Department: Nursing Department

Date: 10/14/2021

Crisis Staffing Plan

During routine operations SUNY Upstate Nursing follows our Nursing Department Plan for Providing Nurse Coverage, reviews staffing across all areas every two weeks, and adjusts in real time. We also assess the need for and make requests for additional support through Travel staff based off our every two week review.

As staffing challenges dictate, we will implement a variety of measures to support increasingly difficult staffing situations as outlined in this Crisis Staffing Plan. This plan serves as a guideline for the process of providing nurse coverage for patient care requirements at Upstate University Hospital (UH) at both the Downtown and Community hospitals, and Golisano Children's Hospital (GCH) when requirements exceed nursing staffing resources and the steps outlined in the Nursing Department Plan for Providing Nurse Coverage has been exhausted. As we assess our staffing we will implement a variety of options to provide additional support. These decisions are made in a sequential process from least to most disruptive to the routine operations of the organization.

The metric we will use will be adjusted functional vacancy rate (AFVR). AFVR includes actual vacancies from budgeted plan, LOAs, orientees, and employees hired but not yet started less the support provided by support pool staff and travel agency staff. We will consider AFVR for ICU services and medical-surgical services separately and as a whole.

Staffing concerns Level I (> 25% AFVR

- Ensure all unit positions and TN positions are posted.
- Post additional on call and overtime shifts for all specialty areas showing > 20% vacancy rate
- Implement runner and RN helper roles as Overtime/Extra time shifts. Create runner role specific to ED utilizing per diem positions specifically for Upstate students.
- Canvass retirees and students that can participate in adapted patient care delivery model.
- Implement Support Services rounding to ensure no disruption in nursing workflows.
- Implement Ancillary runner role to ensure supplies and equipment available for nursing units.

- Decrease the number of float staff left in float pool for just in time needs to one, assign others to units with need.

Staffing concerns Level II – FVR 35- 45%

- Adapt patient care delivery model to incorporate use of temporary ancillary roles, provide reinforcement to ensure consistency.
- Extend MS RN to patient ratios to a maximum of 1:5 with the assistance of ancillary roles such as RN helper and runner as appropriate based on patient acuity and staff experience.
- Extend pediatric MS RN to patient ratios to 1:4 as appropriate based on patient acuity and staff experience.
- Extend Rehabilitation patient care assignments to 1:6 with the assistance of ancillary roles such as RN helper and runner when appropriate based on patient acuity and staff experience level.
- Consolidate services where able to reduce overall staffing needs within specialties. (Consider bed closure of small or temporary units in order to more efficiently staff others, such as secure unit with generally low census or overflow areas unable to consistently staff.
- All departments assess RN staff skill sets partitioning them into RNs who could take a full assignment with refresher, and RNs who could fill RN helper role.
- Identify and deploy RNs campus wide that could immediately take a patient care assignment on an inpatient unit using OT/ET.
- Identify and deploy RNs campus wide who would be able to take a patient care assignment with condensed (just-in-time) training using OT/ET.
- Begin reduction of bed needs through limitation of inpatient surgical bed needs following Surgical Services plan for Staffing and Capacity.
- Ensure OT/ET is directed toward delivery of care at the bedside. Implement per diem positions to support areas that use OT/ET to support non-clinical sites such as testing, hotlines to free up assistance at the bedside. Recruit students, retirees and members of the community for these sites.
- Implementation of Patient Care Emergency Plan to maintain ratios.

- Departments with reduction of services begin to consider operationalizing preliminary plans to deploy staff, considering experience level.
- Request 4-8 hours per pay period /PP from organizational RNs to support the bedside on all shifts.
- Add volunteer force to assist on patient units, ancillary departments to support bedside care.
- Fill vacancies in testing sites and hotlines with per diem positions for outside candidates and retirees and light duty staff to decrease overtime shifts that could be routed to bedside.
- All RNs who have transferred from ICUs and EDs to non-inpatient areas in the last year are deployed to the bedside.
- Create a skills assessment for all campus-wide RNs that is completed yearly.
- Create a skills refresher class to support RNs who are not employed at bedside.

Staffing concern Level III (AFVR >45%)

Movement to this level occurs when any or more of the following occur and are sustained: implementation of Patient Care Emergency Plan occurs frequently or is unable to provide resources, isolated MS patient care assignments at >1:6 occur with greater frequency, consistently high boarders with extended stay.

- Implement crisis documentation in EPIC.
- All RNs who have transferred from MS areas to non-inpatient areas in the last year are deployed to the bedside. These nurses would take a full assignment after a mini-refresher if needed. i.e. Risk, Quality, ambulatory, procedural, OR, NPs.
- All organizational RNs devote 8 hours per pay period to support the bedside.
- All departments assess their departments for RNs who could take assignments.
- Extend MS RN to patient ratios to a maximum of 1:6 in MS with the assistance of ancillary roles such as RN helper and runner as appropriate based on patient acuity and staff experience.
- Extend pediatric MS RN to patient ratios to 1:5 as appropriate based on patient acuity and staff experience.

- Extend Rehabilitation patient care assignments to 1:7 for rehabilitation units with the assistance of ancillary roles such as RN helper and runner when appropriate based on patient acuity and staff experience level.
- Extend ICU patient ratio to 1:3 incorporating stepdown patient with lesser acute ICU patients when appropriate considering overall acuity in unit, staff experience level and additional resources on the unit.
- Consolidate boarders in ED geographically and deploy ED and MS RNs to work in team based model with LPNs.
- Consider further reduction of surgical volume – delay elective and non-urgent surgical cases including outpatient volumes
- Reduce procedural volume – delay elective and non-urgent procedures
- Evaluate low volume service lines for sustainability. Consider elimination or consolidation.
- Consolidate ambulatory services where possible
- Departments deploy staff made available due to reduction of services.
    - Deployment of available staff is for 24/7 coverage and through solicitation of volunteers and application of seniority rules by service area will be deployed 1/3 day shift, 1/3 evenings, 1/3 nights and would include every other weekend.
- Canvass community resources and agencies for staff that could participate in the adapted patient care delivery model.