

# Clifton-Fine Hospital Clinical Staffing Committee

## Clinical Staffing Plan & Committee Charter

New York State Public Health Law (PHL) Section 2805-t requires each general hospital to adopt and submit its hospital clinical staffing plan annually. 2805-t of the Public Health Law states that “each general hospital licensed pursuant to this article shall establish and maintain a clinical staffing committee”. Section 2801 of the Public Health Law defines a “general hospital” as follows: *a hospital engaged in providing medical or medical and surgical services primarily to in-patients by or under the supervision of a physician on a twenty-four-hour basis with provisions for admission or treatment of persons in need of emergency care and with an organized medical staff and nursing service, including facilities providing services relating to particular diseases, injuries, conditions or deformities. The term general hospital shall not include a residential health care facility, public health center, diagnostic center, treatment center, out-patient lodge, dispensary and laboratory or central service facility serving more than one institution.*

### Committee Structure Requirements

The law contains detailed requirements for the composition of the committee and requires that direct care employees comprise at least half of its members. Committee members are selected by their peers.

Each clinical staffing committee must be comprised of:

1. At least one-half registered nurses (RNs), licensed practical nurses (LPNs), and ancillary members of the frontline team providing or supporting direct patient care; and
2. Up to one-half hospital administration employees, such as the Director of Nursing (DON), and/or Patient Care Managers.

### Overall Purpose/ Strategic Objective

The clinical staffing committee is primarily responsible for developing and overseeing the implementation of the hospital’s annual clinical staffing plan. “Implementation” includes conducting a semiannual review of the adopted plan and handling any employee complaints concerning violations of the plan.

**The clinical staffing committee must consider numerous factors in developing its clinical staffing plan, including:**

- Patient census;
- Measures of acuity and intensity of all patients and the nature of care to be delivered on each unit and shift;
- Skill mix;
- The availability, level of experience, and specialty certification or training of nursing personnel providing patient care;
- The need for specialized equipment;
- Mechanisms and procedures to provide for one-to-one patient observation, when needed;
- Measures to increase worker and patient safety;
- 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;

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- Coverage to enable RNs, LPNs, and ancillary staff to take meal breaks, planned time off, and unplanned absences;
- Nursing quality indicators;
- General hospital finances and resources; and
- Provisions for limited short-term adjustments necessary to account for unexpected changes in circumstances, including; a waiver of plan requirements in the case of unforeseeable emergency circumstances.

### Meeting Management

#### **Meeting schedule:**

The clinical staffing committee will meet as often as necessary to complete the clinical staffing plan prior to each of the deadlines and then on a regular basis as agreed upon by the committee members during the remainder of the year (monthly, quarterly, etc.). Notices of meeting dates and times will be distributed in advance in order to better accommodate unit scheduling. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay.

Members shall be relieved of all other work duties during meetings. Members of the clinical staffing committee will be paid, and preferably will be scheduled to attend meetings as part of their normal work hours for the majority of the meetings. It is understood that meeting schedules may require that a staff member attend on his/her scheduled day off. In this case, the staff member will be compensated for their time.

#### **Record-keeping/minutes:**

- Meeting agendas will be distributed to all committee members in advance of each meeting.
- The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting.
- A master copy of all agendas and meeting minutes from the clinical staffing committee will be maintained and available for review on request.

#### **Attendance requirements and participation expectations:**

- It is the expectation of the clinical staffing committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings and engaging in respectful dialogue as professional committee members.
- If a member needs to be excused, requests for an excused absence are communicated to staffing committee co-chair/s. Failure to request an excused absence will result in attendance recorded as "absent" in the meeting minutes.
- All members are expected to attend at least 75% of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee.
- Replacement will be in accordance with aforementioned selection processes.

#### **Decision-making process:**

- Clinical staffing plans shall be developed and adopted by consensus of the clinical staffing committee. For the purposes of determining whether there is a consensus, the management members of the committee shall have one vote, and the employee members shall have one vote, regardless of the actual number of members of the committee.

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- If there is no consensus on the staffing plan or partial staffing plan (individual unit/department), the hospital president shall use discretion to adopt the plan, or partial plan based on the information provided and provide a written explanation of this determination. This will include the final written proposals from both the management and employee members and their rationales.
- There will be a requirement of at least half of the committee members of each group in order to have a quorum.

### New Committee Member Requirements

Staffing committee members will receive education/orientation upon joining the committee.

### Penalties

The law authorizes the Department of Health to investigate possible violations of the law that are brought to its attention, including a hospital's failure to:

- Form or establish a clinical staffing committee,
- Comply with the requirements of the law in creating a clinical staffing plan,
- Adopt all or part of a clinical staffing plan approved by the clinical staffing committee's consensus,
- Conduct a semiannual review of the clinical staffing plan, or
- Submit a clinical staffing plan to the Department of Health on an annual basis or within thirty days of any amendment to the plan.

*If the Department of Health's investigation finds a violation, the hospital must submit a corrective action plan within forty-five days of the Department's findings. The Department may impose a civil monetary penalty if a hospital fails to submit a corrective action plan or fails to implement a corrective plan.*

### Name of committee:

Clifton-Fine Hospital Clinical Staffing Committee

### Purpose

The Clinical Staffing Committee is composed of both frontline staff and management who are responsible for promoting the safety of those in their care. Committee goals will be established to create an environment that will help ensure patient and staff safety, which is in alignment with the mission of Clifton-Fine Hospital.

Goals include to:

- Collaborate in the development of specific staffing plans for the nursing unit and work shift.
- Communicate the staffing plan and post on the unit.
- Conduct a semiannual review of the staffing plan.
- Review, assess and respond to complaints regarding potential violations of the adopted staffing plan.
- Transform the work environment to ensure collegial relationships between frontline staff and management, as we work together to provide quality care.

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### **Stakeholders**

Nursing department staff and management; recognizing that decisions made have a broader impact on patients, families and the healthcare team.

### **Committee membership**

Leadership Representation
Chelsea Snyder-Dennis, Director of Nursing
Hunter Fowler, Nurse Manager

Direct Care Personnel
Cassandra Clark, Charge Nurse
Krystal Gagnon, Registered Nurse
Lindsay Farnsworth, Licensed Practical Nurse

### **Committee authority and reporting:**

This committee has the authority to make collaborative decisions related to the hospital plan for the nursing department's staffing.

This committee is responsible for the ongoing monitoring, evaluation and approving necessary modifications for the staffing plan.

The Director of Nursing is a member of the committee and is responsible for ensuring that the members of the committee are informed regarding the nurse staffing law and are in compliance with the law.

### **Committee communication:**

- Minutes are taken at each meeting and sent to all committee members electronically by e-mail.
- Emails are used to communicate meeting dates/times and agenda items. Virtual meeting options such as Zoom and/or conference call will be available as an alternative means to meeting in person.
- Committee members are responsible to share information from the meetings to frontline staff and also bring back any information.

### **Committee voting/decision making plan:**

- Must have a quorum to hold a meeting.
- Frontline staff members of the committee shall have one vote and management members of the committee shall have one vote. If the committee does not reach consensus, the CEO is notified and uses discretion to adopt a plan or partial plan.

### **Method of recording actions:**

- Minutes are taken at each meeting and sent to all committee members electronically by email.

### **Annual committee goals:**

- Establish meetings dates/times.
- Increase awareness of the goals and purpose of the clinical staffing committee.
- Create a nursing staffing plan policy and disseminate to all staff.

# Clinical Staffing Plan

## Inpatient Nursing Unit

### Week Day Staffing

#### Day Shift

	Time	RN	LPN	NA	Number of Staff		Time	RN	LPN	NA	Number of Staff
Monday	0700-1500	1	1	2	4	Monday	1500-1900	O/C	1	2	4
Tuesday	0700-1500	1	1	2	4	Tuesday	1500-1900	O/C	1	2	4
Wednesday	0700-1500	1	1	2	4	Wednesday	1500-1900	O/C	1	2	4
Thursday	0700-1500	1	1	2	4	Thursday	1500-1900	O/C	1	2	4
Friday	0700-1500	1	1	2	4	Friday	1500-1900	O/C	1	2	4

### Weekend Staffing

#### Day Shift

	Time	RN	LPN	NA	Number of Staff
Saturday	0700-1900	1	1	2	4
Sunday	0700-1900	1	1	2	4

### Night Shift Staffing

(7 Days a week/365)

	Time	RN	LPN	NA	Number of Staff
Monday	1900-0700	1	1	2	4
Tuesday	1900-0700	1	1	2	4
Wednesday	1900-0700	1	1	2	4
Thursday	1900-0700	1	1	2	4
Friday	1900-0700	1	1	2	4
Saturday	1900-0700	1	1	2	4
Sunday	1900-0700	1	1	2	4

# Clinical Staffing Plan

<b>Emergency Department</b>										
<b>(7 Days a week/365)</b>										
<b>Day Shift</b>					<b>Night Shift</b>					
	<b>Time</b>	<b>RN</b>	<b>Support Staff</b>	<b>Number of Staff</b>			<b>Time</b>	<b>RN</b>	<b>Support Staff</b>	<b>Number of Staff</b>
Monday	0700-1900	1	1	2		Monday	1900-0700	1	1	2
Tuesday	0700-1900	1	1	2		Tuesday	1900-0700	1	1	2
Wednesday	0700-1900	1	1	2		Wednesday	1900-0700	1	1	2
Thursday	0700-1900	1	1	2		Thursday	1900-0700	1	1	2
Friday	0700-1900	1	1	2		Friday	1900-0700	1	1	2
Saturday	0700-1900	1	1	2		Saturday	1900-0700	1	1	2
Sunday	0700-1900	1	1	2		Sunday	1900-0700	1	1	2

# PRIMARY CARE CLINIC STAFFING PLAN

**RN = Registered Nurse**

**MA = Medical Assistant**

**PSR = Patient Scheduling Representative**

**RC = Referral Coordinator**

## 2-3 MEDICAL PROVIDERS IN OFFICE

	Time	RN		Time	MA	RC	PSR	Number of Staff	
Monday	0700-1700	1		Monday	0800-1600	2	1	1	5
Tuesday	0700-1700	1		Tuesday	0800-1600	2	1	1	5
Wednesday	0700-1700	1		Wednesday	0800-1600	2	1	1	5
Thursday	0700-1700	1		Thursday	0800-1600	2	1	1	5
Friday	0700-1700	1		Friday	0800-1600	2	1	1	5

## 1 MEDICAL PROVIDER IN OFFICE

	Time	RN		Time	MA	RC	PSR	Number of Staff	
Monday	0700-1700	1		Monday	0800-1600	1	0	1	3
Tuesday	0700-1700	1		Tuesday	0800-1600	1	0	1	3
Wednesday	0700-1700	1		Wednesday	0800-1600	1	0	1	3
Thursday	0700-1700	1		Thursday	0800-1600	1	0	1	3
Friday	0700-1700	1		Friday	0800-1600	1	0	1	3

## WEEKEND STAFFING

<b>Saturday</b>	CLOSED
<b>Sunday</b>	CLOSED



### Introduction

This tool is intended to help hospital staff assess and evaluate complaints relative to Public Health Law section 2805-t. The following document breaks complaints into valid and dismissed categories and resolved and unresolved categories and provides examples for each category. The document concludes with a decision tree to help nurse staffing committees understand the processes they should follow.

### Nurse Staffing Committee Responsibilities

There are multiple issues that Clinical Staffing Committee should be considering and to which they should be responding. According to PHL 2805-t staffing committees must develop a staffing plan, review the plan semiannually, and review, assess, and respond to staffing variations or concerns brought to the committee. While not all issues will trigger a DOH investigation these are relevant issues that functional NSCs investigate as part of their normal business.

### Clinical Staffing Committee Accountability

It is the responsibility of the Clinical Staffing Committee to develop a process to examine and respond to complaints made by nurses about variations or concerns about unit-based staffing plans and/or objections to shift-to-shift adjustments. This process must include the ability to determine if a complaint is resolved or dismissed.

The clinical staffing committee may by consensus, determine a complaint resolved or dismissed.

### **Complaints must be considered in a timely manner by the staffing committee if:**

- The hospital does NOT follow the nursing personnel assignments in a patient care unit according to the staffing plan; or
- A nurse disagrees with shift-to-shift adjustments made by management.

### **Complaints may be dismissed if:**

- The hospital follows the nursing personnel assignments in a patient care unit as called for in the nurse staffing plan;
- Evidence does not support the staffing complaint;
- Hospital documents it has made reasonable efforts to obtain staffing but has been unable to; or
- Incident causing the complaint occurred during an unforeseeable emergency defined:
  - any unforeseen national, state, or municipal emergency;
  - when a hospital disaster plan is activated;
  - any unforeseen natural disaster or catastrophic event that substantially affects or increases the need for health care services; or
  - when a hospital is diverting patients to another hospital or hospitals for treatment or the hospital is receiving patients from another hospital or hospitals.

### **Resolved vs. Unresolved Complaints**

#### *Resolved complaints*

- Nurse staffing committee agrees that the complaint has been resolved.

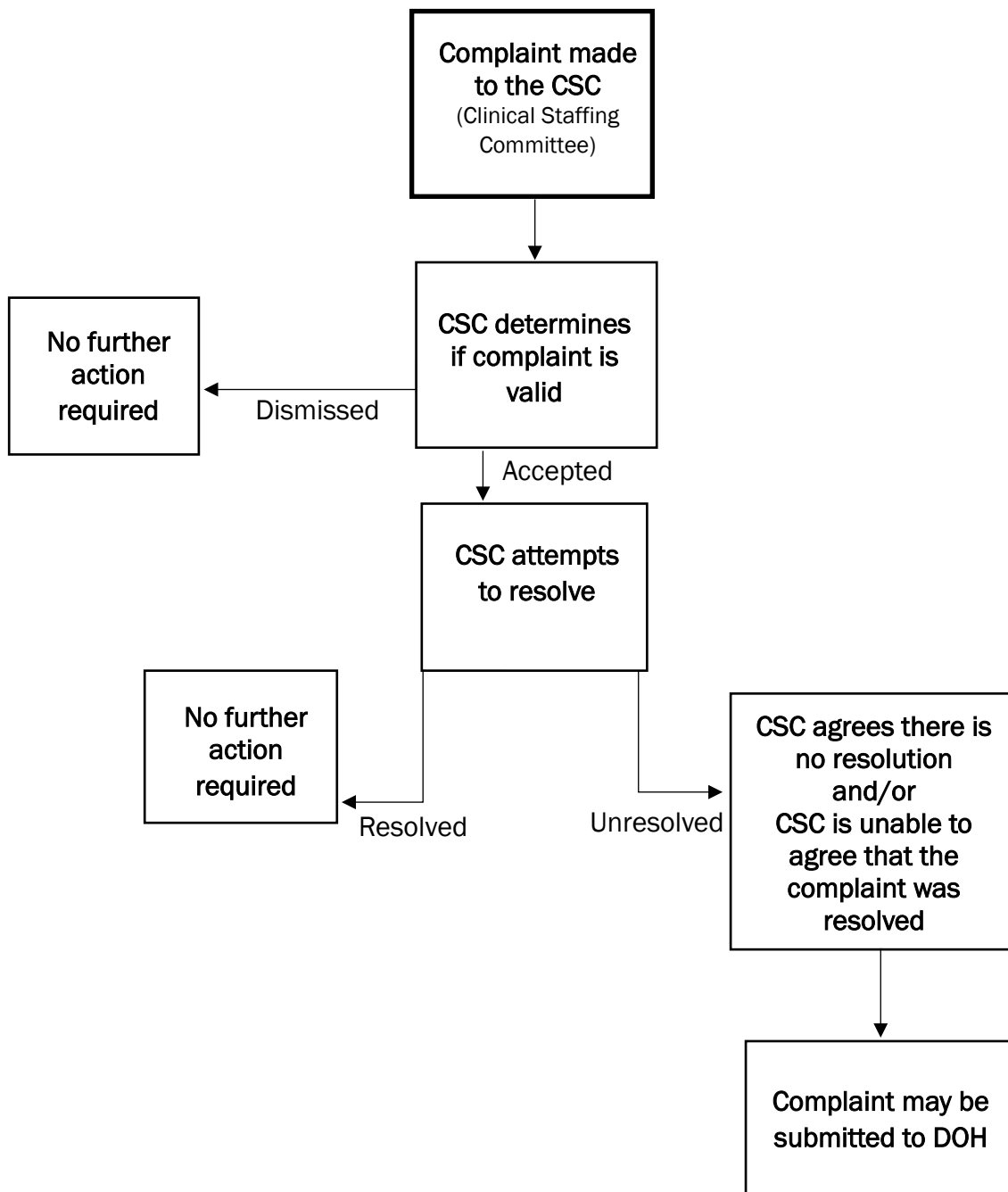
#### *Unresolved complaints*





- Nurse staffing committee agrees that the complaint was not resolved; or
- Nurse staffing committee is unable to agree if the complaint has been resolved.

## Complaint Process Decision Tree





## Clinical Staffing Variance Response

Thank you for your submission of the Clinical Staffing Variation Form. Your submission was reviewed at our recent Clinical Staffing Committee meeting on *[date]*.

We're sorry that you experienced *[insert details of variance reported]*.

In collaboration with leadership, we are currently working on the following initiatives to help address the staffing challenges we are facing:

- Recruitment: *[insert detail about efforts to expedite the process of recruitment, discuss applicants, host interviews, and complete on-boarding]*.
- Retention: *[insert details about bonuses and other retention strategies]*
- Assignments: *[insert detail about how the hospital is reviewing census, staffing patterns, and adjusting the distribution of staffing resources]*
- Travelers: *[insert detail about how/where the hospital uses travelers (by title), details for the specific floor/unit, and expected change for next week]*.
- Budget adjustments: *[insert detail about how the hospital's budget has been modified to allow hiring more staff, compared to past budget, etc.]*

If you continue to have future concerns about your assignment, please report your concerns to *[insert chain of command - the charge nurse, managers, or director]*.