Oneida Health Acute Care Facility Clinical Staffing Plans

2025 - REVISED

Staffing Grids

The following grids are based on each unit's standard of care practices and are subject to vary depending on current and estimated patient census. Staffing is reviewed daily by nursing leadership, and constantly by the nursing supervisors. Many RNs are cross trained in different units to give fluidity in regard to staffing assignments. The staffing plans are updated annually based on prior year's census.

Emergency Dept.

Shift	Charge RN	Staff RN	LPN	ED tech	Ward Clerk
07-1100	1	4	1	1	1
1100-1500	1	6	1	1	1
1500-1900	1	7	1	1	1
1900-2300	1	5	0	1	1
2300-0300	1	3	0	1	1
0300-0700	1	2	0	1	1

Staffing is based off an average daily Emergency Dept. census of 69.

Staffing RN ratio: 1: 3-4.

One RN assigned to triage from 1100-2300.

Patients who are considered hemodynamically unstable can require a RN 1:1 ratio. Dependent on patient's presentation, assessment, vital signs, and/or medications ordered.

RN is 1:1 with special procedures until the patient is considered stable. Procedures can include central line, pacing, chest tube, thoracentesis, paracentesis, conscious sedation, massive transfusion protocol, etc.

Charge RN to take over another RNs assignment or delegate another RN to assist with assignment if one of their patients require 1:1. Charge RN to collaborate with RN supervisor for additional staff if needed.

Adequate nurse staffing levels should account for patient volume and acuity, the increased time demands of electronic medical record documentation, the number of patients boarding in the ED, patient and family education, and care coordination.

In times of high patient volumes, resources are utilized from nursing float pool, nurse educators, and nursing administration. Respiratory therapists, security, phlebotomy, and patient transport are available as needed. Extra RNs and per diem RNs are offered overtime as needed.

Reference: Emergency department nurse staffing. (2017). Annals of Emergency Medicine, 70*(1), 115.* https://doi.org/10.1016/j.annemergmed.2017.03.047

Intensive Care Unit

Shift	Charge RN	Staff RN	Monitor Tech
07-1930	1	1-2	1
19-0730	1	1-2	1

Staffing is based off the 2024 average daily ICU patient census of 4.15.

ICU charge RN takes a 1-2 patient assignment as needed based on census in conjunction with their role as a mentor on the unit.

Stable patients on a ventilator may be part of a 2:1 assignment.

Stable patients receiving multiple units of blood products or electrolyte replacements may be part of a 2:1 assignment.

Stable DKA patients may be part of a 2:1 assignment.

Stable HFNC, BiPAP, CPAP, and other o2 delivery device patients are able to be part of a 2:1 assignment.

Paralyzed and proned patients on a ventilator need to be a 1:1 assignment.

Patients within immediate post ROSC will be a 1:1 assignment until stabilized.

Patients needing massive transfusion protocol are a 1:1 assignment until stabilized or until MTP is ended.

Patients undergoing active organ donation are a 1:1 assignment until they go to the OR.

Patients needing transcutaneous or transvenous pacing are a 1:1 assignment.

Patients who are on multiple continuous titratable drips may be a 2:1 or a 1:1 assignment, this depends on stability and would warrant a conversation between the bedside RN, charge RN, and nursing leader (manager or supervisor) to decide what is clinically safest for the patient and staff.

When a bedside RN has clinical reasoning for a patient to be a 1:1 assignment that is not listed above, they should be empowered to discuss their concerns with their charge RN and nursing leadership to make a safe staffing plan for the current and future situation.

There are times when a patient may need to be 1:1 for a short period of time (Arterial line insertion, central line insertion, rapid sequence intubation, etc.). During this time, the charge nurse should take over the nurse's other patient if able, delegate another nurse to watch over the other patient, or collaborate with nursing leadership to get extra help for this time.

In times of high patient volumes or high acuity patients resulting in 1:1 assignments, resources are utilized from nursing float pool, nurse educators, and nursing administration. Respiratory therapists, security, phlebotomy, and patient transport are available as needed. Extra RNs and per diem RNs are offered overtime as needed.

AACN Standards for Appropriate Staffing in Adult Critical Care. CriticalCareNurse. Vol 44, No. 6, December 2024. Pages 69-72.

OB/GYN/Pediatrics/ Nursery

Shift	Charge RN	Staff RN	Ward Clerk
07-1930	1	2-4	1
19-0730	1	2-3	0

Staffing is based off an average daily OB/GYN/Pediatric patient census of 4, an average daily newborn nursery census of 3.2, and an annual average of 580 newborn deliveries.

Staffing guidelines are based off of AWHONN standards: 1RN:5-6 newborns; 1 RN: 5-6 postpartum/GYN mix; 1RN: 1 OB w/ Mg gtt in acute phase, (may care for one couplet if Mg is maintenance not in labor); 1 RN:3 couplets; 2 RNs for each delivery (1 mom, 1

baby); 1 RN: 2-3 triages; 1 RN: 1 mom in pacu x2hrs, same RN may care for baby if both stabilized; 1 RN: 1-2 special care newborns.

In times of high patient volumes, resources are utilized from nursing float pool, nurse educators, and nursing administration. Respiratory therapists, security, phlebotomy, and patient transport are available as needed. Extra RNs and per diem RNs are offered overtime as needed.

https://www.awhonn.org/resources-and-information/published-resources/staffing-exec-summary/

Medical-Surgical Unit

Shift	Charge RN	Staff RN	LPN	CNA/PCT	Ward Clerk
07-1930	1	5-6	1-3	3-4	1
19-0730	1	4-5	1-3	3-4	1

Staffing is based off an average daily Medical-Surgical patient census of 21 patients.
Maximum RN: Patient on days 5:1 for RN/PCT team and 6:1 for RN/LPN team.
Maximum RN: Patient on nights is 6:1 RN/PCT team and 7:1 for RN/LPN team.

Staffing ratios are influenced by:

- The acuity of patients – how much intervention they need from nurses, physicians and other health care professionals – is critical to determining effective and appropriate levels of nurse staffing in hospitals. Staffing should be based on patient need.
- The nurse's ability to meet the needs of individual patients.

In times of high patient volumes, resources are utilized from nursing float pool, nurse educators, nursing administration, and charge RN to take a smaller 1-3 patient assignment. Respiratory therapists, security, phlebotomy, and patient transport are available as needed. Additional RNs/per diem RNs are offered overtime as needed.

Academy of Medical Surgical Nurses (AMSN). (2025). Safe Staffing. Retrieved from amsn.org/advocacy/policy-agenda/safe-staffing.

Operating Room

Average Daily Census: 14.0

Shift	Charge RN	Staff RN	RNFA	Surgical Tech	Ward Clerk	Anes Tech/LPN
0700-1500	1	4	1	1	1	1
0630-1830	0	0	0	1	0	0
0700-1700	0	4	0	3	0	0
0900-1700	0	1	0	0	0	0
1700-0700 (Mon-Fri)	0	1 Call	0	1 Call	0	0
0700 (Sat through 0700 Mon)	0	1 Call	0	1 Call	0	0

- RN: Patient= 1:1
- Scrub Tech: Patient= 1:1
- Additional staff members, with appropriate competencies, may be used as appropriate for the following: moderate sedation, local sedation, complex surgical procedures and patients with compound needs may require additional RN(s) and/or scrub tech (s), technical demands (lasers, robotics, audiovisual equipment, auto transfusion device), and first assist requirements.
- 1 RN and 1 scrub tech are on call 24/7 to meet the needs of cases taking place outside the hours of Monday-Friday 0700-1700. Staff schedules are created and flexed to work with actual cases scheduled.
- In times of high patient volumes or high acuity patients, resources are utilized from the OR per diem pool (RNs and scrub techs), nurse educators, and nursing administration. Respiratory therapists, security, phlebotomy, and patient transport are available as needed. Extra RNs, scrub techs, and per diem RNs are offered overtime as needed.
- If Anesthesia permits: 4 operating rooms can run between the hours of 0700-1500, 2 OR rooms can run between 1500-1700, and 1 OR room can run after 1700.

Reference: Combined document, AORN Position Statement on Perioperative Safe Staffing and On-call Practices. Approved by the House of Delegates, April 2014 Revision approved by the membership: June 30, 2021

PACU

Average Daily Census: 12.6

Shift	Staff RN
0700-1900	3
1900-0700 (M-F)	1 Call
0700 (Sat.) through 0700 (Mon)	1 Call

- RN: Patient= 1:1, 1:2, or 2:1
- Staffing should reflect patient acuity. In general, a 1:2 nurse-patient ratio in Phase I allows for appropriate assessment, planning, implementing and evaluation for discharge as well as increased efficiency and flow of patients through the Phase I area.
- The need for additional Phase I perianesthesia registered nurses and support team members is dependent on the patient acuity, complexity of patient care, patient census, and the physical facility.
- Two registered nurses, one of whom is a perianesthesia registered nurse competent in Phase I post anesthesia nursing, are in the same room/unit where the patient is receiving Phase I care. The Phase I registered nurse must have immediate access and direct line of sight when providing patient care. The second registered nurse should be able to directly hear a call for assistance and be immediately available to assist. These staffing recommendations should be maintained during "on call" situations.
- For "on call "situations, the second RN can be a PACU RN/ICU RN/nursing float pool RN/ OR RN/OB RN.
- 1 RN is on call 24/7 to meet the needs of the cases during the hours outside of Monday-Friday 0700-1900. Staff schedules are created and flexed to work with actual cases scheduled.
- In times of high patient volumes or high acuity patients, resources are utilized from the PACU per diem pool, nursing float pool, ICU cross-trained RNs, ASU cross-trained RNs, OR cross-trained RNs, nursing educators, and nursing management/administration. Respiratory therapists, security, phlebotomy, and patient transport are available as needed. Extra RNs and per diem RNs are offered overtime as needed.

Reference: *https://www.aspan.org/Clinical-Practice/Patient-Classification* (2021).

Endoscopy

Average Daily Census: 16.7

Shift	Charge RN	Staff RN	Endo Tech	Ward Clerk
0530-1530	0	0	0	1
0600-1600	0	2	1	0
0600-1800	0	2	0	0
0630-1630	1	0	0	0
0700-1700	0	3	1	0
0730-1730	0	2	0	0
0800-1800	0	2	1	0

- RN: Patient = 1:1-1:5 (varies depending on phase; Pre procedural, Phase I recovery, or Phase II recovery)
- All endoscopy settings must have a minimum of 1 gastroenterology RN present during the pre-procedure phase of care, the procedure, and the post procedure phase of care.
- Additional personnel may be needed in some or all phases of procedural-related care in order to provide an efficient, cost effective, and safe patient experience. Level of additional personnel is dictated by (technical aspects and complexity, acuity of patient, type of anesthesia, volume of patients to be cared for in a period of time, pediatric patients, and institutional policy).
- Two registered nurses, one of whom is a perianesthesia registered nurse competent in Phase I post anesthesia nursing, are in the same room/unit where the patient is receiving Phase I care. The Phase I registered nurse must have immediate access and direct line of sight when providing patient care. The second registered nurse should be able to directly hear a call for assistance and be immediately available to assist.
- Two personnel, one of whom is a perianesthesia RN competent in phase II post anesthesia nursing, are in the same room/unit where the patient is receiving phase II care. The second personnel should be able to directly hear a call for assistance and be immediately available to assist.
- Consider staff education, experience, and competency when determining staffing patterns.

- Unit is closed during hours outside of Monday-Friday 0530-1800. Schedules are created and flexed to work with actual cases scheduled.
- In times of high patient volumes or high acuity patients, resources are utilized from ENDO per diem pool, nursing float pool, PACU cross-trained RNs, ASU cross-trained RNs, nursing educators, and nursing management-administration. Respiratory therapists, security, phlebotomy, and patient transport are available as needed. Extra RNs and per diem RNs are offered overtime as needed.

Reference: Society of Gastroenterology Nurses and Associates, Adopted by SGNA Board of Directors, May 2002

Reference: https://www.aspan.org/Clinical-Practice/Patient-Classification (2021).

Ambulatory Surgery Unit

Average Daily Census: 11.9

Shift	Charge RN	Staff RN	Ward Clerk	Nursing Aide
0600-1600 or 0700-1700	0	3	0	0
0500-1300	0	0	1	0
0800-1600	0	0	0	1
0600-1800 or 0700-1900	0	4	0	0
10 hr. or 12 hour	1	0	0	0

- RN: Patient = 1:1-1:5 (Pre surgery/Phase II recovery)
- Due to the varied complexities of same day surgery units, recommended staffing ratios must be determined by individual facilities based on, but not limited to the following criteria: patient safety, number and acuity of patients, complexity and required nursing interventions (average time in patient prep, medicine reconciliation and administration, moderate sedation, procedural (ex: joint

replacements that need pain blocks), need for additional monitoring/testing prior to a procedure).

- Two personnel, one of whom is a perianesthesia RN competent in phase II post anesthesia nursing, are in the same room/unit where the patient is receiving phase II care. The second personnel should be able to directly hear a call for assistance and be immediately available to assist.

- In times of high patient volumes or high acuity patients, resources are utilized from ASU/PACU per diem pool, nursing float pool, Endoscopy cross-trained RNs, PACU cross-trained RNs, nursing educators, and nursing management-administration. Respiratory therapists, security, phlebotomy, and patient transport are available as needed. Extra RNs and per diem RNs are offered overtime as needed.
- Unit is closed during hours outside of Monday-Friday 0600-1900. Schedules are created and flexed to work with actual cases scheduled.

Reference: https://www.aspan.org/Clinical-Practice/Patient-Classification (2021).

PAT

Average Daily Census: 11

Shift	Staff RN	Staff RN w/ Lab-EKG training	Nurse Practitioner
0700-1700	0	1	1
0730-1530	1	0	0
0830- 1630	1	0	0

- Staffing for pre-admission is dependent on patient volume, patient health status, educational/health literacy needs, discharge planning needs, and required support for pre anesthesia/pre procedural interventions.

- Unit is closed during the hours outside of Monday-Thursday 0700-1700 and Friday 0730-1630. Schedules are created and flexed to work with actual cases scheduled.
- In times of high patient volumes or high acuity patients, resources are utilized from the ASU/PACU per diem pool, surgical department cross-trained RNs

(ASU/PACU/OR), nursing educators, nursing administration. Respiratory therapists, security, phlebotomy, and patient transport are available as needed.

- Extra RNs and per diem RNs are offered overtime as needed.

Reference: https://www.aspan.org/Clinical-Practice/Patient-Classification

Respiratory Therapy

Respiratory Therapy Shift	Respiratory Therapists
0700 - 1900	2
1900 - 0700	2

The respiratory therapy department is staffed with 4 RTs within a twenty-four-hour period, seven days a week.

This represents a core staffing model that ensures access to critical emergency and intensive care services, response to neonatal emergencies and high risk deliveries, and compliance with the Oneida ECF ventilator transfer agreement.

This staffing model may be modified for periods of high volume, or to accommodate certain outpatient procedures or tests.

The respiratory supervisor may assist in covering unforeseen events such as multiple absences or to assist with outpatient tests and procedures.

Requirement for ventilator transfer agreement:

https://regs.health.ny.gov/content/section-41538-long-term-ventilator-dependent-residents

AARC Staffing best practices:

http://www.aarc.org/wp-content/uploads/2018/07/guidance_Best_Practices_Productivity_Staffing.pdf

Cardiac Testing

Shift	RN	Assistant (MOA)
M-F 0800-1600	1	1

The Cardiology clinic sees an average of 15-19 outpatients in the office every day with an average of 4-6 patients in cardiac testing on scheduled days. Staffing for the

department is consistent and not census dependent. Nursing float pool and the practice manager are cross trained in the Cardiac Testing Dept. to fill in during times of need if the RN is sick or on vacation.

Care Transitions

Shift	RN	Administrative Assistant
7-4pm	3	2

Care Transition Services (CTS) is a collaborative department with a streamlined process that assesses, plans, implements, coordinates, monitors and evaluates to improve patient outcomes, experiences and value. The practice of case management is professional, collaborative and multidisciplinary. Occurring in a variety of settings where medical care and social support are rendered. The services are facilitated by diverse disciplines in conjunction with the patients and their support systems. With the pursuit of health equity, priorities include identifying individual needs, ensuring access to resources and services, addressing social determinants of health and facilitating safe transitions of care. Professional Case Managers assist with navigating complex health systems to achieve mutual goals, advocate for those they serve, and recognize personal dignity, autonomy and the right to self-determination.

ACMA Standards of Practice and Scope of Services, 2020

Physical Therapy

Physical Therapy Avg. # of patients seen daily	Avg # of new evals	# of staff	# of hours scheduled
12	6	1.8 -2.6	17-22 per day

In times of high patient volumes/ unexpected staff call ins, the director of physical therapy will bring in therapists from outpatient areas as needed. Staffing is higher on days of planned orthopedic surgeries.

Wound Care Center

Shift	RN	Hyperbaric Tech	Front Desk Coordinator
M-F 08-1630	2 (1 is a program director)	1	1

Average daily census for the Wound Care Center is 25 patients. The population served includes outpatients and inpatient consults done by the RNs.

Radiology

STAFF	730-1530	1530-2330	2330-0730
RN	2		
CT	2	1	1
XRAY	4	1	1
US	3	1	0
NM/PAT	2	0	0
MRI	2	1	

Radiology is staffed based on outpatient volume per modality. We are staffed within a 24-hour period, seven days a week for X-ray and CT. US will take call on overnights and weekends to provide services.

Average number of AM procedures per day for RNs is 4.8.

The following signatures represent that this document has been created, reviewed, and approved by the Oneida Health Staffing Committee.

Felissa Koernig, Oneida Health President — Date: 10/31/25

Carley Thieme, RT, Co-Chairperson — Date: 11/4/25

Donna Maccarone, RN, Co-Chairperson — NYSNA rep — Date: 10/31/25