. Ratings for all five criteria categories are summed up to obtain a total acuity score for each patient, ranging from 1 to 60. Then the total acuity scores are clustered into acuity category scores, which range from 1 to 4 with 1 being the lowest acuity and 4 being the highest.

ACUITY TOOL	1. Stable Patient	2. Moderate	3. Complex	4. High Risk
Assessment	-q8h VS -A&Ox4	-q4h VS -CIWA <8	-q4h neuro -CIWA >8 -Delirium/AMS	-Tx from ICU<24hr
Respiratory	-Room air	-O2<2LNC	-O2>2LNC -Tracheostomy	-O2 via mask -Can't manage secretions
Cardiac			-20-point change in BP -Temp >100.3 - Telemetry	-PE
Medications	-<3IVPB	->3IVPB -Continuous maintenance fluid -Continuous tube feed	-Meds PEG -1-unit blood product -Bolus tube feed - Increased monitoring for DM- (<40 />400)	- TPN/heparin gtt - >1 unit blood product
Drainage devices	-<2drains (JP, hemovac, percutaneous nephrostomy)	-NG tube		-Chest tube
Pain Management	-Pain well managed with PO meds	-Need for PO and IV pain meds -Nausea/ vomiting	-PCA -Need for q4h IV pain meds	-Uncontrolled pain with multiple modalities
Census Flow	-Routine discharge	-Discharge to another facility -Post op	-New admission	-Transfer to higher-level care
Education/ Psychosocial	-Calm, cooperative	-Anxious	-New DM dx -Translator needed	
Wound, ostomy, continence	-qd/BID dressing -One assist to BR	-Wound vac -Ostomy/rectal tube -Incontinent b/b	-TID/complex dressing change -Bowel prep -Enema	-Active drainage, dressing change >TID -q1hr toilet needs

ADLs & Isolation	-Independent in ADLs -Standard precautions	-Assist with ADLs -Contact isolation	-Turn q2h -Paraplegic or quadriplegic -Needs to be fed	-Airborne precautions
Safety	-Fall risk	-Bed or chair alarm	-Sensory deficits (blind, deaf)	-q15min check -Restraints
Patient score	Most = 1	Two or more =2	Any = 3	Any = 4

Critical Care Unit (CCU)

Critical Care staffing must include a minimum standard of twelve (12) hours of registered nurse care per patient day (10 NYCRR Section 405.5).

The CCU census for 2022 was 387 with a daily average of 1.1 patients per day.

While planning for nursing care, the needs of each patient will be considered, and staffing will be determined by following recommended staffing guidelines based on patient acuity. Patient stability will include physiological status, clinical complexity, and medications and therapeutic support. Clinical complexity is a composite of all clinical indicators and patient care needs.

Acuity Category 1: Critical Care (hemodynamically unstable)

1. This population has an acute life threatening and/or critical illness and are hemodynamically unstable. These signs or symptoms may indicate an unstable patient that requires placement in the critical care unit: (The overall clinical presentation of the patient should be taken into consideration when assessing these values).

MEDICAL	TRAUMA
• Blood pressure <100 systolic • Poor skin signs • Altered level of consciousness • Shortness of breath • Pulmonary edema	• Blood pressure <90 systolic • Poor skin signs • Altered level of consciousness • Shortness of breath • Pulse > 120 BPM

2. Examples are unstable pulmonary status, unstable arrhythmias, titration of dopamine, nipride, atrial lines or CVP readings, active bleeding, new onset seizure activity, combative behavior, or patient with delirium tremens.

3. Consider 1:1 nursing care for these patients in the first 24 hours of admission.

   Special Considerations
   - This patient requires the RN to be always at the bedside.
   - The patient's needs and condition will be reassessed every four hours to continue the patient 1:1. The CCU RN will update the nurse manager or designee to review this need.

- The manager or designee will adjust staffing accordingly to meet the immediate needs of the patient during 1:1 care.

Acuity Category II: Intermediate Care (Hemodynamically stable)

1. Hemodynamically stable patients requiring frequent interventions.
   - vital signs, neurologic assessments, closely titrated fluid management

2. Examples are closely monitored titrated fluid or drug management, stable stroke or patients with neurological disorders, post-operative patients requiring close monitoring, or hemodynamically stable drug overdose.

CENSUS	Time	Charge RN	RN	LPN	Clerk/ Aide		Number of Staff	Direct HPPD
1	6:30 a-p	1					1	
	6:30 p-a	1					1	
	7:00 – 3:00 a-p				0			
	3:00 – 11:00 p-p				0			
	11:00 – 7:00 p-a				0			
	Worked Hours	24					4	24

Support Staff to Acute Care Nursing:

- Occupational, Speech, and Physical Therapy specialists are available for patient care as necessary.
- Respiratory Therapy is available 24 hours a day. Therapists are certified in ACLS, PALS, and neonatal resuscitation.
- Pharmacy is available 24 hours through both in-house and remote coverage. In-house hours are Monday through Friday 7:00am – 5:00pm and Saturday through Sunday 7:00am-11:00am. Remote coverage is available for the remaining 24/7.
- There is a hospitalist and an emergency department physician on duty 24 hours.
- Social Services - Monday through Friday 8:00am-4:00pm
- Case Management - Monday through Friday from 7:00am-4:00pm
- Laboratory and Radiology are available in house 24/7.

References:

American Association of Critical Care Nurses (2022). https://www.aacn.org/.
Academy of Medical-Surgical Nurses (2021). https://www.amsn.org/.

Emergency Nurses Association (2018), https://www.ena.org/. Schaumburg, IL

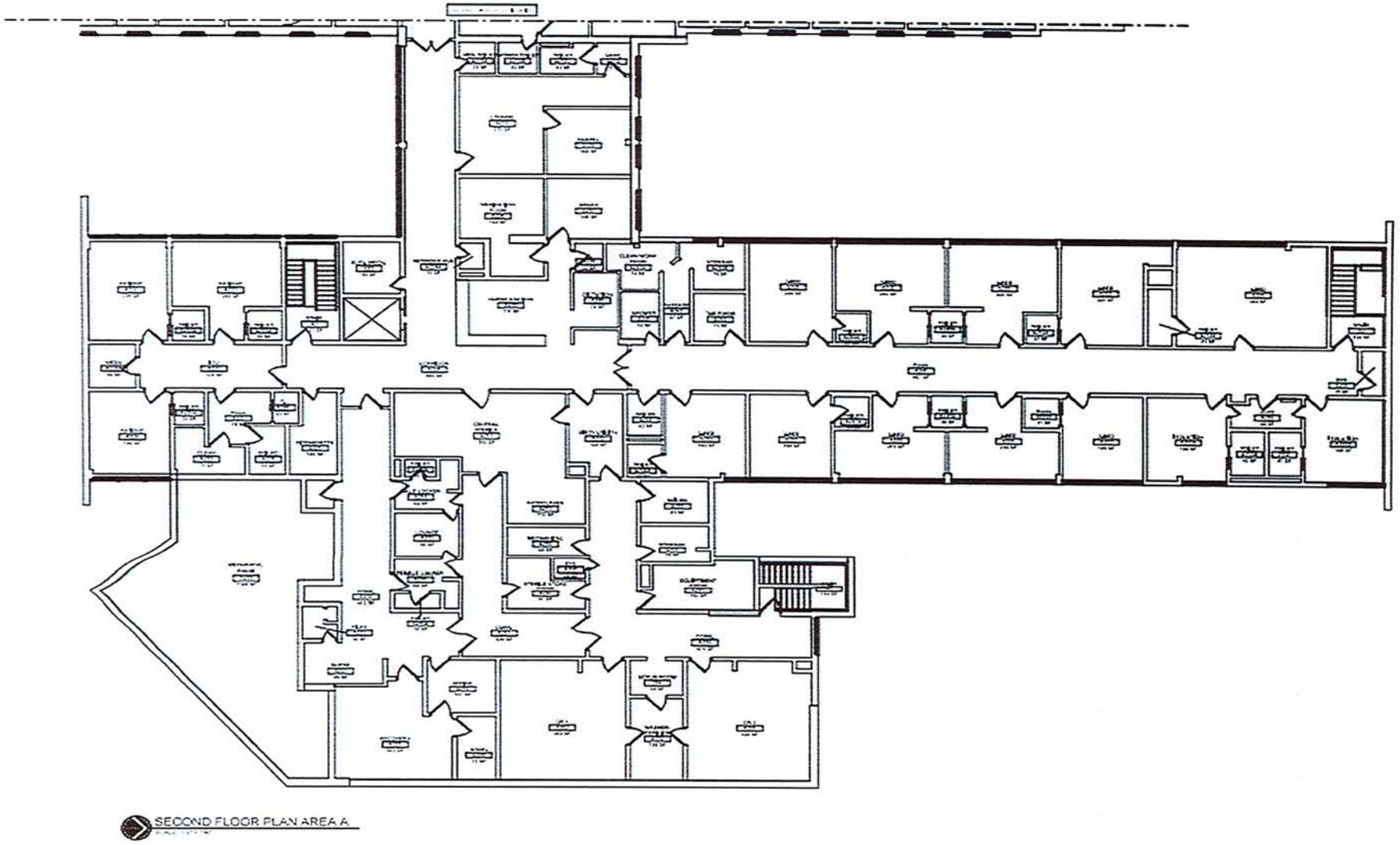
Association of Perioperative Registered Nurses (2022). https://www.aorn.org/. Denver, CO

New York State Department of Health NYSRR (2013). https://regs.health.ny.gov/. (sec. 405.19, 405.5)

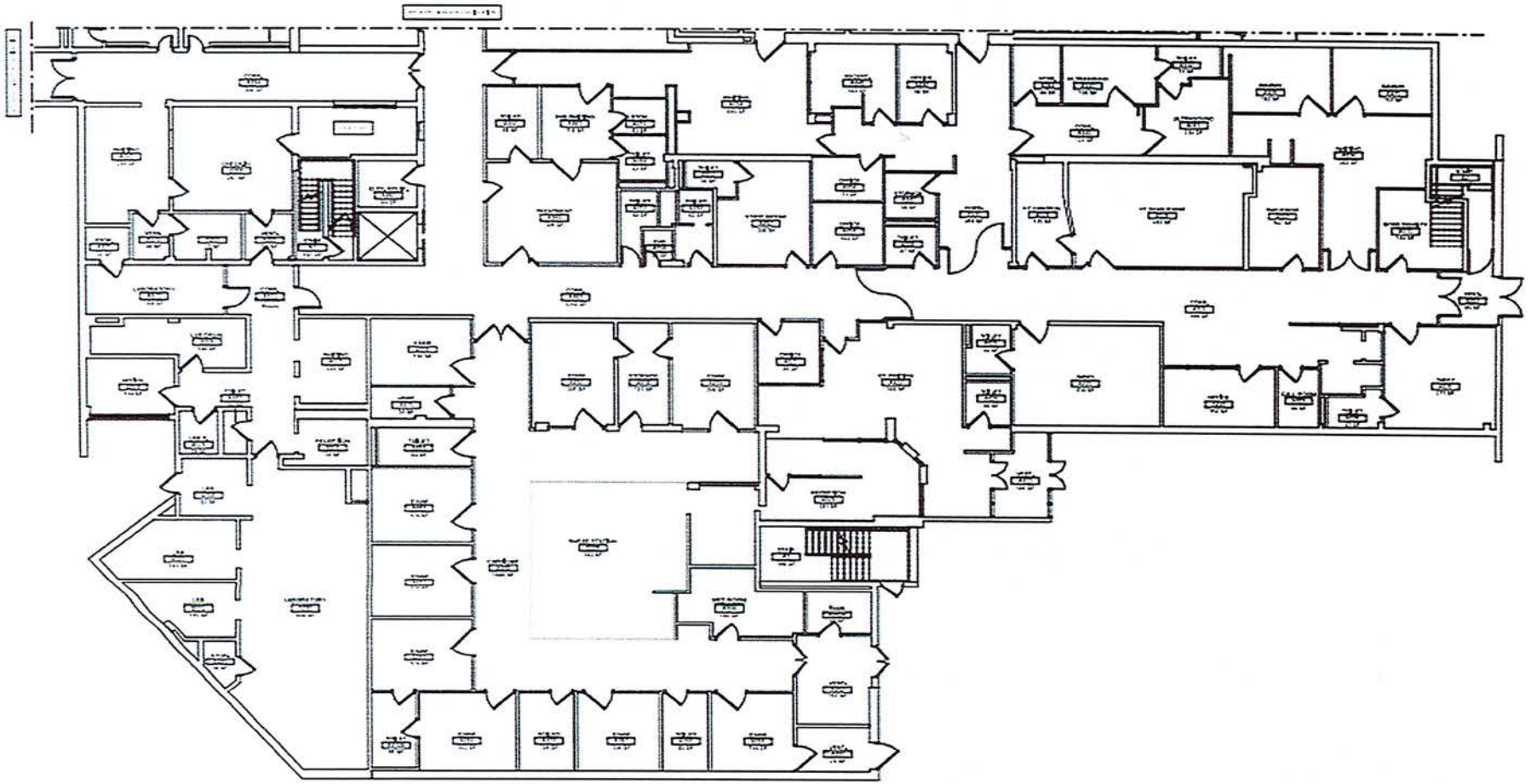
Attachments:

A. Current Floor Plan for nursing care departments
B. Objection of Assignment
C. Team Charter
D. Administrative Daily Record
E. Nursing Quality Indicators
F. Strike Plan
G. Year-End Census Report
H. DOH Poster – Prohibition Against Mandatory Overtime for Nurses

Attachment A – Current Floor Plan – East Wing (Med Surg and ICU)



Attachment A (Cont'd) - Emergency Department



FIRST FLOOR PLAN AREA A

Attachment B

Objection of Assignment Form

CSEA
Lewis County Local 825
Lewis County General Hospital Unit

Patient Care Assignment Objection Form

1. Employee completes section, and then shares with supervisor for immediate response.

Employee: _____ Title: _____
Date: _____ Shift: _____ Work Unit: _____
Work assignment/duties: _____

Manager and/or immediate supervisor notified of this objection:
_____ Date: _____ Time : _____

2. Supervisor allowed immediate response. Copies to DON and HR.

Immediate Supervisor response/action taken:

_____
_____
_____
_____
_____

Signature: _____ Date: _____ Time: _____

**Supervisor to forward copies to the Director of Nursing and the Director of Human Resources.

3. Employee completes form, and documents any details, or continued concern.

I have been given an assignment that I believe is unsafe because of:
( ) Inadequate training/orienting to this area.
( ) Less staffing provided for normal/safe patient care practices.
( ) Patient assignment should be at a higher level of care than can be provided in this unit.
( ) Other
Please provide details (within HIPPA guidelines):

_____
_____
_____
_____
_____

4. Employee is responsible to compete every section, with dates and times. Attach copy of schedule.

I am not refusing this assignment, this is my notification for request of remedial action by management.
Signature: _____ Date: _____ Time: _____

**Employee to forward copies to immediate supervisor, dept. manager, and the union president.
Please attach work schedule for date(s) to be reviewed.

Attachment C - Team Charter

Lewis County Health System Project Charter

Clinical Staffing Advisory Committee

Project Name	Clinical Staffing Committee
Project Sponsor	Lewis County Health System
Project Manager	Marcy Teal BSN CNO
Email Address	mteal@logh.net
Phone Number	315-376-5157
Organizational Unit	Clinical Departments
Process Impacted	Staffing for Clinical Nursing (Medical surgical, Intensive Care Unit, Emergency Department, Operating Room, Ambulatory, Maternity)
Expected Time Line	Staffing committee by January 1, 2022 Staffing plan submitted by July 2022. Staffing plan implemented January 1, 2023.

Mission Statement

Lewis County Health System is committed to provide safe staffing for quality care.

Purpose Statement

Lewis County Health System is dedicated to ensuring the adequate protection of patients in our care. Qualified, Registered nurses and other licensed nurses and nurse aides must be accessible and available to meet the needs of our patients. LCHS commits to the basic principles of staffing based on the patient's care needs, the severity of condition, services needed and the complexity surrounding those services.
Under the guidance of NYSDOH, the hospital will create safe and effective staffing standards. The team will follow signed legislation S.1168-A /

Goals, Objectives, and Deliverables of this Project

Strategic Objective	The purpose of this committee is to: protect patients, support greater retention of nursing staff, and promote evidence-based nurse staffing by establishing a mechanism whereby direct care nurses and hospital management can participate in a joint process regarding decisions about unit staffing.	
Membership /Leadership	1	The Nurse Staffing committee will consist, at minimum, of 4 direct care nursing staff and 4 management for a quorum. Voting will take place in accordance with the law.
	2	The committee will be chaired by one staff Registered Nurse and one management representative. Co-chairs will be selected every two years by the Nurse Staffing Committee.
	3	The Nurse Staffing Committee will meet on a monthly basis.
	4	Staff participants will be selected according to the collective bargaining unit or by their peers.
	5	Develop / produce and oversee the establishment of an annual patient care unit and shift-based nurse staffing plan and staffing modifications based on the needs of patients and use this plan as the primary component of the staffing budget.
	6	Provide semi-annual review of staffing plan against patient and department needs, sensitive quality indicators, and known evidence-based staffing information.
	7	January 2022 Membership Names: Marcy Teal, Emily Paulsen, Jessica Skiff, Katie Cihocki, Tracie Davoy, Jeff Hellinger, Amy Godlewski, Anne Willer, Tina Johnson, Jesica Nichols

Attachment C (Cont'd) – Team Charter

Lewis County Health System Project Charter (Pg 2)		
Goals, Objectives, and Deliverables of this Project Cont'd.		
Goals	1	Be collaborative and consistent with the Values of Service: Integrity, Compassion, Accountability, Respect, Excellence
	2	Be continually monitoring and evaluating for the purpose of accuracy.
	3	Provide structure to individual units as they develop unit-specific, evidence-based staffing plans.
	4	Assure a flexible, clinical-staff-driven process to address and allocate resources to meet immediate and ongoing patient care needs.
	5	Promote best practice standards and support fiscally-responsible exploration of options.
	6	Transform the work environment to ensure the collegial relationships between clinical staff and management and direct care nursing staff as we provide quality patient care.
	7	Assure patient care unit annual staffing plans, shift-based staffing and clinical staffing are posted on each unit in a public area.

Approved 2/2/22

Attachment D – Administrative Daily Record

Daily Administration Report (Page 1 of 2) **MUST BE COMPLETED AT THE END OF SHIFT BY EVERY SUPERVISOR**

Date: _____

7a – 3p NS _____ 3p-11p NS _____ 11p-7a NS _____

Codes: Code Team, RRT, 66/666, Security Alert

Department	Time	Type	Outcome

Number of Urinary Catheters at Midnight: EW_____ICU_____OB_____ (do not count suprapubic)

Number of Ventilators at Midnight: _____

Number of Central lines at Midnight: EW_____ICU_____ OB_____

Number of Tele's at Midnight_____ Number of 1:1 patients at Midnight_____

Midnight Census EW: _____ICU:_____ OB:_____

Occurrences: (Diversions, Falls, medication errors, exposures, injuries, complaints, etc.)

Department	Time	Event	Intervention/Incident Report Completed?	Outcome

After-Hour OR Cases

Time	Procedure	Urgent vs. Emergent	Patient Disposition

Attachment D (Cont'd) – Administrative Daily Record

Daily Administration Report (Page 2 of 2) **MUST BE COMPLETED AT THE END OF SHIFT BY EVERY SUPERVISOR**

Physician Issues:

Department	Time	Event	Intervention	Outcome

Unplanned Schedule Changes: (end of shift, call-in coverage, call back), SUPPLEMENTAL PAY

Department	Time	Event	Intervention	Outcome
Supplemental Pay in effect. Qualified staff members who volunteer to pick up and work unscheduled shifts in the schedule for ER, MS, ICU will receive supplemental pay. MUST be documented clearly!! CNAs $10, LPN $20, RN $35 / hour. MOA posted in NS office.				

Transfers

Department	Time	H# and Reason for Transfer	Hospital/ALS or BLS/Time in ED

Missed Staff Breaks

Staff Member / Dept	Meal / Break Missed	Date / Time Manager or Designee was notified

Attachment E – Nursing Quality Indicators

FINAL 2022 Patient Safety - Preventable Harm Events (Quarter 4 and FINAL 2022)

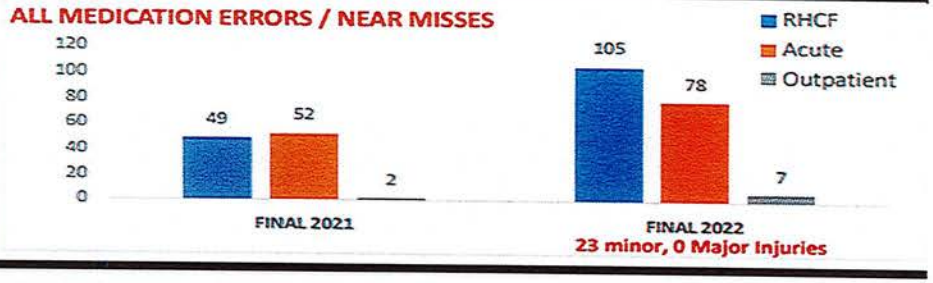
Preventable Harm Events: Unintended physical injury resulting from or contributed to by medical care (including the absence of indicated medical treatment), that requires additional monitoring, treatment or hospitalization, or that results in death

FALLS WITH AND WITHOUT INJURIES

	Q4 - 2022				YTD 2022			
	No Injury	Minor	Major	Total	No Injury	Minor	Major	Total
RHCF	121	28	1	150	494	163	15	672
Acute	8	2	0	10	23	8	1	32
Outpt	3	10	1	14	7	24	1	32
TOTAL	174			174	736			736

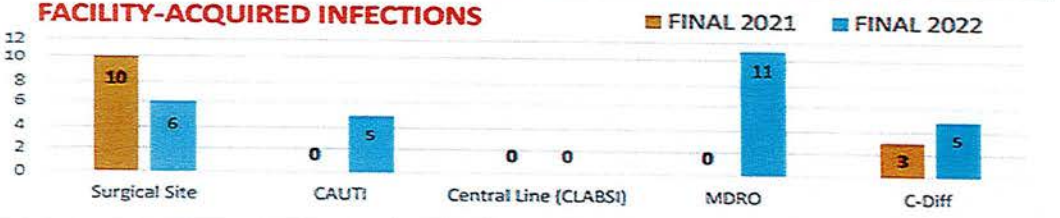
MEDICATION INCIDENTS

	Q4 - 2022					YTD 2022				
	No Injury	Minor	Major	Near Miss	Total	No Injury	Minor	Major	Near Miss	Total
RHCF	20	0	0	7	27	71	12	0	22	105
Acute	16	3	0	7	26	43	8	0	27	78
Outpt	1	3	0	1	5	2	3	0	2	7
TOTAL	58				58	190				190



INFECTIONS (Facility Acquired)

	Q4-22	YTD	
Surgical Site	2	6	6 Acute - Reportable
c-Diff	0	5	5 RHCF (including 1 chronic)
CAUTI	1	5	4 RHCF / 1 Acute
CLABSI	0	0	0 RHCF / 0 Acute
MDRO	4	11	8 RHCF / 3 Acute
TOTAL	7	27	



OTHER INJURIES

	Q4-22	YTD
RCHF	9	32
Acute	0	1
TOTAL	9	33

Attachment F – Strike Plan

Strike Plan

Agreement by the County of Lewis and CSEA, Local 1000 AFSCME, AFL-CO, Lewis County General Hospital #7250, Lewis County Local 825 Section 6.

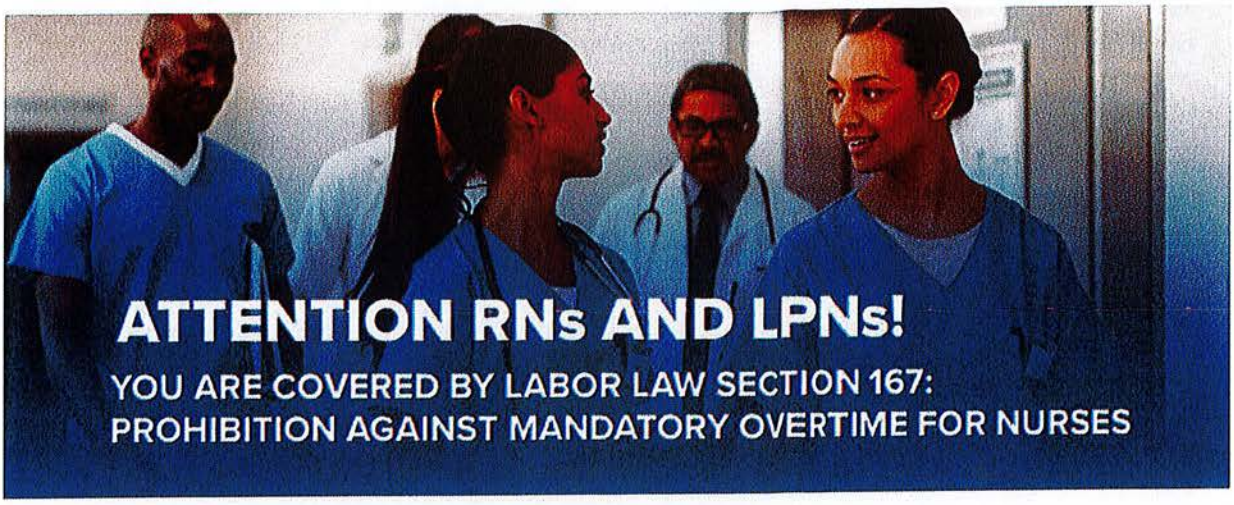
The association agrees that it will not strike against the County nor assist or participate in any such stroke, nor will it impose and obligation upon its members to conduct, assist, or participate in such a strike or job action.

Lewis County General Hospital nursing department would resume care of patients through cross training of nurses who do not strike and through travel RNs using Provalidus, Medifis, and Iroquois Health Care.

Attachment G – Year End Census Reports (Year Ending 2022)

Month	Admissions				Obv	Discharges			Census							CAH	ER	OP	OR Cases		Pain
December	Adult	Swing	NB	SNF		Adult	Swing	NB	M/S	ICU	OBS	Swing	SNF	NB	Total	Census	Visits	Visits	IP	OP	Visits
1	2	0	0	0	1	1	0	0	13	3	0	2	118	0	136	18	24	247	0	6	0
2	3	1	0	0	1	7	0	0	7	5	0	3	118	0	133	15	34	264	1	2	0
3	3	0	0	0	2	1	0	0	9	5	0	3	118	0	135	17	25	23	0	0	0
4	4	0	0	0	1	2	0	0	12	4	0	3	118	0	137	19	36	10	0	1	0
5	5	0	0	0	1	6	0	0	11	4	0	3	118	0	136	18	43	314	0	8	14
6	1	1	0	0	7	4	0	0	10	2	0	4	117	0	133	16	43	324	1	4	15
7	3	0	0	0	1	3	0	0	10	2	0	4	117	0	133	16	39	328	1	1	0
8	3	2	0	0	3	4	0	0	10	1	0	6	117	0	134	17	33	311	0	8	0
9	1	0	0	0	1	2	1	0	8	2	0	5	117	0	132	15	29	264	0	3	0
10	3	0	0	0	1	3	0	0	7	3	0	5	117	0	132	15	38	28	0	0	0
11	3	0	0	0	1	1	0	0	10	2	0	5	117	0	134	17	35	10	0	0	0
12	1	2	0	0	3	2	0	0	9	2	0	7	116	0	134	18	32	358	0	5	10
13	0	1	0	0	3	3	1	0	8	0	0	7	116	0	131	15	31	310	0	1	15
14	1	1	0	0	2	4	2	0	5	0	0	6	116	0	127	11	30	291	0	10	0
15	2	0	0	0	1	1	1	0	5	1	0	5	116	0	127	12	38	322	0	10	0
16	2	0	0	0	4	1	0	0	6	1	0	5	115	0	127	12	31	191	0	4	0
17	2	1	0	0	3	1	0	0	7	1	0	6	115	0	129	14	33	16	0	0	0
18	3	0	0	0	1	2	0	0	7	2	0	6	115	0	130	15	38	4	0	0	0
19	4	1	0	0	2	2	0	0	8	3	0	7	115	0	133	18	39	212	0	7	9
20	3	0	0	0	1	2	0	0	7	5	0	7	115	0	134	19	37	278	1	3	9
21	0	0	0	0	5	2	1	0	6	4	0	6	115	0	131	16	32	236	0	8	0
22	1	0	0	0	1	4	1	0	4	3	0	5	115	0	127	12	21	238	0	4	0
23	4	1	0	0	3	2	1	0	5	4	0	5	115	0	129	14	29	135	0	1	0
24	2	0	0	0	4	1	0	0	9	1	0	5	115	0	130	15	21	7	0	0	0
25	4	0	0	0	0	1	0	0	12	1	0	5	115	0	133	18	16	7	0	1	0
26	2	0	0	0	1	4	0	0	9	2	0	5	115	0	131	16	32	13	0	0	0
27	0	0	0	0	1	3	0	0	6	2	0	5	115	0	128	13	30	204	1	1	7
28	2	0	0	0	6	3	1	0	6	1	0	4	114	0	125	11	35	231	0	5	11
29	4	1	0	1	2	3	0	0	5	3	0	5	115	0	128	13	47	207	0	3	0
30	7	1	0	0	1	2	0	0	11	2	0	6	115	0	134	19	32	205	0	4	0
31	1	0	0	0	0	2	0	0	10	2	0	6	115	0	133	18	31	17	0	1	0
Volumes																					
Total to Date	76	13	0	1	64	79	9	0	252	73	0	156	3595	0	4076	481	1014	5605	5	101	90
Projected	76	13	0	1	64	79	9	0	252	73	0	156	3595	0	4076	481	1014	5605	5	101	90
Budget	102	8	0	9	72	102	8	0	344	72	5	81	3968	0	4470	502	798	6286	14	115	104
Prior Year Mo. Total	92	10	0	8	67	92	7	0	297	51	0	89	3672	0	4109	437	823	5697	9	128	82
Monthly Daily Average	2.5	0.4	0.0	0.0	2.1	2.5	0.3	0.0	8.1	2.4	0.0	5.0	116.0	0.0	131.5	15.5	32.7	180.8	0.2	3.3	11.3
YTD Totals	807	117	0	113	882	805	117	0	2367	387	0	1394	43205	0	47353	4148	10949	66166	58	1261	1142
YTD Daily Average	2.2	0.3	0.0	0.3	2.4	2.2	0.3	0.0	6.5	1.1	0.0	3.8	119.0	0.0	130.4	11.4	30.2	182.3	0.2	3.5	11.7

Attachment H – Prohibition Against Mandatory Overtime for Nurses



KNOW YOUR RIGHTS:

Your employer cannot require you to work beyond your regularly scheduled hours unless it is due to:

- A health care disaster that increases the need for health care personnel;
- A federal, state, or county declaration of emergency;
- An unforeseen emergency and it is necessary to provide safe patient care that could not be prudently planned for by the employer and does not regularly occur; or
- An ongoing medical or surgical procedure in which the nurse is actively engaged and whose continued presence is needed to ensure the health and safety of the patient

YOUR EMPLOYER IS REQUIRED TO:

- Have an adequate Nurse Coverage Plan and utilize it to find coverage and avoid using mandatory overtime
- Make a good faith effort to have overtime covered
- Report instances of mandated overtime to the New York State Department of Labor (NYSDOL)
- Post or provide a copy of the Nurse Coverage Plan
- Display this poster in a clearly visible location accessible to employees

If you believe that your employer required you to work overtime in violation of the law, you can file a **Mandatory Overtime Complaint**. You may file a complaint online at **dol.ny.gov/mandatory-overtime-nurses** or you may call **888 4-NYSDOL** or **518-457-9000** to obtain a hard copy. Hard copies can be sent by mail or faxed to the address shown at the top of the form.

A COMPLAINT MAY BE FILED BY:

- One nurse
- A group of nurses
- The recognized collective bargaining representative of the nurses at the facility

*Your employer **cannot** retaliate against you for filing a complaint or speaking to NYSDOL.*

For more information, visit **dol.ny.gov/mandatory-overtime-nurses**

WE ARE YOUR DOL

New York State Department of Labor

Lewis County Health System

ATTESTATION FORM
Nurse Staffing Coalition

I, the undersigned with responsibility for Lewis County General Hospital, attest that the attached staffing plan and matrix was developed in accordance with the NYS PHL Section 2805-t and includes all active units covered under our hospital license. This plan was developed with consideration given to the following elements:

- Census – including total numbers of patients on the unit of each shift and activity such as patient discharges, admissions, and transfers
- Level of intensity of all patients and nature of the care to be delivered on each shift
- Skill mix
- Level of experience and specialty certification or training of nursing personnel providing care
- The need for specialized or intensive equipment
- The architecture of geography of the patient care unit including – but not limited to – placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations
- Availability of other personnel supporting nursing services on the patient care unit
- Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

The staffing plan was adopted by the hospital on July 1, 2023.

Approved July 1, 2023, by:

Gerald R. Cayer, MPH
Chief Executive Officer

Marcy Teal, BSN
Chief Nursing Officer

Katie Cihocki, RN
Co-Chair
Hospital Staffing Advisory Committee