Catholic Health
Mount St. Mary's Hospital

0583

# 2026-2027 General Hospital Clinical Staffing Plan

New York State Department of Health | 7/1/2026

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# HERDS 2805-t General Hospital Clinical Staffing Plan Application

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| Activity: | **General Hospital Clinical Staffing Plan Supplement** |
| Organization: | Organization: **Mount St. Mary's Hospital Lewiston** |
| Form: | Form: **2805-t General** |
| Data Entity Type: | **Hospital (0583)** |
| Name: | **Mount St. Mary's Hospital** |
| Time Period: | **07/01/2026 12:00 AM** |

| | |
|---|---|
| Name: | **Mount St. Mary's Hospital (0583)** |
| Address 1: | **5300 Military Road** |
| Address 2: | |
| City: | **Lewiston NY-14092** |
| State & Zip: | **Niagara (063)** |
| County: | **Western Regional Office** |

*The New York State Department of Health is implementing Section 2805-t of the Public Health Law, entitled "Clinical staffing committees and disclosure of nursing quality indicators." Every licensed general hospital is required to submit its clinical staffing plan by July 1, 2022, and then annually July 1 thereafter. The Department directs that the general hospital clinical staffing plan be submitted by the Chief Executive Officer of the facility or their designee.*

## Attestation

The following is an updated clinical staffing plan submitted to the New York State Department of Health in accordance with Public Health Law (PHL) Section 2805-t (Clinical staffing committees and disclosure of nursing quality indicators). I, the undersigned, with responsibility for this general hospital, attest that the general hospital clinical staffing plan was developed in accordance, and complies, with PHL Section 2805-t, and includes all clinical patient care units of our general hospital license under Public Health Law Article 28.

| | |
|---|---|
| First Name of person completing: * | Jill |
| Last Name of person completing: * | Stenson |
| Role at Facility: * | Vice President – Patient Care Services |
| Phone Number: | 716-298-2698 |
| * Email: * | JStenson@CHSBuffalo.org |
| I am: * | [Jeremy Essman – Hospital President's designee] |
| Description of the general hospital. Please include the general hospital's name and the titles of all the patient care units within the hospital: | Acute Care Hospital |

***Directions for Additional information regarding Clinical Staffing Plan for units of the general hospital:**

Please document the unit's name and provide the information requested for each patient care unit within the general hospital as defined in its operating certificate (for example, Intensive Care Unit, Critical Care Unit, Maternity Unit, Pediatric Unit, Psychiatric Unit, Medical Surgical Unit) in the section of the document for Day Shift, Evening Shift and Night Shift. There should be separate documentation submitted for each patient care unit and each shift within the general hospital.

When reporting the number of registered nurses, licensed practical nurses, and ancillary members of the frontline team, and number of patients, general hospitals should report the average number of each unit has per shift.

Catholic Health
Mount St. Mary's Hospital

DATE: July 1, 2026

TO: hospitalstaffingplans@health.ny.gov

RE: 0583 Mount St. Mary's Hospital, Lewiston Campus – Staffing Plan

Mount St. Mary's Hospital Clinical Staffing Committee (CSC) met monthly over the course of 2025, as part of our plan to meet the requirements of the New York Safe Staffing for Quality Care act. Our committee is made up of direct care associates and members of the hospital's leadership team. This committee has worked together to review the staffing plan for the hospital, taking into consideration the many factors that impact patient care and hospital staffing including acuity, geography, finances, recruitment and retention, resources, daily activity patterns, quality, and practice patterns. Most recently, MSM negotiated and ratified a new four-year contract with the 1199SEIU.

Mount St. Mary's Hospital has multiple initiatives in place for recruitment and retention of staff, to include and not limited to a certified nurse residency program, strong partnerships with collegiate nursing programs, serving as a clinical site for several nursing programs, system and local recruitment and retention committees, tuition reimbursement program, and bonus incentives to name a few.

Annually, nursing leaders comprised of department managers, administrative leaders, and finance partners to develop operating budgets for each nursing department. The operating budget aligns with the bargaining units agreed upon, staffing grids to include registered nurses, licensed practical nurses, nurse attendants, immediate treatment aids, and unit support staff. Salaries and benefit costs account for productive and non-productive time.

There are some instances when Mount St. Mary's Hospital was challenged in meeting staffing requirement due to weather related events over the past year, or more commonly the increased numbers of associate call-ins. During these situations arise, Mount St. Mary's Hospital uses the following means to attempt to meet the ratios:

- Financial incentives to recruit staff to pick up needed shifts when there are gaps in our posted schedule.
- Mount St. Mary's Hospital sends out communication on shift-to-shift basis to associates to recruit additional help as needed, utilizing financial incentives to recruit additional staff to come in and work when there are gaps in the schedule based on call-ins of staff above and beyond the usual anticipated
- Mount St. Mary's Hospital could utilize staff at Lockport Memorial Hospital, after all the pickup options at Lockport Memorial Hospital have been exhausted, we can then reach out to this additional group in the collective bargaining unit.

During the June Clinical Staffing Committee, a review along with staffing concerns discussed for each patient care unit's staffing with nurses was completed. A vote commenced and a consensus was reached.

This document supports clinical staffing data and any specifics used for each patient care area staffing plan.

The staffing plans entered in the General Hospital Clinical Staffing Plan Supplement HERDS survey, which included specific staffing for each patient care unit and work shift and indicating how many patients are assigned to each registered nurse and the number of ancillary staff to be present on each unit.

Sincerely,

Jeremy Essman
President Kenmore Mercy Hospital and Mount St. Mary's Hospital

Jill Stenson DNP, RN, CENP
Vice President of Patient Care Services
Mount St. Mary's Hospital

# Catholic Health Nursing Mission and Vision

## Our Nursing Mission

*As Catholic Health nurses, we are advocates and leaders for our community by providing the safest, highest quality and personalized care for every individual.*

## Our Nursing Vision

*Nursing is the center of all we do.*

*Nursing has influence and impacts decision making at all levels of the organization.*

*Nursing drives the care and support of patients and their families.*

*Nursing connects patients and families to all aspects of care.*

*Nurses' passions and priorities are promoted and supported.*

*Enhanced workflows support nurses to fully utilize their training and expertise.*

# 2026 – 2027 Clinical Staffing Plans

## Mount St. Mary's 5th Floor Medical Telemetry Budgeted Hours Staffing Plan

| Census | Charge RN | | RN | | Nurse Attendant | | | Direct |
|---|---|---|---|---|---|---|---|---|
| | 7a-7p | 7p-7a | 7a-7p | 7p-7a | 7a-3p | 3p - 11p | 11p-7a | Hours |
| **30** | 12.50 | 12.50 | 75.00 | 75.00 | 30.00 | 30.00 | 30.00 | **265.00** |
| **29** | 12.50 | 12.50 | 75.00 | 75.00 | 30.00 | 30.00 | 30.00 | **265.00** |
| **28** | 12.50 | 12.50 | 75.00 | 75.00 | 30.00 | 30.00 | 30.00 | **265.00** |
| **27** | 12.50 | 12.50 | 75.00 | 75.00 | 30.00 | 30.00 | 30.00 | **265.00** |
| **26** | 12.50 | 12.50 | 75.00 | 75.00 | 30.00 | 30.00 | 30.00 | **265.00** |
| **25** | 12.50 | 12.50 | 62.50 | 62.50 | 30.00 | 30.00 | 30.00 | **240.00** |
| **24** | 12.50 | 12.50 | 62.50 | 62.50 | 22.50 | 22.50 | 22.50 | **217.50** |
| **23** | 12.50 | 12.50 | 62.50 | 62.50 | 22.50 | 22.50 | 22.50 | **217.50** |
| **22** | 12.50 | 12.50 | 62.50 | 62.50 | 22.50 | 22.50 | 22.50 | **217.50** |
| **21** | 12.50 | 12.50 | 62.50 | 62.50 | 22.50 | 22.50 | 22.50 | **217.50** |
| **20** | 12.50 | 12.50 | 50.00 | 50.00 | 22.50 | 22.50 | 22.50 | **192.50** |
| **19** | 12.50 | 12.50 | 50.00 | 50.00 | 22.50 | 22.50 | 22.50 | **192.50** |
| **18** | 12.50 | 12.50 | 50.00 | 50.00 | 22.50 | 22.50 | 22.50 | **192.50** |
| **17** | 12.50 | 12.50 | 50.00 | 50.00 | 22.50 | 22.50 | 22.50 | **192.50** |
| **16** | 12.50 | 12.50 | 50.00 | 50.00 | 15.00 | 15.00 | 15.00 | **170.00** |
| **15** | 12.50 | 12.50 | 37.50 | 37.50 | 15.00 | 15.00 | 15.00 | **145.00** |
| **14** | 12.50 | 12.50 | 37.50 | 37.50 | 15.00 | 15.00 | 15.00 | **145.00** |
| **13** | 12.50 | 12.50 | 37.50 | 37.50 | 15.00 | 15.00 | 15.00 | **145.00** |
| **12** | 12.50 | 12.50 | 37.50 | 37.50 | 15.00 | 15.00 | 15.00 | **145.00** |
| **11** | 12.50 | 12.50 | 37.50 | 37.50 | 15.00 | 15.00 | 15.00 | **145.00** |
| **10** | 12.50 | 12.50 | 25.00 | 25.00 | 15.00 | 15.00 | 15.00 | **120.00** |

Denotes ADC

# Mount St. Mary's 5th Floor Telemetry Staffing Grid

| Census | Charge RN | | RN | | Nurse Attendant | | |
|---|---|---|---|---|---|---|---|
| | 7a-7p | 7p-7a | 7a-7p | 7p-7a | 7a-3p | 3p - 11p | 11p-7a |
| **30** | 1 | 1 | 6 | 6 | 4 | 4 | 4 |
| **29** | 1 | 1 | 6 | 6 | 4 | 4 | 4 |
| **28** | 1 | 1 | 6 | 6 | 4 | 4 | 4 |
| **27** | 1 | 1 | 6 | 6 | 4 | 4 | 4 |
| **26** | 1 | 1 | 6 | 6 | 4 | 4 | 4 |
| **25** | 1 | 1 | 5 | 5 | 4 | 4 | 4 |
| **24** | 1 | 1 | 5 | 5 | 3 | 3 | 3 |
| **23** | 1 | 1 | 5 | 5 | 3 | 3 | 3 |
| **22** | 1 | 1 | 5 | 5 | 3 | 3 | 3 |
| **21** | 1 | 1 | 5 | 5 | 3 | 3 | 3 |
| **20** | 1 | 1 | 4 | 4 | 3 | 3 | 3 |
| **19** | 1 | 1 | 4 | 4 | 3 | 3 | 3 |
| **18** | 1 | 1 | 4 | 4 | 3 | 3 | 3 |
| **17** | 1 | 1 | 4 | 4 | 3 | 3 | 3 |
| **16** | 1 | 1 | 4 | 4 | 2 | 2 | 2 |
| **15** | 1 | 1 | 3 | 3 | 2 | 2 | 2 |
| **14** | 1 | 1 | 3 | 3 | 2 | 2 | 2 |
| **13** | 1 | 1 | 3 | 3 | 2 | 2 | 2 |
| **12** | 1 | 1 | 3 | 3 | 2 | 2 | 2 |
| **11** | 1 | 1 | 3 | 3 | 2 | 2 | 2 |
| **10** | 1 | 1 | 2 | 2 | 2 | 2 | 2 |

# Mount St. Mary's Intensive Care Unit (ICU)
# Budget Hours Staffing Plan

| Census | Charge RN | | RN | | Nurse Attendant | | | Direct |
|---|---|---|---|---|---|---|---|---|
| | 7a-7p | 7p-7a | 7a-7p | 7p-7a | 7a-3p | 3p-11p | 11p-7a | FTE's |
| **12** | 2.34 | 0.00 | 14.04 | 14.04 | 0.00 | 0.00 | 0.00 | **30.42** |
| **11** | 2.34 | 0.00 | 14.04 | 14.04 | 0.00 | 0.00 | 0.00 | **30.42** |
| **10** | 2.34 | 0.00 | 11.70 | 11.70 | 0.00 | 0.00 | 0.00 | **25.74** |
| **9** | 2.34 | 0.00 | 11.70 | 11.70 | 0.00 | 0.00 | 0.00 | **25.74** |
| **8** | 2.34 | 0.00 | 9.36 | 9.36 | 0.00 | 0.00 | 0.00 | **21.06** |
| **7** | 2.34 | 0.00 | 9.36 | 9.36 | 0.00 | 0.00 | 0.00 | **21.06** |
| **6** | 2.34 | 0.00 | 7.02 | 7.02 | 0.00 | 0.00 | 0.00 | **16.38** |
| **5** | 2.34 | 0.00 | 7.02 | 7.02 | 0.00 | 0.00 | 0.00 | **16.38** |
| **4** | 2.34 | 0.00 | 4.68 | 4.68 | 0.00 | 0.00 | 0.00 | **11.70** |
| **3** | 0.00 | 0.00 | 4.68 | 4.68 | 0.00 | 0.00 | 0.00 | **9.36** |
| **2** | 0.00 | 0.00 | 4.68 | 4.68 | 0.00 | 0.00 | 0.00 | **4.68** |
| **1** | 0.00 | 0.00 | 4.68 | 4.68 | 0.00 | 0.00 | 0.00 | **4.68** |

# Mount St. Mary's ICU Staffing Grid

| Census | Charge RN | RN | NA | TOTAL | RN | NA | TOTAL |
|---|---|---|---|---|---|---|---|
| | DAY SHIFT | | | | NIGHT SHIFT | | |
| **12** | 1 | 6 | 0 | 7 | 6 | 0 | 6 |
| **11** | 1 | 6 | 0 | 7 | 6 | 0 | 6 |
| **10** | 1 | 5 | 0 | 6 | 5 | 0 | 5 |
| **9** | 1 | 5 | 0 | 6 | 5 | 0 | 5 |
| **8** | 1 | 4 | 0 | 5 | 4 | 0 | 4 |
| **7** | 1 | 4 | 0 | 5 | 4 | 0 | 4 |
| **6** | 1 | 3 | 0 | 4 | 3 | 0 | 3 |
| **5** | 1 | 3 | 0 | 4 | 3 | 0 | 3 |
| **4** | 1 | 2 | 0 | 3 | 2 | 0 | 2 |
| **3** | 0 | 2 | 0 | 3 | 2 | 0 | 2 |
| **2** | 0 | 2 | 0 | 2 | 2 | 0 | 2 |
| **1** | 0 | 2 | 0 | 2 | 2 | 0 | 2 |

# Mount St. Mary's Emergency Department
# Budgeted Hours Staffing Plan

| Type | Regular | Overtime | SUBTOTAL Reg + OT | Education | Orientation | TOTAL PROD |
|---|---|---|---|---|---|---|
| RN | 34,107 | 2,295 | 36,402 | 745 | 994 | 38,141 |
| NA | 8,591 | 327 | 8,918 | 104 | 325 | 9,347 |
| Mgmt | 1,721 | 0 | 1,721 | 0 | 0 | 1,721 |
| UC | 3,586 | 152 | 3,738 | 0 | 132 | 3,870 |
| **TOTAL** | **48,005** | **2,774** | **50,779** | **849** | **1,451** | **53,079** |

## Fixed ED Staffing Grid – 24 Hour

| MSM ED | 700 | 800 | 900 | 1000 | 1100 | 1200 | 1300 | 1400 | 1500 | 1600 | 1700 | 1800 | 1900 | 2000 | 2100 | 2200 | 2300 | 2400 | 100 | 200 | 300 | 400 | 500 | 600 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REGISTERED NURSE | Hand Off 30 min | | | | | | | | | | | | Hand Off 30 min | | | | | | | | | | | |
| RN CHARGE | ND | D | D | D | D | D | D | D | D | D | D | D | DN | N | N | N | N | N | N | N | N | N | N | N |
| RN #1 DAY/TRIAGE | D | D | D | D | D | D | D | D | D | D | D | D | D | | | | | | | | | | | |
| RN #2 DAY | D | D | D | D | D | D | D | D | D | D | D | D | D | | | | | | | | | | | |
| RN #3 DAY | | | D | D | D | D | D | D | D | D | D | D | D | D | D | | | | | | | | | |
| RN #4 DAY/NIGHT | | | | DN | DN | DN | DN | DN | DN | DN | DN | DN | DN | DN | DN | DN | | | | | | | | |
| RN #5 NIGHT/TRIAGE | N | | | | | | | | | | | | N | N | N | N | N | N | N | N | N | N | N | N |
| RN #6 NIGHT | N | | | | | | | | | | | | N | N | N | N | N | N | N | N | N | N | N | N |
| DAY | 3 | 3 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | | | | | | | | | | | |
| NIGHT | 3 | | | | | | | | | | | | 5 | 5 | 5 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| NURSE ATTENDANT | | | | | | | | | | | | | | | | | | | | | | | | |
| NA #1 DAY | D | D | D | D | D | D | D | D | D | | | | | | | | | | | | | | | |
| *NA #2 DAY | D | D | D | D | D | D | D | D | D | D | D | D | D | D | | | | | | | | | | |
| **NA #3 EVENING | | | | | | | | | E | E | E | E | E | E | E | E | | | | | | | | |
| ***NA #4 NIGHT | N | | | | | | | | | | | | N | N | N | N | N | N | N | N | N | N | N | N |
| NA #5 NIGHT | | | | | | | | | | | | | | | | | N | N | N | N | N | N | N | N |
| DAY | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | | | | | | | | | | |
| EVENING | | | | | | | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | | | | | | | |
| NIGHT | | | | | | | | | | | | | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

*NA x1 13 hours day shift 3 shifts per w
**NA x2 part time evening shifts, 3 days per week
***NA x1 13 hour night shift, 3 shifts pe
The above reflexts full compliment of full time and part time NA staffing pattern; the shifts alternate to ensure the busiest census shifts have the most NA staffing.

# Mount St. Mary's Clearview Addiction Services Budgeted Hours Staffing Plan

| Type | Regular | Overtime | SUBTOTAL Reg + OT | Education | Orientation | TOTAL PROD |
|---|---|---|---|---|---|---|
| RN | 41,584 | 2,094 | 43,679 | 24 | 824 | 44,526 |
| Mgmt | 11,206 | 47 | 11,252 | 0 | 0 | 11,252 |
| Other | 43,076 | 999 | 44,075 | 0 | 250 | 44,325 |
| Provider | 234 | 0 | 234 | 0 | 0 | 234 |
| **TOTAL** | **96,100** | **3,140** | **99,240** | **24** | **1,074** | **100,338** |

## Fixed Clearview Staffing Grid

### Weekdays (Monday through Friday)

| DAYS[A] | | | NIGHTS |
|---|---|---|---|
| RN | NA | TOTAL | RN/LPN[B][C] |
| 6 | 0 | 6 | 5 |

### Weekends and Holidays

| DAYS | | | NIGHTS |
|---|---|---|---|
| RN | NA | TOTAL | RN/LPN[B][C] |
| 5 | 0 | 5 | 5 |

(A) Requires Admissions Advisor Secretary staffing as follows: two on 4th floor and one on 3rd floor.

(B) Night staffing ratio is a required minimum of 5 RNs or LPNs. Note, each floor (3rd and 4th) is required to have at least 1 RN assigned.

(C) Night staffing requires 2 RNs or LPNs on 3rd Floor and 3 RNs or LPNs on 4th floor.

# Mount St. Mary's Infusion Services
# Budgeted Hours Staffing Plan

| Type | Regular | Overtime | SUBTOTAL Reg + OT | TOTAL PROD |
|---|---|---|---|---|
| RN | 3,146 | 84 | 3,230 | 3,230 |
| Mgmt | 920 | 0 | 920 | 920 |
| **TOTAL** | **4,066** | **84** | **4,150** | **4,150** |

## Mount St. Mary's Infusion Staffing Grid

| MSM Infusion Clinic | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Sunday | Monday | Tuesday | Vednesda | Thursday | Friday | Saturday |
| RN #1 | | D | D | D | D | D | |
| RN #2 | | D | D | D | D | D | |
| RN #3 | | D | D | D | D | D | |
| | | | | | | | |
| *Total of 8 infusion chairs with medical and chemotherapy infusions | | | | | | | |
| **Two Per Diem RNs support increased case volume | | | | | | | |
| ***Hours of Operation 0730 - 1530 | | | | | | | |

MSM Infusion Clinic

RN #1 D D D D D
RN #2 D D D D D
RN #3 D D D D D

*Total of 8 infusion chairs with medical and chemotherapy infusions
**Two Per Diem RNs support increased case volume
***Hours of Operation 0730 - 1530

# Mount St. Mary's Interventional Radiology Budgeted Hours Staffing Grid

| Type | Regular | Overtime | SUBTOTAL Reg + OT | TOTAL PROD |
|---|---|---|---|---|
| RN | 3,995 | 55 | 4,050 | 4,050 |
| Other | 2,869 | 20 | 2,889 | 2,889 |
| **TOTAL** | **6,865** | **75** | **6,939** | **6,939** |

# Mount St. Mary's Interventional Radiology Staffing Grid

MSM Cardiopulmonary

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| RN #1 FT | | D | D | D | D | D | |
| RN #2 FT | | D | D | D | D | D | |
| RN #3 PT | | D | | D | | D | |
| | | | | | | | |
| Department Hours: 0730-1700 | | | | | | | |

| MSM Interventional Radiology | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Sunday | Monday | Tuesday | Vednesda | Thursday | Friday | Saturday |
| RN #1 FT | | D | D | D | D | D | |
| RN #2 FT | | D | D | D | D | D | |
| RN #3 PT | | D | | D | | D | |
| | | | | | | | |
| Department Hours: 0730-1700 | | | | | | | |

# Mount St. Mary's Cardiopulmonary EKG/NI Stress ECHO Services Budgeted Hours Staffing Plan

| Type | Regular | Overtime | SUBTOTAL Reg + OT | Education | Orientation | TOTAL PROD |
|---|---|---|---|---|---|---|
| RN | 4,199 | 9 | 4,208 | 0 | 267 | 4,475 |
| Other | 14,280 | 66 | 14,346 | 0 | 0 | 14,346 |
| **TOTAL** | **18,479** | **75** | **18,554** | **0** | **267** | **18,821** |

## Mount St. Mary's Cardiopulmonary Staffing Grid

| MSM Cardiopulmonary | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| RN #1 | | 0700-1500 | 0700-1500 | 0700-1500 | 0700-1500 | 0700-1500 | |
| RN #2 | | 5 days per week 0830-1630 | | | | | |
| RN #3 PT | | 3 days per week - flex hours to meet patient scheduling needs | | | | | |
| Flex to occassional Saturday as needed | | | | | | | |
| | | | | | | | |
| Echo (M-F) 0700-1700 x 3 Techs | | | | | | | |
| Saturday 0700-1700 x 1 Tech | | | | | | | |
| Stress tech (M-F) 0700-1500 x 2/3 Techs | | | | | | | |

## Mount St. Mary's Respiratory Therapy

| Day Shift | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| RT #1 | 0600-1900 | 0600-1900 | 0600-1900 | 0600-1900 | 0600-1900 | 0600-1900 | 0600-1900 |
| RT #2 | 0800-2100 | 0800-2100 | 0800-2100 | 0800-2100 | 0800-2100 | 0800-2100 | 0800-2100 |
| Night Shift | | | | | | | |
| RT #3 | 1830-0730 | 1830-0730 | 1830-0730 | 1830-0730 | 1830-0730 | 1830-0730 | 1830-0730 |

# Mount St. Mary's Northtown Ambulatory Center (NAC)
# NAC Services Budgeted Hours Staffing Plan

| Type | Regular | Overtime | SUBTOTAL Reg + OT | Orientation | TOTAL PROD |
|---|---|---|---|---|---|
| RN | 22,660 | 157 | 22,817 | 2,522 | 25,339 |
| NA | 0 | 0 | 0 | 0 | 0 |
| UC | 0 | 0 | 0 | 0 | 0 |
| Mgmt | 2,112 | 0 | 2,112 | 0 | 2,112 |
| Therapist | 0 | 0 | 0 | 0 | 0 |
| Therapy Assist | 0 | 0 | 0 | 0 | 0 |
| Other | 24,529 | 135 | 24,663 | 347 | 25,010 |
| Provider | 0 | 0 | 0 | 0 | 0 |
| Admin | 0 | 0 | 0 | 0 | 0 |
| **TOTAL** | **49,300** | **292** | **49,592** | **2,869** | **52,461** |

# Mount St. Mary's Northtown Ambulatory Center Staffing Grids

## Pre Operative Staffing Grid

| | MONDAY | TUESDAY | WEDNESD | THURSDAY | FRIDAY |
|---|---|---|---|---|---|
| RN #1 | 10 Hrs | 10 Hrs | 10 Hrs | 10 Hrs | |
| RN #2 | | 10 Hrs | 10 Hrs | 10 Hrs | 10 Hrs |
| *RN #3 | | 10 Hrs | 10 hrs | 10 Hrs | 10 Hrs |
| *RN #4 | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| *RN #5 | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| RN #6 | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| RN #7 | Three days a week | | | | |
| * Assist with post op when completed in pre op | | | | | |
| | | | | | |
| NA FT | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |

# Mount St. Mary's Northtown Ambulatory Center Staffing Grids

## Operative Staffing Grid

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|---|---|---|---|
| RN #1 | 10 Hrs | 10 Hrs | 10 Hrs | 10 Hrs | |
| RN #2 | | 10 Hrs | 10 Hrs | 10 Hrs | 10 Hrs |
| RN #3 | 10 Hrs | 10 Hrs | 10 Hrs | 10 Hrs | |
| RN #4 | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| RN #5 | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| RN #6 | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| RN #7 | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| RN #8 | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| SURG T | 10 Hrs | 10 Hrs | 10 Hrs | 10 Hrs | |
| SURG T | | 10 Hrs | 10 Hrs | 10 Hrs | 10 Hrs |
| SURG T | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| SURG T | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| SURG T | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| SURG T | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| SURG T | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| SURG T PT | | 8 Hrs | 8 Hrs | | 8 Hrs |

## Post Operative Staffing Grid

| | MONDAY | TUESDAY | WEDNESD | THURSDA | FRIDAY |
|---|---|---|---|---|---|
| RN #1 | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| RN #2 | | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| RN #4 PT | 8 Hrs | 8 Hrs | 8 Hrs | | |
| RN #3 PT | | | 8 Hrs | 8 Hrs | 8 Hrs |
| | | | | | |
| NA #1 FT | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| NA #2 PT | 8 hours three days per week | | | | |
| | | | | | |
| SCHEDULER | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| MATERIALS | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| SPD | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |
| SPD | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs | 8 Hrs |

# Fifth Floor Medical-Telemetry Unit

## Scope of Service

The 5th floor medical-telemetry unit is routinely staffed for twenty single beds with the capacity to surge to 25-30 beds. The patient population consists of medical, telemetry and geriatric populations. Common diagnosis groups include and are not limited to chronic obstructive lung disease (COPD), pneumonia, heart failure, cardiovascular accident (CVA), sepsis, detoxification, altered mental status, electrolyte imbalance, acute renal failure, pulmonary embolism, and stable cardiac arrythmias.

## Skill Level/Mix of Personnel

The medical telemetry staffing ratios are one registered nurse to five patients, and patients with cardiac infusions the staffing ratio is one registered nurse to four patients. The patient care team consists of registered professional nurses, nurse attendants, and unit coordinators. The registered nurses coordinate the patients' plan of care in collaboration with the physicians and mid-level providers. A specialized interdisciplinary care (SIDR) team comprised of hospitalist, provider, RN, care management, social worker, pharmacist, physical therapist, respiratory therapist, and other support services round on each patient to review and update the patient's plan of care daily. Leadership oversight consists of a nurse manager with escalation to the director of nursing and vice president of patient care services.

## Competency

Required is NYS Licensed Professional Registered Nurse with BLS and ACLS with successful completion of a cardiac rhythm and charge nurse course. All staff are required to maintain annual competency and ongoing education as deemed necessary. A clinical educator supports educational needs for the medical telemetry unit. Specialty certification in medical-surgical nursing preferred.

## Hours of Operation

24 hours/7 days per week

## Quality Objectives

Mount St. Mary's received their fourth consecutive Leapfrog A grade in Spring 2026.

See the Quality Dashboard

- The 2026 QAPI Project
- Mobility
- Falls

# The Intensive Care Unit

## Scope of Service

The intensive care unit scope of service provides advanced, specialized nursing care to patients with acute or critical illness requiring continuous monitoring and complex interventions (American Association of Critical-Care Nurses). A team of nurses and intensivist develop plans of care that provide the highest standard of care for acutely or critically ill patients. This care is delivered by registered nurses who provide continuous, expert nursing intervention through patient assessment, monitoring, advanced medication and fluid management, advanced airway support, and disease specific interventions. The patient-family centered care is of utmost importance.

The Intensive Care unit is routinely staffed with four private rooms with full cardiac monitoring and the capacity to surge to twelve beds. The patient population consists of medical, telemetry and geriatric populations. Common diagnosis groups include and are not limited to chronic obstructive lung disease (COPD), pneumonia, heart failure, cardiovascular accident (CVA), sepsis, detoxification, altered mental status, electrolyte imbalance, acute renal failure, pulmonary embolism, and stable cardiac arrythmias.

## Skill Level/Mix of Personnel

The ICU staffing ratios are one registered nurse to one-two patients depending on acuity. The patient care team consists of registered professional nurses. The registered nurses coordinate the patients' plan of care in collaboration with the physicians and mid-level providers. A specialized interdisciplinary care (SIDR) team comprised of an intensivist, provider, RN, care management, social worker, pharmacist, physical therapist, respiratory therapist, and other support services round on each patient to review and update the patient's plan of care daily. Leadership oversight consists of a nurse manager with direct reporting structure to the director of nursing and vice president of patient care services.

# Competency

Required is NYS Licensed Professional Registered Nurse with BLS, ACLS, and NIHSS with successful completion of a cardiac rhythm, critical care, and charge nurse course. All staff are required to maintain annual competency and ongoing education as deemed necessary. A clinical educator provides education support to the intensive care unit. Specialty certification in critical nursing is preferred.

## Hours of Operation

24 hours/7 days per week

## Quality Objectives

See the Quality Dashboard

- 2026 QAPI Project
- HAI, sepsis indicators, stroke indicators, patient experience

# The Emergency Department

## Scope of Service

The MSM emergency department (ED) is staffed to provide immediate evaluation, stabilization, and treatment for patients with sudden, serious, or life-threatening conditions. ED visits include a range of acute medical and surgical emergencies, serving as the primary access point for urgent care.

## ED Patient Flow

Triage area: rapid assessment to determine emergency severity index (ESI) five levels of care.

- Critical care area: For life-threatening conditions
- Observation area: For monitoring and further testing
- Provider Triage Model (PIT) supports minor injury or illness

## Diagnostic and Support facilities: On-site labs, imaging (X-Ray, CT), blood bank access, and therapy support.

The Emergency Department is routinely staffed with a 4:1 RN/patient ratio, with staggered shifts aligning with census trends by hour of day. There is a total of 18 ED beds with the capacity to surge to twenty-two beds. Defined ED rooms include a triage room, (2) provider in triage beds, a total of (15) cardiac monitored rooms, (1) trauma room, (1) decontamination/negative pressure room, (18) general care, (1) OB/GYN/ SANE room. All rooms can support multiple diagnosis groups and mobile cardiac monitoring.

## Skill Level/Mix of Personnel

The ED staffing ratios are developed based on one registered nurse to four patients. The patient care team consists of registered professional nurses, nurse attendants, and unit coordinators. The registered nurses coordinate the patients' plan of care in collaboration with board certified emergency physicians and mid-level providers. Leadership oversight consists of a nurse manager with escalation to the director of nursing and vice president of patient care services.

## Competency

Required is NYS Licensed Professional Registered Nurse with BLS, ACLS, CPI and NIHSS certification with successful completion of a cardiac rhythm, triage, and charge nurse course. All staff are required to maintain annual competency and ongoing education as deemed necessary. A clinical educator is designated to support emergency nursing competency. Specialty certification in emergency nursing preferred.

## Hours of Operation

The MSM ED operates 24 hours/7 days per week. In compliance with EMTALA regulations all patients are required to receive an emergency medical screening examination regardless of financial status, uninsured or underinsured, race, creed, and color.

# Quality Objectives

Quality Dashboard

- 2026 QAPI Project
- Left Without Being Seen (LWBS), ED throughput – door to provider, door to disposition, HAI, stroke indicators, sepsis indicators

# Cardiopulmonary Services

## Scope of Service

The Cardiopulmonary department consists of non-invasive cardiology and neurology services. This department services the adult inpatient, outpatient, and emergency departments. This department provides a variety of stress testing procedures: nuclear stress tests, exercise stress tests, stress echo, and Dobutamine stress tests. Also provided are Loop recorder insertions, tilt table testing, EKG, Holter monitor placement, echocardiography, Definity administration and bubble studies. Inpatient and outpatient routine and ambulatory EEG are also provided.

## Skill Level/Mix of Personnel

The Cardiopulmonary department is routinely staffed with RNs, Echocardiography technicians, Special Cardiology technicians, and an EEG technician. The RNs participate in stress testing procedures, tilt table testing, Loop insertion, Definity administration and bubble studies. Echocardiography technicians perform adult and pediatric echo studies. Special cardiology technicians assist in the stress lab, tilt procedures, Holter monitor placement, and adult and pediatric EKGs. EEG technician performs EEG procedures.

## Competency

Required is NYS Licensed Professional Registered Nurse with BLS and ACLS with successful completion of a cardiac rhythm course.
Echocardiography: required ARMDS/CCI registered
Special Cardiology Technician: Successful completion of a cardiac rhythm course. BLS is required.
All staff are required to maintain annual competency and ongoing education as deemed necessary. A clinical educator provides education support to the cardiopulmonary unit. Specialty certification in critical care nursing is preferred.

## Hours of Operation

Monday-Saturday 7am-5pm

## Quality Objectives

- Quality Objectives

See Quality Dashboard

- 2026 QAPI Project

HAI-pneumonia, COPD, heart failure

# The Clearview Addiction Services

## Scope of Service

Clearview Treatment Services is a 28-day substance use disorder program located on the 3rd and 4th floor. The 3rd floor has a capacity for twenty-four female patients, and the 4th floor has the capacity for forty-three male patients. The 3rd floor is staffed with two nurses 24/7 and the 4th floor is staffed with three nurses 24/7. Day shift has an additional RN during the week to help with admissions. There is counseling staff coverage for 15 hours a day seven days a week. The patient population is comprised of substance use disorder patients. Common diagnosis groups include and are not limited to alcohol use disorder, opiate use disorder, cocaine use disorder, methamphetamine dependence, and polysubstance abuse disorder.

## Skill Level/Mix of Personnel

The patient care team consists of registered professional nurses, licensed practical nurses, counselors, treatment aides, and admissions secretaries. The registered nurses coordinate the patients' plan of care in collaboration with the advanced practice providers and medical director. A team meeting comprised of registered nurses, counselors, providers, and pharmacists are done on a weekly basis to provide updates and care recommendations for each patient. Leadership oversight consists of an operations manager and a nurse manager with escalation to the director of Clearview. The nurse manager works with the vice president of patient care services on nursing practice.

## Nursing Competency

Required is NYS Licensed Professional Registered Nurse or NYS Licensed Practical Nurse with BLS certification. All staff are required to maintain annual competency and ongoing education as deemed necessary. A clinical educator provides education support to the addiction services unit. Specialty certification in addiction nursing preferred.

## Hours of Operation

24 hours/7 days per week

## Quality Objectives

Decrease AMA rate to 25% and increase Average Length of stay to 26 days.

# The Infusion Center

## Scope of Service

The outpatient infusion center administers medications, fluids, and blood products directly into the blood stream, subcutaneously or intramuscularly. Services are managed by registered nurses and clinical pharmacists and range from intravenous biotherapies and chemotherapy to hydration and IVIG therapy, all under physician oversight.

Outpatient infusion facilities provide specialized care and services for a wide variety of medical conditions, including but limited to:

- Biologics & Immunotherapy: Treatments for autoimmune disorders (e.g., rheumatoid arthritis, Crohn's disease, multiple sclerosis, and psoriasis).
- Oncology services: Chemotherapy administration and supportive care.
- Blood Disorders: Blood transfusions and IV iron replacement therapy for conditions such as anemia.
- Immunologic Support: Intravenous Immunoglobulin (IVIG) therapy to support weak immune systems.
- Hydration: IV fluids for electrolyte imbalances.
- Injections: Administration of subcutaneous and intramuscular injections (such as osteoporosis treatments and specific biologics).

Beyond direct clinical services, the scope of the outpatient infusion center includes:

- Patient monitoring: Managing side effects, monitoring vital signs, and ensuring patient safety during administration.
- Clinical management: Accessing and managing various vascular lines (peripheral, midline, PICC lines, and ports).
- Ancillary support: Providing education, financial counseling, and comfort amenities.

## Competency

Required is a NYS Licensed Professional Registered Nurse with BLS. Outpatient infusion center competencies encompass core clinical, safety, and administrative skills required to safely administer therapies. Staff must demonstrate proficiency in vascular access, medication calculation, and emergency response.

**Core Competency Domains**

1. Vascular Access and Administration
    - Device Management: Mastery in inserting, maintaining, and troubleshooting peripheral IV's, Central Venous Access Devices (CVADs), and ports.
    - Drug Delivery: Competency in operating infusion pumps, utilizing Closed System Transfer Devices (CTSDs) for hazardous drugs, and managing flow rates.
    - Blood Draws: Skill in phlebotomy and drawing baseline labs to ensure patient eligibility prior to starting treatment.

2. Pharmacology & Hazardous Drugs

- Medication Knowledge: Understanding the pharmacology, mechanisms of action, and potential side effects of biologics, chemotherapy, and all parenteral medications administered.
- Calculation: Precision in medication dose calculations and weight-based dosing.
- Safe Handling: Strict adherence to OSHA standards regarding the preparation. administration, and disposal of hazardous medications.
-

3. Patient Assessment & Monitoring

- Pre-Infusion Screening: Conducting comprehensive pre-treatment assessments, including reviewing lab results, medication reconciliation, and allergy history.
- Monitoring: Ability to monitor patients for acute adverse reactions (e.g., infusion-related reactions, anaphylaxis) and identifying warnings signs of conditions like Cytokine Release Syndrome (CRS) if administering advanced therapies

4. Emergency Preparedness
   - Rapid Response: Proficiency in responding to medical emergencies including anaphylaxis, cardiac arrest, and drug extravasation.
   - Medication Administration: Competence in administering emergency medications (e.g., epinephrine, diphenhydramine) and managing resuscitation equipment.

5. Infection Control

- Aseptic Technique: Strict adherence to hand hygiene, sterile dressing changes, and site care to prevent Central Line Associated Bloodstream Infections (CLABSIs).

## Quality Objectives

- Safety, effectiveness, patient centeredness, timeliness, efficiency, and equity to ensure high-quality care, operational success, and excellent patient outcomes.
  - Adverse Event Reduction: Maintain and adverse drug reaction (ADR) rate of less than 1% for all infusions. Ensure 100% compliance with rapid response and emergency protocols
  - Medication Accuracy: Complete 100% or required pre-treatment verifications, including reviewing lab results, physician orders, and history before initiating medication.
  - Infection Control: Achieve zero cases of central line associated bloodstream infections (CLABSIs) and maintain strict hand hygiene and sterile compounding standards pre USP guideline.
- Timeliness and Flow
  - Optimized Wait Times: Limit the time from patient arrival to the initiation of the first medication to under 40 minutes.
  - Efficient Scheduling: Maximize chair utilization by reducing "door-to-needle" turnaround times. Schedule complex and non-complex infusions appropriately to maintain level-loading across the operational day.
  - Lab Turnaround: Ensure 90% or more of required day of treatment lab results are available at least one hour prior to the scheduled infusion time.
- Efficiency and Financial Stewardship

        - Staffing Ratios: Maintain appropriate RN to patient ratios based on acuity and medication type (e.g., 1:1 or 1:2 for highly monitored biologics/chemotherapy versus 1:3 for stable maintenance infusions).
        - Reduced Wastage: Minimize medication and supply waste by optimizing order ahead protocols and using barcode-assisted medication administration (BCMA).
        - Productivity: Track and improve appointments *per chair per day and appointments per RN FTE* to balance cost-efficiency with high-quality care and delivery.
    - Effectiveness and Adherence
        - Therapy Adherence: Achieve a treatment adherence and retention rate of >90% for chronic disease therapies by minimizing delays and discomfort.
        - Patient Education: Ensure every new patient receives comprehensive, easy to understand education on their medication, expected side effects, and home-care instructions before leaving the center.

## Quality Objectives

- Medication Safety: Tracking adverse drug events, infusion reactions, and medication preparation errors.
- Infection Control: Monitoring rates of CLABSIs and adherence to hand hygiene and injection safety protocols.
- Patient experience: Evaluating wait times, facility comfort, communication, and overall satisfaction.
- Operational Efficiency: Measuring chair utilization, start times, and turnaround times for pharmacy compounding.
- Care Coordination: Tracking timely scheduling, prior authorization delays, and smooth transitions of care with referring physicians.

## Hours of Operation

Monday – Friday – 0730 – 1530

# Interventional Radiology

## Scope of Service

The interventional radiology (IR) services provide a variety of services to include and not limited to image guided orthopedic injections, needle decompression of air and fluid, vascular access, and pain management procedures.

The IR registered nurse provides pre-procedural care of patients to include assessment and preparation for the procedure, to assist with the procedure. IR procedures typically require local anesthesia and/or moderate sedation that include frequent monitoring of patient airway, cardiac status, and vital signs. Post procedure care and recovery include monitoring patients emerging from sedation, assessing the puncture site, and managing pain.

## Skill Level/Mix of Personnel

The patient care team consists of registered professional nurses, who coordinate the IR patients' care plan in collaboration with the physicians and mid-level providers. Leadership oversight consists of the Imaging manager with collaborative reporting structure to the director of nursing and vice president of patient care services.

## Competency

Required is NYS Licensed Professional Registered Nurse with BLS and ACLS with successful completion of a cardiac rhythm course and moderate sedation competency. All staff are required to maintain annual competency and ongoing education as deemed necessary. A clinical educator supports education needs for radiology nurses. Specialty certification in radiology nursing preferred.

## Quality Objectives

See Quality Scorecard 2026

- 2026 QAPI Project
- Extravasation Events
- Minimally invasive procedure events
- Physician notified of critical test results within 60 minutes

## Hours of Operation

Monday – Friday, 5 days per week

# Northtown Ambulatory Center

## Scope of Service

The Niagara Ambulatory Center (NAC) an affiliate of Mount St Mary's Hospital, Lewiston is a multi-functional specialty same day surgical facility, serving patients from all counties of Western New York. The highly trained staff are well versed in the specialties offered. Specialty surgical procedures include and are not limited to GI, urology, retinal, cataracts, sports medicine, gynecological, hand surgery, ENT, general surgical procedures, podiatry, and plastic surgery. The NAC has four operating rooms, nine pre-admission rooms, and eight post-operative rooms.

## Skill Level/Mix of Personnel

The patient care team consists of registered professional nurses, surgical technicians, nurse attendants who coordinate the patients surgical care in collaboration with the physicians and mid-level providers. Board Certified Anesthesiologists are onsite during hours of operation from patient admission through to when the last patient is discharged. Depending on the type of anesthesia, the patient may recover in phase I or phase II recovery or both. All anesthesiologists, surgeons, and provider assistants receive privileges through the Catholic Health Medical Staff department. Leadership oversight consists of the surgery director with collaborative reporting structure to the vice president of patient care services.

## Competency

Required is NYS Licensed Professional Registered Nurse with BLS and ACLS with successful completion of a cardiac rhythm course. All staff are required to maintain annual competency and ongoing education as deemed necessary. A clinical educator supports education needs for peri operative nurses. Specialty certification in AORN/PACU nursing is preferred.

## Quality Objectives

See Quality Scorecard 2026

Antibiotic prophylaxis
Monitored patient reported outcomes
OR utilization and turnaround times
Pain Management
Universal Protocol / Time-Out
Surgical Site Infections (SSIs)
Wrong-Site/Wrong-Patient Events
Case Cancellation Rates
Immediate use steam sterilization rate is zero
The functionality, availability, and safety of surgical instruments are key factors when it comes to quality in SPD

## Hours of Operation

Monday – Friday, 5 days per week

# Nursing Administration/Clinical Nursing Supervisors

## Scope of Service

The Nursing Supervisor provides clinical and administrative leadership for all Nursing Clinical areas in the hospital(s) (MSM 5th floor med/tele, ICU, Emergency Department and Lockport Memorial Hospital Inpatient and Emergency departments) during assigned shifts, ensuring safe, efficient, and high-quality patient care across all hospital departments. This role serves as the on-site leadership representative after hours, weekends, and holidays, coordinating operations, staffing, clinical guidance, and facilitating optimal patient flow. This role supports rapid responses/Codes, escalation of concerns, house wide staffing, and audits regulatory compliance.

## Skill Level/Mix of Personnel

As members of the patient care team, the Supervisors are registered professional nurses responsible for coordinating high-quality safe patient care in collaboration with the unit nurses, physicians and mid-level providers. The skill mix of the Nursing Supervisor requires a high level of clinical expertise combined with advanced operational and leadership capability. This role requires an experienced Registered Nurse, prepared at the baccalaureate level or higher, with extensive acute care experience across multiple service lines. The Nursing Supervisor possesses a broad and deep clinical knowledge base to support and guide staff caring for patients of varying acuity, from general medical-surgical to critical care. In addition to clinical proficiency, the role requires strong compete staffing coordination, dynamic decision-making, patient flow management, and regulatory compliance. The Nursing Supervisor oversees and optimizes the distribution and effectiveness of the overall staff mix, and unlicensed assistive personnel, ensuring that staffing assignments align with both patient acuity and staff competency. This role also integrates leadership skills such as conflict resolution, coaching, and interdisciplinary collaboration, serving as the pivotal point of authority and support for nursing operations during assigned shifts, particularly during off-hours when executive leadership may not be on site.

## Competency

Required is NYS Licensed Professional Registered Nurse with BLS, ACLS, CPI and NIHSS certification with successful completion of a cardiac rhythm course. All staff are required to maintain annual competency and ongoing education as deemed necessary. A clinical educator provides education support to the clinical supervisors. Specialty certification in nursing leadership or clinical specialty preferred.

## Quality Objective

Nursing Supervisors play an active leadership role in advancing organizational quality and patient safety initiatives by participating in both the education of clinical staff and the auditing of practice standards. In this capacity, they are responsible for reinforcing evidence-based guidelines, ensuring adherence to hospital policies, and promoting consistent, high-quality care delivery through real-time coaching and feedback. Nursing Supervisors will conduct ongoing audits and observational rounding to monitor compliance, identify performance gaps, and support continuous improvement efforts. This responsibility specifically includes oversight of key quality objectives such as fall prevention, sepsis identification and management, safe blood administration practices, appropriate use, and monitoring of 1:1 patient observation, timely recognition and response to stroke, and compliance with restraint use regulations. Through these activities, Nursing Supervisors contribute to a culture of accountability, safety, and clinical excellence across all areas of patient care.

## Hours of Operation

24 hours/7 days per week

# Mount St. Mary's Acute Quality Dashboard

| Acute Quality Scorecard 2026<br>MSMH | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Measure/Component | Data Updated Through: | Reporting Month | 1Q 2026 | 2Q 2026 | 3Q 2026 | 4Q 2026 | YTD 2026 | *2025* | Target | *Most Recent Nat Ave* | *Most recent NY Ave* |
| **Mortality Domain** | | | | | | | | | | | |
| (-) Acute Mortality O/E Ratio | May-26 | 0.47 | 0.63 | 0.46 | | | 0.57 | *0.76* | 0.73 | *0.70* | *0.92* |
| **Infection Control Domain** (Mon/Qtr = # Events, Annual = SIR) | | | | | | | | | | | |
| (-) NHSN: Central Line Associated Blood Stream Infection | May-26 | 0 | 0 | 0 | | | 0.000 | *0.000* | 0.180 | *0.615* | *0.621* |
| (-) NHSN: Catheter Associated Urinary Tract Infection | May-26 | 0 | 0 | 0 | | | 0.000 | *0.000* | 0.690 | *0.502* | *0.479* |
| (-) NHSN: C. Diff Infection | May-26 | 1 | 0 | 1 | | | 0.480 | *0.201* | 0.170 | *0.357* | *0.358* |
| (-) MRSA Bacteremia Infection | May-26 | 0 | 0 | 0 | | | 0.000 | *0.000* | 0.000 | *0.704* | *0.770* |
| **Patient Experience (Top Box)** | | | | | | | | | | | |
| (+) Rate Hospital 0 - 10 | May-26 | 64.3 | 65.5 | 71.4 | | | 67.4 | *65.4* | 68.1 | *72* | *66* |
| (+) Staff Worked Together to Care for You | May-26 | 64.3 | 72.6 | 71.9 | | | 72.4 | *75.2* | 77.1 | *77* | *73* |
| (+) Nurse Communication Domain | May-26 | 73.8 | 73.4 | 76.2 | | | 74.3 | *78.2* | 79.9 | *80* | *77* |
| (+) Attention to Needs | May-26 | 61.5 | 65.2 | 67.9 | | | 66.1 | *64.1* | 67.9 | *70* | *66* |
| **Patient Safety** | | | | | | | | | | | |
| (-) PSI 03 Pressure Ulcer per 1000 cases | May-26 | 0.00 | 0.00 | 4.12 | | | 1.52 | *0.64* | 0.64 | *0.63* | *NA* |
| (-) PSI 90 Patient Safety for Select Indicators Composite | May-26 | N/A | 0.00 | 219.00 | | | 43.80 | *16.93* | 11.43 | *1.00* | *NA* |
| (-) Preventable Serious Safety Events | May-26 | 0 | 0 | 0 | | | 0 | *2* | 1 | *NA* | *NA* |
| (+) Sepsis Early Management Bundle (SEP-1) | Apr-26 | 63.6% | 53.8% | 63.6% | | | 56.8% | *45.5%* | 59.0% | *64.0%* | *59.0%* |
| **Caregiver Safety Domain** | | | | | | | | | | | |
| (-) Nursing Personnel Assault Injuries | May-26 | 2 | 2 | 2 | | | 4 | *10* | 8 | *NA* | *NA* |
| **Effectiveness Domain** | | | | | | | | | | | |
| (-) 30-Day Readmissions O/E Ratio | Apr-26 | 0.84 | 0.85 | 0.84 | | | 0.85 | *0.88* | 0.84 | *0.89* | *0.87* |
| **Efficiency Domain** | | | | | | | | | | | |
| (-) Left Without Being Seen (LWBS) | May-26 | 0.9% | 0.9% | 0.8% | | | 0.8% | *1.1%* | 2.0% | *2.0%* | *2.0%* |

**Updated:**
**6/15/2026**

- Greater than 10% worse than median/ target
- Within 10% of Median/Target
- Meeting Median/Target

per Patient Day / Device Day / Procedure was reset using the most current NHSN Comparative Data available and applied to baseline and performance data. The 2025 baseline in this Scorecard will not align with the 2025 Scorecard year end performance as they were recalculated using the new Predicted Infection Rate.

# Mount St. Mary's Hospital Nurse Coverage Plan

**MOUNT ST. MARY'S HOSPITAL NURSE COVERAGE PLAN**

The purpose of the Nurse Coverage Plan ("the Plan") is to identify and describe Mount St. Mary's Hospital's ("the Hospital") alternative methods of staffing nurses to avoid mandatory overtime in the event of a patient care emergency.

It is understood that the number of nurses scheduled is based on the acuity of patients, the number of patients, typical staffing patterns and other factors. It is further understood that in managing work flow and staffing needs, the Hospital has reviewed its typical patterns of staff absenteeism due to illness, leave, bereavement, and other similar factors as well as its typical patient census and types of patients served.

Managers need to consider the circumstances leading to the need for overtime, and consider solutions to avoid such situations. To the extent the circumstances leading to overtime situations cannot be avoided, the Hospital will, to the extent possible, utilize the Plan to fulfill its staffing needs and avoid mandating overtime.

Except under limited situations as is permitted and/or required by law, before mandating overtime, the Hospital, in accordance with this Plan, will first seek to provide alternative staffing coverage by the following:

Each Department/Unit must follow the collective bargaining agreement and/or policy and procedure as applicable, relative to the order of offering overtime. This includes, but is not limited to, articles related to floating, hours of work, overtime, staffing incentive plans, per diem employees, and agency. After exhausting internal staff on a voluntary basis, agency staff would be contacted as a reasonable alternative to mandatory overtime.

A. Telemetry, Critical Care Services, Emergency Services, Infusion, IXR

B. Clearview Treatment Centers

**1. PATIENT CARE SERVICES – INPATIENT UNITS:**

A. **Scope:** Inpatient units. They also include Specialty Units: Emergency Services, Critical Care Services, Infusion, IXR.

B. **For all units in Scope:** Patient Care Services will implement the following protocol **before** the decision to enforce mandatory overtime will be activated:

1. Call an emergency nursing administrative meeting to assess specific situations.
2. Maintain and post a list of nurses seeking additional hours of work or voluntary overtime. These nurses will be contacted first, prior to initiating Mandatory Overtime.
3. Ask for volunteers who are part time or per diem to work a full shift or partial shift.
4. Re-allocate nursing staff to "float" from other nursing units according to competency and the collective bargaining agreement.
5. Review staffing boards (daily schedules) to determine if staff can switch days to work to fill the immediate vacancy.
6. Cancel any education of nurses if they are scheduled for the shift that has the vacancy. The nurse(s) will be assigned to work on the nursing unit.

8. In the event of a known potential emergency (e.g. Blizzard) the Hospital will work to recruit additional associates ahead of time to come in and stay to help cover the building when times of travel may be impeded. This will include soliciting associates to come in and sleep on-site prior to their scheduled shift, if willing, to help facilitate having staff in the building. Where applicable, this may include activating the Emergency Response Team.

C. **Consecutive Hours Limitation:** Management will monitor actual hours of work and if the hours exceed 16 consecutive hours, relief will be brought in or sleep time will be coordinated.

## 2. NURSING COVERAGE PLAN FOR PATIENT CARE SERVICES – Clearview Treatment Centers:

A. **Scope:** Clearview Unit.

B. **OASAS:** Per OASAS Regulations 818.8(h) Clearview needs to have a RN available to patients at all times to sufficiently provide the services required. A staffing emergency situation is exempted and defined as a health care disaster; a publically declared emergency (federal, state, county) or where the heath care provider determines there is an emergency necessary to provide patient care as outlined in other sections of this policy. **However, all steps, must occur before Mandatory Overtime is considered.**

C. Clearview will follow this protocol to remain compliant with OASAS Regulations, New York State Labor Law and ensure the health and safety of patients:

1. Departmental staff or nursing will inform the Nurse Manager/Director of the emergency so an assessment can be made and protocol can be activated.

2. Call the list of full time, part time and per diem Clearview nurses to ascertain nurses seeking additional hours or voluntary overtime, utilize the collective bargaining agreement as the guideline.

3. Reschedule any nursing education that is scheduled for the shift and reassign nurse to work on the unit.

4. Call Nursing Supervisor (MSM), Nurse Managers (SJC) to see if a trained RN can be pulled from any nursing unit/department that are seeking additional hours of work or voluntary overtime.

5. Ask the nurse on duty when the call in occurred to work a partial voluntary shift.

6. If there are no volunteers, including part-time or per diem staff, the Hospital will utilize the Nurse Manager to cover.

7. Utilize contract with employment agencies for nursing services.

# Mount St. Mary's Hospital and Lockport Memorial Hospital and 1199SEIU
# CSC Charter

Review Date 06/17/2026

**Preamble:** Catholic Health (CH) and the Service Employees International Union (SEIU) recognizing the importance of the labor management relationship as well as the need to significantly improve the labor relationship, In accordance with the Department of Health (DOH) Public Health Law Section 2805-t, and the 1199SEIU collective bargaining agreement article Staffing/Clinical Staffing Committee; a Clinical Staffing Committee (CSC) initiative has been launched to meet the legislative requirements.

The objectives of the initiative will be:

a) To protect patients, support retention of both Registered Nurses and direct care staff, promote evidence-based nurse staffing by establishing open communication of direct care nurses/staff and hospital management to participate in a joint process regarding decisions about direct care staffing.
b) Establish direct care staff to patient staffing ratio requirements. In accordance with Public Health Law Section 2805
c) To improve the communication, trust, and collaboration between 1199SEIU and Catholic Health.
d) To ensure the best future and security for Mount St. Mary's and Lockport Memorial Hospitals.
e) To provide updates regarding recruitment and retention efforts.
f) To work together to identify matters of importance that can support the improvement in operational and clinical performance at Mount St. Mary's and Lockport Memorial Hospitals.
g) To work together on the identified metrics to improve patient outcomes
h) Each area of nursing will have the opportunity to provide concerns/advice to the Clinical Staffing committee. Staff from these areas will be called to the meetings as guests when their attendance is required.
i) Develop/oversee the annual Clinical Staffing plans for each patient care unit and shift in accordance with Public health Law Section 2805.
j) Review, assess, and respond to staffing concerns presented to the committee.
k) Assure patient care unit annual staffing plans, shift-based staffing, and the total clinical staffing are posted on each unit in a public area.
l) Develop and implement a process to examine and respond to complaints submitted by a direct care giver; track complaints and collaboratively develop plans to resolve the complaints; determine that a complaint is resolved, unresolved or dismissed based on complaint disposition criteria (Appendix A).

The purpose of the Clinical Staffing Committee (CSC) is to ensure that the Mount St. Mary's Hospital associates, as well as management representatives and committees at Mount St. Mary's and Lockport Memorial Hospitals, have the support, resources and encouragement to accomplish the day-to-day, and ongoing labor management initiatives necessary to achieve the above referenced objectives. It is not the purpose of the CSC to modify conditions of labor agreements, Bargaining, Management, Business Decisions (E.g., Capital improvements, and others).

The staffing committee will have ready access to organizational data relevant to analyzing direct care staffing which may include but not limited to:

- Patient census and census variance trends
- Patient LOS
- Nurse Sensitive Outcome indicator data
- Quality metrics and adverse event data where staffing may have been a factor.
- Patient experience data.
- Nursing agency utilization, contracted hours, and expense
- Staff skills and competency for benchmarking
- Nursing overtime and on–call utilization
- Recruitment, retention, and turn-over data
- "Assignment by objection" or other staffing complaints/concern data
- Patient utilization trends in those areas where on call is used
- Vacation, and sick time (including leaves of absence, scheduled or unscheduled)
- Breaks taken, breaks missed
- Bonus utilization
- Position controls

**Steering Committee Composition:** The Clinical Staffing Committee is composed of at least one-half registered nurses and/or licensed practical nurses, and ancillary members of the frontline team providing or supporting direct patient care. Up to one half of the committee is hospital administration employees or their designees, including VP Patient Care Services, Manager of Financial Service and patient care unit directors or managers. It is the responsibility of the Clinical Staffing Committee to maintain an up-to-date list of all CSC members.

**Meeting Ground Rules**

- All meeting participants should give the meeting their full attention, energy, and commitment.
- Use of cell phones during CSC meetings is highly discouraged.
- All participants will be open, candid, and honest to allow others to do the same.
- Respect should be the foremost goal of all participants; We all will center on issues, not personalities.
- All participants will center first on gaining understanding, second on convincing others.
- All input raised will be captured for future use and shared with all attendees.
- It is recommended that when a highly confidential matter is discussed, it is stated as such.
- Culture outside of the Committee will not affect this Committee's purpose
- Agenda/Goals will be sent in advance, and copies will be available at the meeting.
- Include consistent categories of information when we meet (macro-economic)
- Minutes should be action oriented and will identify the agenda item/topic, who is responsible, due date, and results.
- Minutes will be completed within one week and distributed to the Committee.
- A consistent minute format will be utilized.
- Consistency of Membership
- Approval of items will be based upon consensus not the majority
- Professional disagreement is acceptable
- Reminder to celebrate accomplishments
- Maintain an atmosphere of professionalism, even when we disagree

- Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. It is the responsibility of the Hospital to ensure clinical staffing committee members are fully relieved of all other work duties during meetings of the committee and shall not have work duties displaced to other times as a result of their committee responsibilities. It is understood that meeting schedules may require a member to attend on his/her scheduled day off.

A master copy of all agendas and meeting minutes, and reviewed complaint forms from the Clinical Staffing Committee minutes will be maintained and available for review on request.

**Tasks:** The Steering Committee is responsible for ensuring that initiatives identified for completion in the work plan of the CSC initiative(s) are completed within identified timelines and communicated effectively through the labor and management organizations. One of the main tasks of the committee is to review the Staffing Reports completed by staff and to evaluate for dismissal, those that cannot be resolved and those that can be resolved by the following evaluation criteria.

Each complaint received will be reviewed by the committee and a determination will be made based on the attached complaint disposition criteria. Appendix A

**Complaint Process:** Complaints related to staffing can be filled out by any staff member. Staffing complaints submitted by staff members are also Protests of Assignments (POAs) which will be maintained even if there are changes to the disposition of the staffing complaint. Once a complaint form is completed, it will be reviewed by the Manager for verification of information and comments regarding what steps were taken to correct any staffing issues for the shift the complaint is filled out for. Once Manager evaluation and comments have occurred, the staffing form will be reviewed by the committee as outlined above and determination will be made if the complaint is to be dismissed, unresolved or resolved as per the complaint resolution criteria in Attachment A herein. Trends will be identified and shared, and opportunities for improvement identified and shared. The results will also be shared and posted on the hospital units so that all staff are aware of the number of complaints and the outcome of the complaints filed.

**Boundaries:** The Steering Committee has full authority to make decisions required for the completion of its work. This committee cannot modify condition of the labor agreement, nor participate in bargaining, management of business decisions (e.g., capital improvements), or management of other site-based ministries.

**Key Result Areas:**

- RN hires
- Quality Metrics
- Employee Engagement
- Communication
- Health & Safety
- Employee Retention
- Patient Satisfaction

**Meetings:** The Clinical Staffing Committee will meet at least monthly, unless otherwise mutually agreed to. All attempts will be made to reschedule meetings rather than cancel at a time that is mutually agreed upon. At a minimum the CSC will meet 10 months out of a 12 month year. The meetings will only be changed by mutual agreement of the Mt. St. Mary's and Lockport Memorial Hospitals Management co-

chair and Labor co-chair.

A quorum consistent of a majority of the named frontline CSC members as well as a majority of the named management CSC members. Additionally, one 1199SEIU Administrative Organizer and the VP/PCS must attend monthly meetings for the meeting to take place. If VP PCS is unable to attend monthly meeting, the VP of Operations may, in place of VP PCS, make decisions at CSC monthly meeting.

A subcommittee may be convened upon mutual agreement of the frontline and management members of the CSC. The purpose of the subcommittee is to review all staffing complaints. The subcommittee will provide the staffing committee with a tracker report on the complaints reviewed and outcomes. A summary of all complaints and outcomes will be reviewed with the staffing committee

**Reporting Status:** The CHS and 1199SEIU staffing members are responsible for tracking the work initiatives and outcomes they agree to accomplish and reporting those activities. An appointed meeting minute recorder has been identified for the purpose of accuracy and meeting the state requirements. Meeting minutes will be sent out to the VP and the 1199SEIU Administrative Organizer for review and sent out within seventy-two hours after the meeting.

# Appendix A

## Mount St. Mary's Hospitals CSC Complaint Disposition

## DISMISS

- **Inaccurate/Unsubstantiated**

The information provided in the complaint is inaccurate. Example, unit was staff appropriately and shortage was due to staff call outs that were unable to be filled.

- **Missing Information**

Not enough information was provided by the complainant for the CSC to make a determination.

- **Duplicate**

One complaint is identical to another complaint (unit/shift/staff/patients). A duplicate complaint of the same event date and time can be dismissed.

## RESOLVE

Complaints should **only** be resolved when the actual staffing situation has been fixed.

- **Substantiated/Successful Plan to Resolve (PTR)**

The outcome of a successfully implemented Plan to Resolve was evaluated by the CSC and both labor and management determined that the Plan was successful at correcting the staffing problem that was reported.

- **Fixed Complaint at Time of Occurrence**

The staffing situation causing the complaint was immediately addressed and corrected within two (2) hours of leadership notification.

## UNRESOLVE

Unresolved complaints are any complaints that have not been resolved or dismissed by the CSC.

- **No Manager Response**

The Manager has failed to provide a response to the complaint within fourteen (14) business days unless the Manager is on PTO.

- **Unable to Agree to Substantiate a Complaint**

The management members of the CSC and the frontline members of the CSC cannot reach an agreement on the accuracy of the information reported on the form.

- **No Agreement that the Complaint is a Violation Under the Law**

The management members of the CSC and the frontline members of the CSC do not agree that the complaint meets the criteria of dismissed or resolved.

- **No Agreement on How to Resolve Complaint**

The complaint is substantiated, but the CSC cannot agree on a Plan to Resolve.

- **Hospital Failed to Successfully Implement the Plan to Resolve**

The Plan to Resolve is agreed upon by the CSC, but the Hospital fails to implement the plan.

- **Persisting Staffing Trend**

The Hospital implements the Plan to Resolve, but the plan does not fix the staffing situation. A new plan to resolve this may be drafted to address the complaint.