SOUTHWEST HEALTH SYSTEM
1311 N. Mildred Road, Cortez, CO 81321

Policy Title: Master Nursing Staffing Plan	Origination Date: 8/5/2022
Departments Affected: Nursing Administration, Clinical Facility Wide	Last Approval Date:8/18/2022
Approved By: Chief Nursing Officer, Board of Directors	

Purpose of Policy:

This plan is for the management of scheduling and provision of daily staffing needs for the hospital, and to define a process that ensures the availability of qualified nursing staff to provide safe, reliable, and effective care to our patients.

Nurse Staffing Plan Principles

1. Access to high-quality nursing staff is critical to providing patients safe, reliable, and effective care.
2. The optimal staffing plan represents a partnership between nursing leadership and direct nursing care staff.
3. Staffing is multifaceted and dynamic. The development of the plan must consider a wide range of variables.
4. Data and measurable nurse sensitive indicators should help inform the staffing plan.

Scope:

The following areas of the hospital are covered by the nurse staffing plan:

1. Inpatient Services
    - Medical/Surgical Unit, M/S
    - Intensive Care Unit, ICU
    - Family Birthing Center, FBC
2. Surgical Services, OR
3. Emergency Department, ED

Definitions:

SHS; Southwest Health System
Administrator On Call; Designated SHS Senior leader on call for the health system

Overview of Nurse Leadership Organization

1. The Chief Nursing Officer oversees the Nursing Clinical Directors of Inpatient Services, Emergency Department, and Surgical Services
2. The Nursing Clinical Directors manage the staffing schedules in these units.
3. The Director of Inpatient Services oversees the Clinical Coordinator and Charge RNs in the ICU, Medical Surgical Unit, and Family Birthing Center and creates the staffing schedule based on volume and acuity of patients. Family Birthing Center follow AWHONN Guidelines for perinatal staffing

requirements.

4. The Emergency Department director oversees the ED Clinical Coordinator and charge RNs in the ED and follows a set staffing schedule that maintains at least two RNs for 24 hour unit coverage.
5. Surgical Services director oversees the Surgical Services Clinical Coordinator and follows AORN and ASPAN Guidelines for the Perioperative staffing requirements.

Policy:

1. The Chief Nursing officer and Nursing Clinical Directors are responsible for the development and oversight of the nurse staffing plan to ensure the availability of qualified nursing staff to provide safe, reliable, and effective care to our patients.
2. The nurse staffing plan is reviewed and revised, as needed, at least annually.
3. The plan takes into consideration data from individual patient care units. Appropriate staffing levels for a patient care unit reflect an analysis of:
    a. Individual and aggregate patient needs;
    b. Staffing guidelines developed for specific specialty areas;
    c. The skills and training of the nursing staff;
    d. Resources and supports for nurses;
    e. Anticipated absences and need for nursing staff to take meal and rest breaks; Hospital data and outcomes from relevant quality indicators; and
    f. Hospital finances.

    *The American Nurses Association does not recommend a specific staffing ratio, but rather to make care assignments based on acuity, patient needs, and staff competencies.
4. Further defining individual and aggregate patient care needs analysis as listed above - the analysis may include but is not limited to the following:
    a. Changes in patients' conditions and quantity of nursing care and length of time needed to provide effective care.
    b. The numbers of admissions, discharges, and transfers.
    c. Infection control/isolation needs.
5. The analysis of the above information is aggregated into the hospital's nurse staffing plan.
6. Unit census ratios as well as patient acuity are evaluated continually and at a minimum of every six hours incrementally for ongoing review respectively and throughout the day on the Medical Surgical Unit, ICU,

and Family Birthing Center. The Directors, Clinical Coordinators, and Charge nurses assess the staffing needs.

7. LOW CENSUS: PRN staff members will be the first persons to take low census. After this, low census is given on a rotating or volunteer basis
8. HIGH CENSUS/ACUITY:
    - Call those staff who took low census earlier in the same pay period.
    - Call PRN staff that work the unit.
    - Call staff who have voiced their desire to obtain overtime hours or extra hours.
    - Call cross-trained nursing staff from other units to find a flexible, creative solution to improve staffing.
    - Check to see if staff will work a few hours into the following shift to help get to a point where fewer staff members can handle the load.
    - Ask staff to possibly switch their day off in order to increase the hours of the staff available for the next shift.
    - If an employee is willing and at the discretion of the Nursing Clinical Director, Coordinator or Charge RN, the staff member may be asked to go home and return to work the next shift.
    - If not enough staff is found to staff a nursing clinical department, the Chief Nursing Officer or SHS Administrator on call will be notified. Only these designees have the authority to close the hospital to admissions in times of extremely high patient census or staffing constraints.
9. Set schedules are not guaranteed. It is understood that staffing issues can arise at any time requiring flexibility of all staff to accommodate and meet the needs of our patients. At the same time, opportunities to meet individual staff needs are a priority whenever possible. Attention to fairness is paramount.
10. To the best of their ability, leadership tries to provide equality of work among staff, in patient number, quantity of nursing, and work time when making patient assignments.
11. Staff may be asked to float to other clinical departments as determined by the Nursing clinical Director, Coordinator, or Charge RN.

12. Responsibilities of a nurse floating to a different department are based on the nurses' competencies and department orientation
    a. If the nurse has a competency for the department they are floating to, they can assist with all patient care tasks
    b. If the nurse does not have a competency, they will need to complete a brief department orientation, if not already

done so prior, and can function as support.

c. Support activities may include, but are not limited to:
   - Answering call lights
   - Taking vital signs
   - Starting IVs
   - Drawing blood
   - Checking blood sugars
   - Assisting with medication administration and/or blood transfusions
   - Changing linens
   - Assisting with personal care needs
   - Turning patients
   - Passing/picking up diet trays
   - Feeding patients
   - Answering phones
   - Assisting with admission paperwork
   - Entering orders
   - Stocking supplies
   - Escorting family out upon discharge
   - Stripping rooms
   - Wiping down equipment

13. Nurses who float to different departments will need to have completed unit specific nurse competencies for each unit before being assigned a patient load.

<u>Medical/Surgical Unit and ICU Staffing Matrix</u>

1. The Staffing Matrix and acuity tool is utilized to help determine safe staffing. This matrix and acuity tool is used as a guideline. The Clinical Nurse Director, Coordinator, or the Charge RNs assess the staffing needs on an ongoing basis, and at a minimum every six hours, and make adjustments that take into consideration patient needs and acuity.
2. When there is **low or no patients** in the ICU Department:
   a. One nurse may staff the ICU if the nurse is able to safely care for one-two patients that may or may not be ICU status and given available resources.
   b. If no patients in ICU, the first ICU nurse will be in-house and perform duties as follows:
      - Be immediately available for ICU patients.
      - Work on specific projects as assigned for the betterment of the ICU department and other departments.
      - Float to another department and assist based on competencies and department orientations completed
        - Any patient assignment given to an ICU RN must

include a plan for a safe handoff and return to ICU as warranted.

c. The second ICU nurse scheduled may function as above and/or:
   - Take low census and be on-call with a 45 minute response time. Low census could be optional, or mandatory based on total hospital census.
   - If low census is taken, the charge nurse will be responsible for the ICU unit needs/patient care until the ICU nurse arrives

Family Birthing (FBC)(OB) Staffing Matrix

1. A minimum of two nurses are scheduled to meet the dynamic nature of the perinatal unit providing antenatal, intrapartum, and postpartum care, accounting for the admission, teaching and discharge processes, triage of obstetric patients, newborn outpatients, and providing timely lactation support.
3. There may be unique situations requiring adjustment or modification to the staffing ratios per the discretion of the FBC Clinical Coordinator, OB staff, Director of Inpatient Services, charge RN, and/or Chief Nursing Officer.
4. If there is a baby confined to the nursery, arrangements must be made for a clinical staff member to be always in the nursery with the infant, with direct oversight by an OB RN.
5. When there are **no patients** in the OB Department:
   a. The first OB nurse will be in-house and perform duties as follows:
      - Be immediately available for OB triage patients.
      - Work on specific projects as assigned for the betterment of the OB department and other departments.
      - Float to another department and assist based on competencies and department orientations completed
        - Any patient assignment given to an OB RN must include a plan for a safe handoff and return to OB as warranted.

   b. The second OB nurse scheduled may function as above and/or:
      - Take low census and be on-call with a 30 minute response time. Low census could be optional, or mandatory based on total hospital census.
      - If low census is taken, the charge nurse will be responsible for the OB unit needs/patient care until the OB nurse arrives, meeting the requirement of two OB nurse minimum staffing.

6. Patient education in OB will not be delegated to non-OB float staff unless OB Mother/Baby competencies have been completed.

Emergency Department (ED) Staffing Matrix

1. Two RNs are staffed in the ED 24 hours 7 days a week, a third RN is staffed from 1200 to 2400 variable by patient census or as needed.
2. During periods of high census in the ED, the Director of the ED, Charge RN, will determine staff resources available as needed to be deployed to the ED, or to assist in patient throughput. Every effort will be made to obtain additional resources for patients requiring behavioral observation or 1:1 monitoring.

Surgical Services Staffing Matrix

1. All RNs are skilled to cover pre-op, post-op, special procedures in the OR, and PACU, as needed. All staff in the OR and PACU will have received specialized training/orientation prior to being scheduled. Staffing will change as the need arises (i.e., emergency C-section). All assignments are made the afternoon prior.
2. Staffing for surgical cases will be supported with a circulating RN for each case scheduled during normal business hours.
3. On Call RN support is provided 24/7 for on call surgical cases where the circulating RN covers the PACU recovery of each patient with response time to the hospital within 30 minutes of notification. Additional support is provided on an as needed basis from the Director of Surgical Services, Clinical Coordinator, or Chief Nursing Officer.

Staffing Concerns

1. Staff can communicate concerns related to staffing to their Nursing Director, the Chief Nursing Officer, Human Resources, or through submitting an event in the risk reporting system.
   - All concerns about staffing will be routed to the Chief Nursing Officer who maintains responsibility and accountability for nurse staffing.
   - The CNO or Nursing Department Director will respond individually to any employee that submits a staffing concern.

CDPHE Reporting Requirements

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- Initially and annually thereafter, an approved nurse-staffing plan will be submitted to CDPHE.
- Annually, the hospital will submit an annual report containing the detail quarterly evaluation of the staffing plan by the committee.
- Initially, the hospital will report the baseline number of beds that can be staffed.
- After September 1, 2022, the hospital will notify CDPHE if the hospital ability to meet staffed-bed capacity falls below 80% between 7-14 days. Included in this notification is a plan to be able to return to 80% capacity within 30 days or request a waiver due to hardship.

References:

AORN. (2022). Perioperative standards and recommended practices. Denver, CO: AORN.

ASPAN. (2021-2022). Perianesthesia nursing standards, practice recommendations, and interpretive statements. Cherry Hill, New Jersey: American Society of PeriAnesthesia Nurses.

AWHONN (2022). Staffing Standards. https://www.awhonn.org/education/staffing-standards/

Hospital nurse staffing standards. Hospital Nurse Staffing Standards | Colorado General Assembly. (2022, May 11). Retrieved August 9, 2022, from https://leg.colorado.gov/bills/hb22-1401#:~:text=The%20bill%20prohibits%20a%20hospital,the%20unit%20or%20area%20assigned.

ANA principles for Nurse Staffing - American Nurses Association. (n.d.). Retrieved August 9, 2022, from https://www.nursingworld.org/~4af4f2/globalassets/docs/ana/ethics/principles-of-nurse--staffing--2nd-edition.pdf

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Revisions:

New/ Revision Date	Description of Change	By:
8/5/2022	**New Policy**	Lisa Gates CNO