

Oneida Health Acute Care Facility Clinical Staffing Plans

2026

Staffing Grids

The following grids are based off of 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 around-the-clock by the nursing supervisors. Many RNs are cross-trained in different units to give fluidity in regards to staffing assignments. The staffing plans are updated annually based on prior year's census.

Emergency Dept.

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

Staffing is based off an average daily Emergency Dept. census of 67. Typical RN to patient ratio: 1: 3-4 but may rise as high as 1:5 based on patient acuity and complexity. One RN is assigned to triage from 1100-2300.

Patients who are considered hemodynamically unstable, trauma cases, and special procedures require a RN 1:1 ratio until stable. Dependent on patient's presentation, assessment, vital signs, and/or medications ordered. 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 available as needed. RNs and per diem RNs and LPNs are offered overtime as needed.

References:

Emergency Nurses Association (ENA) Position Statement: Staffing and Productivity in the Emergency Department. (2021). <https://ena.org>

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 2025 average daily ICU patient census of 4.06.

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.

Examples of 2:1 Assignments:

- Stable patients on a ventilator.
- Stable patients receiving multiple units of blood products or electrolyte replacements.
- Stable DKA patients.
- Stable HFNC, BiPAP, CPAP, and other O2 delivery.

Examples of 1:1 Assignments:

- Paralyzed and proned patients on a ventilator.
- Patients within immediate post ROSC until stabilized.
- Patients needing massive transfusion protocol until stabilized or until MTP is ended.
- Patients undergoing active organ donation until they go to the OR.
- Patients needing transcutaneous or transvenous pacing.

Patients 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.

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 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.

Sections 2803 and 2805-t(5) of the Public Health Law, sections 400.25, 405.5, 405.12, 405.19, 405.21, 405.22, and 405.31 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York

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 patient census of 5.1, an average daily newborn nursery census of 2.1, and an annual average of 400 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 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.
 Standard RN: Patient on days 5:1 for RN/PCT team and 6:1 for RN/LPN team.
 Standard 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 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: 10.2

| Shift | Charge RN | Staff RN | RNFA | Surgical Tech | Ward Clerk/OR Aide | Anes Tech/LPN |
|-----------|-----------|----------|------|---------------|--------------------|---------------|
| 0700-1500 | 1 | 5 | 1 | 0 | 1 | 1 |
| 0630-1830 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0700-1700 | 0 | 4 | 0 | 1 | 0 | 0 |
| 0800-1600 | 0 | 0 | 0 | 0 | 1 | 0 |
| 0900-1700 | 0 | 1 | 0 | 0 | 0 | 0 |
| 0600-1800 | 0 | 1 | 0 | 1 | 0 | 0 |
| 1700-0700 | 0 | 1 Call | 0 | 1 Call | 0 | 0 |

- RN: Patient= 1:1
- Scrub Tech: Patient= 1:1
- Additional staff members , with appropriate competencies, maybe 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 0600-1700. 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 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 from 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: 9.1

| 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 Phase (1) area.
- The need for additional Phase (1) peri-anesthesia 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 peri-anesthesia registered nurse competent in Phase (1) post anesthesia nursing, are in the same room/unit

where the patient is receiving Phase (1) care. The Phase (1) 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 0600-1900. 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 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: 14.2

| 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 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: 9.40

| Shift | Charge RN | Staff RN | Ward Clerk | Nursing Aide |
|------------------------------|-----------|----------|------------|--------------|
| 0600-1600 | 0 | 2 | 0 | 0 |
| 0500-1300 | 0 | 0 | 1 | 0 |
| 0800-1600 (Varies/census) | 0 | 0 | 0 | 1 |
| 0600-1800 | 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 Peri-anesthesia 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 available as needed. Extra RNs and per diem RNs are offered overtime as needed.

- Unit is closed during hours outside of Monday-Friday 0500-1800. 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: 10.5

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

| 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://reqs.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

Cardiology

| Shift | RN | Assistant (MOA) |
|---------------|----|-----------------|
| M-F 0800-1630 | 1 | 1 |

The Cardiology clinic sees an average of 15-19 outpatients in the office every day. Departmental staffing is consistent and not census-dependent.

Cardiac Testing

| Shift | RN | Support Staff |
|---------------|--------------------------------------------------|----------------------------------------|
| M-F 0700-1600 | 1 (on testing days – Monday and Friday mornings) | 2 Echo Techs 1 Cardiopulmonary Tech |

The Cardiac Testing department provides testing Monday through Friday and utilizes an RN from the nursing float pool on Monday and Friday mornings. Staffing the department is consistent and not census-dependent.

Care Transitions

| Shift | RN | Administrative Assistant |
|--------------|-----------|---------------------------------|
| 7-4pm | 4 | 1 |

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

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

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

| <u>Shift</u> | <u>RN</u> | <u>Hyperbaric Tech</u> | <u>Front Desk Coordinator</u> |
|--------------|-----------------------------|------------------------|-------------------------------|
| M-F 08-1630 | 3 (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.

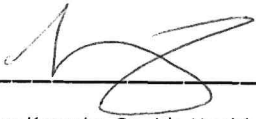
Radiology

| <u>STAFF</u> | <u>730-1530</u> | <u>1530-2330</u> | <u>2330-0730</u> |
|---------------|-----------------|------------------|------------------|
| 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. Registered Nurses work Monday through Friday.

Average number of AM procedures per day for RNs is 7.

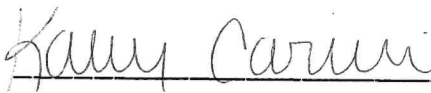
The following signatures represent that this document has been created, reviewed, and approved by the Oneida Health Staffing Committee.



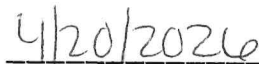
Felissa Koernig, Oneida Health President



Date



Kaley Carinci, RN, Co-Chairperson



Date



Donna Maccarone, RN, Co-Chairperson



Date