

Oneida Health Hospital's Clinical Staffing Committee unanimously approved the enclosed staffing plan for inpatient units, emergency department, intensive care unit, physical therapy, and respiratory therapy. These plans are based on average daily patient census, nature of care delivered, and guidelines from appropriate professional organizations (i.e. AWOHN, ASPAN and AORN).

The Staffing Plan is reflective of ANA's *Principles for Nurse Staffing* (2019) emphasizing that:

- Nurses at all levels must have a role in nurse staffing decisions
- All health care settings have well-developed staffing guidelines with measurable outcomes
- Nurse staffing needs are based on multiple factors, including patient status and nurse competencies
- Nurse staffing is more than numbers, and one size does not fit all
- Flexibility and teamwork are essential to effectively meet the ever-changing needs of patients

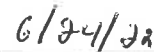
Included within the Staffing Plan is a description of the use of additional resources as dictated by patient need and census. These resources include a Float Pool (day and night shift) and clinical partners in education and nursing administration.

Data from the previous year, 2021, was used to determine average daily census and budgeted staffing for each unit. Variations to the staffing plan, particularly during the height of the pandemic and ensuing surges, were consistently addressed through addition of agency staff, incentive pay, and support from clinical partners in education, administration, and other support departments.

The Oneida Health Hospital's Staffing Plan is approved and ready for implementation of January 1, 2023.



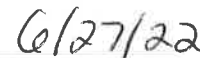
Charles Gijanto, CEO Oneida Health



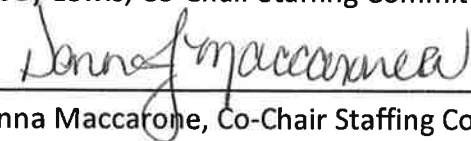
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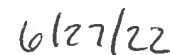
Abbey Lewis, Co-Chair Staffing Committee



Date



Donna Maccarone, Co-Chair Staffing Committee



Date

Oneida Health Hospital

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. The average daily census listed for each unit is from 2021 records. Staffing gets reviewed daily by nursing administration as a group, and constantly by the nursing supervisor. Many RNs are cross-trained in different units to give fluidity to staffing assignments.

Emergency Dept.

Shift	Charge RN	Staff RN	LPN/Tech	Ward Clerk
07-0930	1	3	1	1
0930-11	1	4	1	1
11-2130	1	5	1	1
2130-23	1	4	1	1
23-03	1	3	1	1
03-07	1	2	1	1

Staffing is based off of an average daily Emergency Dept. census of 55.6.

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.

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 of an average daily ICU patient census of 3.4.

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.

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 of an average daily OB/GYN/Pediatric patient census of 4.2, 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 until recovered up to 2hrs maximum, 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.

Medical-Surgical Unit

Shift	Charge RN	Staff RN	LPN	CNA/PCT	Ward Clerk
07-1930	1-2	5-6	1-3	2-3	1
19-0730	1-2	5-6	0	2-3	1

Staffing is based off an average daily Medical-Surgical patient census of 20.5 patients. Maximum RN: Patient on days 5:1 for RN/CNA team and 7:1 for RN/LPN team. Maximum RN: Patient on nights is 6:1.

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. Extra RNs and per diem RNs are offered overtime as needed. When the patient census reaches 28, it is the discretion of the nursing administration team in collaboration with the Medical- Surgical Unit Charge RN to add a second charge nurse.

Operating Room

RN: Patient= 1.1

Scrub Tech: Patient= 1:1

Staffing guidelines for the OR are per AORN standards and based off an average daily Operating Room patient census of 7.8. One RN and one scrub tech is on call 24/7 to meet needs of cases during hours outside of Monday-Friday 07-1900. Schedules are created and flexed to work with actual cases scheduled.

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

PACU

RN: Patient= 1:1-2

Staffing guidelines for PACU are based off ASPAN standards and an average daily PACU patient census of 6.4. One RN is on call 24/7 to meet needs of cases during hours outside of Monday-Friday 07-1900. Schedules are created and flexed to work with actual cases scheduled.

In times of high patient volumes, resources are utilized from nursing float pool, Intensive Care Unit cross-trained RNs, nurse educators, and nursing

administration. Extra RNs and per diem RNs are offered overtime as needed. After 1600 Monday-Friday, call nursing supervisor for assistance with transport if needed.

Respiratory Therapy

Shift	Respiratory Therapists
07-1530	2
15-2330	2
23-0730	1

Staffing is based off a year to date daily average of 21.59 respiratory treatments. The respiratory therapy department is staffed with 5 RTs within a twenty four hour period, seven days a week.

In times of high patient volumes/ unexpected staff call in's, the director of RT will help out on the floor with treatments, other RTs are asked to come in for overtime, and certain RT treatments may be delegated to trained nursing staff to complete.

Physical Therapy

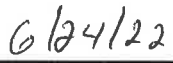
Avg. # of patients seen daily	Avg # of new evals	# of staff	# of hours scheduled
13	5	1.5	11-14

In times of high patient volumes/ unexpected staff call in's, the director of physical therapy will bring in therapists from outpatient areas as needed. There is one PT aide scheduled daily with the PT.

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



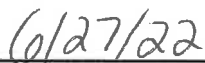
Charles Gijanto, Interim CEO



Date



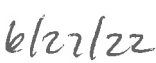
Abbey Lewis, RN, Co-Chairperson



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Donna Maccarone, RN, Co-Chairperson



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