

2026 Clinical Staffing Plan and Committee Charter: A.O. Fox Memorial-Tri-Town Campus

Introduction

A.O. Fox Hospital This 67-bed hospital provides emergency services and comprehensive inpatient and outpatient services, including cardiology, cancer services, orthopedic surgery and rehab, spinal surgery, pulmonary medicine, imaging services, and a sleep disorders center.

At A.O. Fox Hospital in Oneonta, NY, the registered nurses are represented by the New York State Nurses Association (NYSNA) and licensed practical nurses are represented by 1199SEIU United Healthcare Workers East.

Staffing Plan Purpose and Strategic Objective

A staffing plan is a strategic document that details an organization's personnel needs to meet its objectives. It connects the current workforce with future requirements, ensuring that the right individuals with the appropriate skills are placed in suitable roles.

The purpose of this Committee is to help ensure patient and staff safety, alignment with the organization's strategic goals, support greater retention, and promote evidence-based staffing by establishing a mechanism whereby direct care staff and hospital management can participate in a joint process regarding decisions about staffing.

Access to Relevant Data

The clinical staffing committee has readily available access to organizational data essential for staffing analysis, which may encompass:

- *Patient census and trends in census variance*
- *Length of stay (LOS) data related to nursing-sensitive outcomes*
- *Quality metrics and adverse event data where staffing may have played a role*
- *Patient experience feedback*
- *Staff engagement and experience metrics*
- *Nursing overtime and on-call usage*
- *Nursing agency utilization and associated costs*
- *Staffing concerns and related data*
- *Recruitment, retention, and turnover statistics*
- *Education, vacation, and sick leave information (including both scheduled and unscheduled absences)*
- *Sitter coverage and management tactics*

Tasks / Functions

Develop / produce and oversee the establishment of an annual patient care unit and shift-based staffing plan and staffing plan modifications based on the needs of patients and use this plan as the primary component of the staffing budget.

Provide semi-annual review of the staffing plan to compare budget to actual performance. Ensure mechanisms are built in to allow for flexibility based on patient need by utilizing factors such as case mix, acuity, and complexity, as well as unit activity (admissions discharges and transfers). Incorporate known evidence-based staffing information, including nurse sensitive quality indicators collected by the hospital, as well as historical budget information (prior year's run rate, hours per patient day, etc.).

Typical timeline for annual review and validation of staffing plans:

- May – committee review and submit to hospital president for final approval by June 1st of each year (in time for July 1st DOH submission).
- August – committee review and validate prior to final budget submission

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Review, assess, and respond to staffing variations or concerns presented to the committee

- *The Clinical Staffing Committee shall maintain an open and transparent process for receiving and reviewing concerns related to staffing practices. As part of its responsibilities, the Committee will accept formal complaints submitted by non-employed labor representatives, including contract staff, agency personnel, and other external workforce partners. All submitted complaints will be documented, reviewed in a timely and consistent manner, and evaluated for trends, risks, and opportunities for improvement. The Committee will ensure that feedback from non-employed labor is considered alongside internal staff input to support equitable, safe, and effective staffing decisions, and to promote a collaborative work environment across all members of the care team.*
- Assure patient care unit annual staffing plans, shift-based staffing, and total clinical staffing are posted on each unit in a public area.
- Assure factors are considered and included, but not limited to, the following in the development of staffing plans:
 - Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers
 - Level of acuity and intensity of all patients and nature of the care to be delivered on each shift
 - Skill mix of the staff
 - Level of experience and specialty certification or training of nursing personnel providing care
 - The need for specialized or intensive equipment
 - The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment
 - Mechanisms and procedures to provide for one-to-one patient observations, when needed.
 - Other special characteristics of the unit or community patient population.
 - Measures to increase worker and patient safety, which could include measures to improve patient throughput.
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations
- Availability of other personnel supporting nursing services on the unit
- Coverage to enable registered nurses, licensed practical nurses, and ancillary staff to take meal and rest breaks, planned time off, and unplanned absences that are reasonably foreseeable.
- The predetermined NDNQI nurse sensitive metrics
- Hospital finances and resources as well as a defined budget cycle must be considered in the development of the staffing plan.
- Waiver of plan requirements in the case of an unforeseeable emergency where the hospital disaster plan is activated, or an unforeseen disaster or catastrophic event immediately affects or increases the need for health care services.
- Develop and implement a process to examine and respond to complaints submitted to the committee regarding potential violations of the staffing plan:
 - Track complaints coming in and the resolution of the complaints.
 - Decide that a complaint is resolved or dismissed based on submitted data.
 - Examine trends and make changes if necessary.
- Orientation to the Clinical Staffing Committee is part of unit/department orientation where applicable.

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Clinical Staffing Plan Committee

Develop and manage an annual patient care unit staffing plan that adapts to patient needs and serves as the core of the staffing budget. Conduct semi-annual reviews to compare budget to actual performance and ensure flexibility based on factors like case mix and acuity. The annual review timeline includes committee reviews in April and October for final approval by June 30th.

Key considerations for staffing plans include:

- Patient census and unit activity
- Level of acuity and care intensity
- Staff skill mix and experience
- Equipment needs and unit layout
- Safety measures for workers and patients
- Compliance with professional staffing guidelines
- Coverage for staff breaks and absences
 - A key mechanism for mitigating staffing constraints across the organization is the strategic use of a network float pool composed of registered nurses and nursing assistants. This centralized resource is designed to provide flexible, responsive staffing support, primarily across high-demand clinical areas including emergency services, medical-surgical units, progressive care, and critical care. By maintaining a skilled and cross-trained pool of clinicians who can be deployed based on real-time patient acuity and volume, the organization enhances its ability to manage fluctuations in census, reduce reliance on external agency staffing, and maintain safe, consistent care delivery. This approach promotes operational efficiency, supports staff resilience, and ensures continuity of high-quality patient care across the network.
- Financial resources and budget cycles

Additionally, establish a process to track and resolve staffing plan complaints, examining trends for necessary changes. Orientation for the clinical staffing committee is part of unit orientation.

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Committee Membership and Leadership

At least one half of the total committee membership will consist of AO Fox employed registered nurses, licensed practical nurses and ancillary support staff currently providing direct patient care. Up to one half of the total membership of the committee will consist of hospital administrative/management staff.

On an ad hoc basis, changes in employment or positions will warrant review of committee members to ensure adequate representation.

Each area where nursing care is provided will have the opportunity to provide advice to the Clinical Staffing Committee. Committee meetings are open, and any interested staff employed by Fox Hospital may attend, but only committee members will have a vote.

The Clinical Staffing Committee will be co-chaired by one staff registered nurse and one management representative. Co-chairs will be selected every two years by the Clinical Staffing Committee.

Registered nurses, licensed practical nurses and ancillary support staff committee members will be selected by their peers.

Committee Membership Management	Committee Membership Staff
Christina M Curcio – CNO, VP Nursing	Julia Paczkowski, RN*
Karen Patterson – ED Nurse Manager	Mackenzie Ranc, RN
Fenn Beckman – Periop Nurse Manager	Diane Earl, RN
Susan Carey – IP Nurse Manager	Kate Heffernan, RN
Mary Orezzaoli – Director of Nursing	Shelby Mochrie, LPN**(RN Pending)
James Vielkind - VP Finance Hospital Svc	OR Represent
Miranda Darling – Nurse Educator	Carney Harper, RN
Kristen Miaski HR Business Partner, Human Resources	Cheryl Seacord, RN
Steven Corey – Network Director of Nursing	Ellen Schorf, NA

Co-chairs	Role
Mary Orezzaoli	Director of Nursing
Julia Paczkowski	Registered Nurse

Meeting Management

The Clinical Staffing Committee will meet as often as necessary to complete the clinical staffing plan prior to each of the deadlines and then on a regular basis as agreed upon by the committee members during the remainder of the year (monthly, quarterly, etc.).

Notices of meeting dates and times will be distributed in advance in order to better accommodate unit scheduling. Participation by a hospital employee shall be on scheduled work time and compensated at the appropriate rate of pay. Members shall be relieved of all other work duties during meetings. Members of the Clinical Staffing

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Committee will be paid, and preferably will be scheduled to attend meetings as part of their normal work hours for most of the meetings. It is understood that meeting schedules may require that a staff member attend on his/her scheduled day off. In this case, the staff members will be compensated for their time.

Record-keeping/minutes:

- Meeting agendas will be distributed to all committee members in advance of each meeting.
- The minutes of each meeting will be distributed to all committee members with each meeting agenda, with approval of the minutes as a standing agenda item for each meeting.
- A master copy of all agendas and meeting minutes from the Clinical Staffing Committee will be maintained and available for review on request.

Attendance requirements and participation expectations:

- It is the expectation of the Clinical Staffing Committee that all members will participate actively, including reading required materials in advance of the meeting as assigned, coming prepared to meetings, and engaging in respectful dialogue as professional committee members.
- If a member needs to be excused, requests for an excused absence are communicated to Staffing Committee co-chair/s. Failure to request an excused absence will result in attendance recorded as "absent" in the meeting minutes.
- All members are expected to attend at least 75 percent of the meetings held each year. Failure to meet attendance expectations may result in removal from the committee.
- Replacement will be in accordance with selection processes.
- Decision-making process:
- Clinical staffing plans shall be developed and adopted by consensus of the clinical staffing committee. For the purpose of determining whether there is a consensus, the management members of the committee shall have one vote, and the employee members shall have one vote, regardless of the actual number of members of the committee.
- If there is no consensus on the staffing plan or partial staffing plan (individual unit/department), the hospital president shall use discretion to adopt the plan, or partial plan based on the information provided and provide a written explanation of this determination. This will include the final written proposals from both the management and employee members and their rationales.
- There will be a requirement of at least half of the committee members of each group in order to have a quorum.
- New Staffing committee members will receive education/orientation upon joining the committee by one of the committee co-chairs.

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*RN includes expectation of resource nurse and triage nurse

Unit		Fox Tri Town - Emergency Department	
Services Provided		Provides immediate medical attention, triage and prioritization, diagnostic services, emergency resuscitation, and coordination with specialists.	
Roles		Qualifications	Staff competency and minimum training requirements
Licensed Personnel	Registered Nurse	Graduate of an accredited school of nursing Current NYS nursing license (in good standing) BLS certification ACLS certification PALS certification <i>*Preferred TNCC certification</i>	<i>Annual hospital mandatory education Annual nursing competency assessment All online learning modules assigned TBD week orientation based upon prior experience</i>
Un-Licensed Personnel	Emergency Room Technician (ERT)	<i>High school diploma or GED required BLS certification</i>	<i>Annual hospital mandatory education Annual nursing competency assessment All online learning modules assigned 4-6 week orientation program</i>
Specialty Equipment Used:		Assistive devices: Turn and assist equipment, Hoyer lifts, gait belts, sit to sit-to-stand devices Patient care devices: Infusion pumps, blood warmers, panda warmer, GAYMAR, CPAP/BiPap, Ventilators	

Unit Metrics								
Average Daily Visits		14.60						
HPPD		1.51 (Core Staffing)						
RNHPPD		1.51						
Bed Capacity		6 (8 with hallway beds)						
Staffing Grid								
		Sun	Mon	Tues	Wed	Thurs	Fri	Sat
0700-0900	RN	2	2	2	2	2	2	2
	ERT	0	0	0	0	0	0	0
0900-1100	RN	2	2	2	2	2	2	2
	ERT	1	1	1	1	1	1	1
1100-1500	RN	2	2	2	2	2	2	2
	ERT	1	1	1	1	1	1	1
1500-2100	RN	2	2	2	2	2	2	2
	ERT	1	1	1	1	1	1	1
2100-2300	RN	2	2	2	2	2	2	2
	ERT	0	0	0	0	0	0	0
2300-0300	RN	0	0	0	0	0	0	0
	ERT	0	0	0	0	0	0	0
0300-0700	RN	0	0	0	0	0	0	0
	ERT	0	0	0	0	0	0	0

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Unit		Radiology-A.O. Fox						
Services Provided		Provides care of patients undergoing both diagnostic imaging and nuclear medicine procedures. Cat Scan, MRI, Mammography, Ultrasound						
Roles		Qualifications				Staff competency and minimum training requirements		
Licensed Personnel	Registered Nurse Qualifications	Graduate of an accredited school of nursing Current NYS nursing license (in good standing) BLS certification ACLS certification				Annual hospital mandatory education Annual nursing competency assessment All online learning modules assigned 8-12 week orientation program		
Specialty Equipment Used:		Assistive devices: Turn and assist equipment, Hoyer lifts, gait belts, sit to sit-to-stand devices Patient care devices: Infusion pumps						
Unit Metrics								
Average Daily Patient Volume		20						
HPPD		Case/Treatment Specific						
Staffing Grid		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days (7a-7p)	RN	0	2	2	2	2	2	0
Nights (7p-7a)	RN	0	0	0	0	0	0	0

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Nursing Departmental Budget

Nursing unit leaders, in partnership with hospital finance staff, are tasked with creating an annual operating budget for each nursing department. Each budget details the department's expenses and anticipated revenue. Salary expenses are determined based on the number of staff in various roles, such as nursing leadership, registered nurses, patient care technicians, and unit secretaries. This includes a comprehensive breakdown of salary and benefit costs. Additionally, the budget factors in non-productive time, which encompasses new hire orientation, paid time off, sick leave, overtime, and opportunities for professional development or continuing education.

Staffing Processes

To uphold safe staffing levels, our organization employs proactive strategies for recruitment and retention, which include:

- Nurse residency programs to assist new graduates
- Mentorship initiatives to encourage professional growth
- Magnet designation to maintain industry standards

The nursing department is dedicated to ensuring that a sufficient number of qualified nursing professionals are consistently available to meet the care needs of patients across all units. This goal is accomplished through a centralized staffing strategy.

Staffing Management

At the unit level, schedules are created by the patient care manager or their designee.

Simultaneously, the staffing office oversees shift-to-shift staffing adjustments to ensure proper coverage and address real-time requirements.

Strategies for Addressing Staffing Fluctuations

To manage daily staffing variations, we utilize:

- Float pools
- Per diem staff
- Premium pay incentives
- Contract staffing

Our nurse staffing supervisor assesses staffing requirements on a shift-by-shift basis, ensuring efficient management.

Evaluation and Analysis

We track and analyze variances in staffing levels to inform the annual staffing plan evaluations conducted by the clinical staffing committee.

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Complaint Process

Bassett Medical Center uses an online form for staffing complaint submissions. Received complaints are assigned a complaint reference number that is documented in the top quarter of the response. When the complainant's name is known provide this number via email. The clinical staffing committee evaluates each complaint following the processes outlined in our complaint review policy.

Supporting documents

- *Figure 1: Staffing Variance Form Paper*
- *Figure 2: Sample Staffing Unit Poster and QR Code*

Approved 06/30/2026

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Bassett Healthcare Network
A.O. Fox Hospital

Staffing Complaint Form

Staffing Ratio Committee

Created: May, 2022

Implemented: July 1, 2022

Revised January, 2024

Introduction

This Nurse Staffing Complaint form is to track staffing-related complaints and data coming to the staffing ratio committee.

A nurse questioning an assignment is encouraged to communicate this concern in the following manner:

- a) Discuss the concern with the person responsible for the assignment on that shift. This person should then assess options and seek to remedy the situation. When no alternatives are identified as possible, the person in charge should contact their immediate supervisor on duty.
- b) The supervisor should attempt to resolve the situation using available resources as he/she determines appropriate.
- c) If the nurse is dissatisfied with the decision of the supervisor, the nurse should fill out a complaint form as soon as possible and should make every effort to submit a complaint no later than 24 hours upon the conclusion of their shift. Staffing Ratio committee should not interpret this recommendation to submit complaints promptly as a reason to dismiss complaints submitted later than 24 hours after a shift – there is no time limit on submitting complaints to the staffing ratio committee. Nurses who raise assignment concerns should be free from restraint, interference, discrimination, or reprisal.
- d) The process of this form is:
 - This form needs to be completed by staff and then handed off to one of the following leadership:
 - Nursing Supervisor
 - Nurse Manager
 - Chief Nurse Officer
 - Leadership will then complete their portion of the form and sign off.
- e) There will be a quorum of at least 4 people from the nominated committee and one leader to review these forms. Staff members can participate by zoom and will be paid for their time.
- f) The completed signed form will be scanned and emailed to staff member entering the grievance and unit leadership. The original hard copy will be kept in the Nursing Administration office.

Revised January 9, 2024

Figure 1: Staffing Variance Form Paper

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Bassett Healthcare Network A.O. Fox Hospital

Staffing Complaint Form

Use this form to submit a complaint to the Staffing Ratio Committee

Employee Name _____ Date _____ Time _____

Name of House N Supervisor or Manager notified: _____ Time: _____

As a patient advocate, in my professional judgment, today's assignment is unsafe and places our patients at risk. I will attempt to carry out the assignment to the best of my ability.

- ☐ 2N
- ☐ OBS Unit
- ☐ Emergency Department
- ☐ Operating Room
- ☐ PACU
- ☐ ASU

	Number of Staff				
	Normal or Core Staff	Regular (on duty Today)	Float	Agency	What you needed
RN					
LPN					
Aide					
Unit Secretary					

Bed Capacity Census

This assignment has compromised my ability to provide quality patient care because of the following (check all that apply):

- ☐ Our unit is not staffed according to its staffing plan
- ☐ Census is higher than planned
- ☐ Patient acuity is higher than planned
- ☐ Unit activities (e.g., discharges, admissions, transfers) are different than planned
- ☐ Need for specialized equipment
- ☐ Staff support different than the plan (please list staff #s below)
- ☐ Inappropriate assignment for skill level of RN or coworkers
- ☐ Missed breaks: ☐ Meal Break ☐ Rest Break x1 ☐ Rest Break x2
- ☐ Give any other additional information pertaining to acuity/census on your unit *(Please attached a copy of the assignment sheet/chart sheet/snapshot of tracker)*

Signature of RN issuing unsafe/inadequate staffing objection:

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Bassett Healthcare Network
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Date: _____

THIS SECTION TO BE FILLED OUT BY NURSE MANAGER / NURSING SUPERVISOR

Time/Date Management responded: _____

What actions were taken as a result of the complaint?

- ☐ Attempted to call additional staff in:
- ☐ Floated staff from other units:
- ☐ Nursing Supervisor/Manager/Educator assisted in assignment
- ☐ Other (please complete): *(Please attached a copy of the ASSR and any additional information across the hospital)*

Signature of Nursing Leadership: _____ Date: _____

THIS SECTION TO BE FILLED OUT BY STAFFING RATIO COMMITTEE AND RETURNED TO NURSE MAKING INITIAL COMPLAINT

This complaint was dismissed for the following reasons(s): *(check all that apply)*

- ☐ The hospital followed the nursing personnel assignments in a patient care unit as outlined in the nurse staffing plan
- ☐ The evidence presented to the nurse staffing committee does not support the staffing complaint;
- ☐ The hospital has documented that it has made reasonable efforts to obtain staffing, including
 - seeks individuals to volunteer to work extra time from all available qualified staff who are working,
 - contact qualified employees who have made themselves available to work extra time and/or seek the use of per diem staff,
 - seek personnel from a contracted temporary agency,
 - contact leadership for additional ideas
- ☐ The incident causing the complaint occurred during an unforeseeable emergency as defined in Chapter 155 of the Laws of 2021, Section 14: *(check all that apply)*
 - (i) Any officially declared national, state, or municipal emergency;

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- (ii) When a general hospital disaster plan is activated; or
- (iii) Any unforeseen disaster or other catastrophic event that immediately increases the need for healthcare services.

This concern/complaint was reviewed, discussed, and considered by the clinical staffing committee.

The clinical staffing committee:

- ☐ is actively working to address the concern
- ☐ Resolved the complaint. The resolution is described below

- ☐ Was unable to resolve the complaint. The reason is described below.

Was the outcome of the clinical staffing committee review communicated to the person who filed the complaint/concern? ☐ YES ☐ NO
If no, why not?

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Reviewed at the Staffing Ratio Committee - Date: _____

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OPERATING ROOM STAFFING PLAN

STAFFING PLAN					STAFFING PLAN				
# Patients	RN/CST	Aides			# Patients	RN/CST	Aides		

CURRENT PLAN				
# Patients	RN/CST	Aides		

LAST UPDATED:

LEADERSHIP	
House Supervisor	
Manager	
Director	

STAFFING VARIATION / CONCERN ESCALATION PROCESS

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graph TD
    A[Discuss staffing variation concern with Resource Nurse] --> B{ }
    B -- Resolved --> C[Satisfied with outcome or solution? Complete Staffing Variance Form and select "Staffing Concern - RESOLVED"]
    B -- Not resolved --> D[Resource Nurse contacts Assistant Nurse Manager/ Nurse Manager/ House Resource (refer to escalation pathway)]
    D --> E{ }
    E -- Resolved --> C
    E -- Not resolved --> F[Not satisfied with outcome or solution? Complete Staffing Variance Form and select "Staffing Variance - NOT RESOLVED"]
  
```

Scan QR for Staffing Variation Form

<https://forms.office.com/r/QzUhZ0XZqc>

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Figure 2: Sample Staffing Unit Poster and QR Code

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Document Prepared by:

A.O. Fox Hospital Clinical Staffing Plan Committee

Date of Submission:

June 30, 2026

Next Review Date:

June 1, 2027

Approved by:

VP Nursing, Chief Nursing Officer, A.O. Fox Hospital – Christina M Curcio, MSN,RN

Submitted to:

New York State Department of Health

This document fulfills the requirements of New York State Public Health Law Article 28 for annual clinical staffing plan submission.

Approved 06/30/2026