SUBJECT:	Nurse Staffing Plan	NO:	873.0029
☒ Policy ☐ Procedure ☐ Protocol/Pre-Printed Order ☐ Other:			
☐ New ☐ Supersedes #873.0029; 11/27/2012		Effective Date	08/14/2019

Author	Staffing Committee	**Date of Electronic Distribution**	08/14/2019
Dept. Manager	M.Fuller, CNO/COO 7/19	**Medical Director/ CAH Oversight**	
Administrative	C. Marks, CEO 8/19	**Policy Committee**	8/14/19; 8/28/2020
Committee	Staffing Committee 7/19	**Other**	

Audit Review:							
Initials:	mf	mf	mf			
Date:	8/28/2020	1/2021	12/2021			

PURPOSE:

The purpose of the Nurse Staffing Plan is to ensure the safe delivery of quality patient care within Prosser Memorial Hospital in accordance with House Bill (HB) 1714.

POLICY:

1. Shifts:
    a. Shifts may vary based on department needs but will typically be based on 12, 10, or 8 hour increments.
    b. 12 hour shifts are typically 0700-1930 and 1900-0730.
    c. 10 and 8 hour shifts will have start and stop times which vary based on departmental needs.
    d. Stand-by shifts may be pre-arranged when needed to ensure an appropriate response to changing census or patient acuity.
2. House Supervisor:
    a. A House Supervisor will be delegated to assess and ensure safe staffing throughout the hospital 24/7.
    b. The House Supervisor may be a department leader, Patient Care Coordinator (PCC), Resource Nurse, or seasoned staff nurse.
    c. The delegation of authority will be delineated by the hand off of the PCC phone and verbal report on the status of each department providing patient care services and relevant ancillary department concerns. The individual designated to carry the PCC phone is the designated House Supervisor until a subsequent hand off occurs.
    d. All staffing needs, requests, and sick calls should be relayed to the designed house supervisor by calling the PCC phone.
    e. The House Supervisor must be consulted prior to staff being granted low census or on-call for their (same day) scheduled shifts in order to ensure staff are not needed in other departments.
    f. The designated House Supervisor has the authority to assign staff to assist in other departments, to the level the employee being floated is qualified to do so, in order to ensure safe staffing and the needs of the

hospital are met.

g. The House Supervisor should be made immediately aware of staffing alerts or unsafe staffing concerns in order to initiate corrective action as quickly as possible. When unable to address a staffing concern the house supervisor should initiate the chain of command by calling the department leader and/or the Chief Nursing Officer (CNO).
h. The House Supervisor should respond to all unsafe or emergent conditions as outlined in the hospital policy relevant to the situation.

3. Acute Care/Swing Bed:
    a. Two nurses (one an RN) will be staffed per shift when one patient is on the unit.
    b. Nurse to patient ratios are not to exceed 1:5 on days and 1:6 on nights.
    c. High acuity and intensity of service may significantly reduce the nurse patient ratio in order to ensure critical patients can be safely managed.
    d. Support staff will be assigned to assist with ADL's and safe patient handling (SPH) based on census and intensity of service required shift to shift.
    e. Additional nursing or support staff may be needed on an unanticipated bases due to patient volumes or acuity. The House Supervisor should be notified in order to provide additional assistance. This may include but is not limited to the following:
        1) House Supervisor to assisting with patient care needs;
        2) Float Resource nurse or other staff to assist;
        3) Request assistance from the Department Director;
        4) Call in off duty nurses willing to assist.
    f. See Appendix A for detailed staffing grid
4. Family Birthplace:
    a. Two labor trained RN's will be readily available in the hospital 24/7. During times the department is empty these nurses may be assigned patients or task in other units as long as they can provide a timely response to the arrival of an obstetrical patient.
    b. The nurse staffing for obstetrical and newborn patients will be accord with the evidence based guidelines published by AWHONN. Which are outlined in detail in Appendix B.
    c. Additional nursing or support staff may be needed on an unanticipated bases due to patient volumes or acuity. The house supervisor should be notified in order to provide additional assistance. This may include but is not limited to the following:
        1) House Supervisor to assisting with patient care needs;
        2) Float Resource nurse or other staff to assist;
        3) Request assistance from the Department Director;
        4) Call in off duty nurses willing to assist.
5. Emergency Department:
    a. ED is staffed with not less than two RN's and an ER technician on each shift.
    b. Periodic analysis of patient volume trends will be completed to determine optimal times to schedule additional nurses (such as 1100-2300).
    c. Additional nursing or support staff may be needed on an unanticipated bases due to patient volumes or acuity. The house supervisor should be notified in order to provide additional assistance. This may include but is

not limited to the following:

1) House Supervisor to assist with ED patients;
2) Float Resource nurse or other staff to assist;
3) Request assistance from the ED Director;
4) Call in off duty nurses willing to assist.

6. Surgical Services:
    a. Surgical Services core staffing consists of one circulator (RN) and one scrub (RN, LPN or Scrub Technician); and one RN trained in phase I recovery for each OR in service. Core staff must be available 24/7 either in house or available within 30 minutes on-call.
    b. Intraoperative staffing will be in accord with AORN evidence based guidelines.
    c. Peri-operative and Post-operative staffing will be in accord with ASPN evidence based guidelines. See Appendix C.
7. Outpatient Special Services (OSP):
    a. Staffing will consist of no less than one nurse designated to care for OSP patients when patients are being cared for within the department.
    b. Afterhours and weekend patients may be cared for in other staffed departments at the direction of the House Supervisor.
    c. Patients should not be left unattended in the OSP department, when dedicated staff are not available the patient treatment should occur on a staffed unit.
8. Additional Support Staff and staffing considerations:
    a. A Resource nurse and/or PCC will be schedule each shift to provide additional staffing support.
    b. At least one Respiratory Therapist will be scheduled 24/7 assist with the management of patients requiring respiratory support.
    c. EMS staff may be utilized as need to assist with spikes in ED census, combative patients, or safe patient handling tasks.
    d. Physical, Occupational, and Speech therapists are available Monday thru Friday.
    e. ED Techs, OB Techs, and AC Techs are generally scheduled each shift in addition to what is designated above.
    f. Nursing department managers will be responsive to department needs.
    g. Level of experience, specialty certification or training, skill mix, and need for specialty or intensive equipment will be considered when making staffing assignments.
9. Breaks and meal times:
    a. Each department and shift are allowed discretion in the timing and coverage of breaks and meal times to best match the work flow and preferences of the staff in those departments.
    b. Department leaders, resource nurses, the PCC, and float staff are available to support break and meal time relief as needed.
    c. Missed break and meal times will be tracked by department and shift to identify trends requiring a more additional planning to ensure break and meal time relief.

Acute Care Staffing Grid

Appendix A

Number of Patients	0700-1930	Day US	1900-0730	HR/Pt
20	4 RN 2 Tech	US	4 RN 2 Tech	7.8
19	4 RN 2 Tech	US	4 RN 2 Tech	8.2
18	4 RN 2 Tech	US	3 RN 2 Tech	8
17	4 RN 2 Tech	US	3 RN 2 Tech	8.4
16	4 RN 2 Tech	US	3 RN 2 Tech	9
15	3 RN 2 Tech	US	3 RN 2 Tech	8.8
14	3 RN 2 Tech	US	3 RN 2 Tech	9.4
13	3 RN 1 Tech	US	3 RN 1 Tech	8.3
12	3 RN 1 Tech	US	2 RN 1 Tech	8
11	3 RN 1 Tech	US	2 RN 1 Tech	8.7
10	2 RN 1 Tech	US	2 RN 1 Tech	8.4
9	2 RN 1 Tech	US	2 RN 1 Tech	9.3
8	2 RN 1 Tech	US	2 RN 1 Tech	10.5
7	2 RN 1 Tech	US	2 RN 1 Tech	12
6	2 RN 1 Tech		2 RN/LPN	10
5	2 RN/LPN		2 RN/LPN	9.6
4	2 RN/LPN		2 RN/LPN	12
3	2 RN/LPN		2 RN/LPN	16
2	2 RN/LPN		2 RN/LPN	24
1	2 RN/LPN		2 RN/LPN	48
	RN/LPN ratio 1:5 days, 1:6 nights, 1:3 total patient care,			

1:3 couplets max		
These are only guidleines and staffing should be adjusted to fit the acuity of the patients and the skill level of the staff		Due to the nature of variations in patient census and patient type, nursing support staff may vary. Total patient ratio for Tech is 1: 13 on days and 1:14 on nights

REFERENCES:

American Society of Peri-Anethesia Nurses (ASPAN), (July 2017). *ASPAN's Clinical Practice Committee, Frequently Asked Questions.* Retrieved May 9, 2019, from: http://www.aspan.org/Clinical-Practice/FAQs

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