

ASTRIA SUNNYSIDE HOSPITAL

Exhibit A

INTENSIVE CARE UNIT SERVICES

Combination of ICU / Intermediate / Med-Surg status

ICU					
Census	0700-1930		1900-0730		TOTAL staff
	RN	NAC	RN	NAC	
0	1	0	1	0	2
1	2	0	2	0	4
2	2	0	2	0	4
3	2	1	2	0	5
4	2	1	2	1	6
5	3 *	1	3	1	8
6	3 *	1	3	1	8
7	3 *	1	3	1	8

*Matrices are developed as a guide for shift-to-shift unit-based staffing decisions and are adjusted up or down based on patient factors and skill-mixed of hospital staff

- ❖ ICU patient is 2:1 patient:nurse ratio
- ❖ Intermediate status patients is 3:1 patient:nurse ratio
- ❖ Medical/Surgical patient to nurse ratio is 5:1 days, 6:1 nocs
- ❖ Note: if with 2 ICU and 3 IMC, may have 2 RN based on patient:nurse ratio

* Staffing based on patient acuity or status

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Exhibit B

MEDICAL & SURGICAL SERVICES

Combination of Med-Surg / Peds/ Tele / Intermediate status

MEDSURG							
	0700-1930			1930-0700			TOTAL STAFF
	RN	RN/LPN	NAC	RN	RN/LPN	NAC	
0	-		-	-		-	-
1	1	1	0	1	1	0	4
2	1	1	0	1	1	0	4
3	1	1	0	1	1	0	4
4	1	1	0	1	1	0	4
5	1	1	0	1	1	0	4
6	1	1	0	1	1	0	4
7	1	1	1	1	1	0	5
8	1	1	1	1	1	1	6
9	1	1	1	1	1	1	6
10	1	1	1	1	1	1	6
11	1	2	1	1	1	1	7
12	1	2	1	1	1	1	7
13	1	2	2	1	2	2	10
14	1	2	2	1	2	2	10
15	1	2	2	1	2	2	10
16	2	2	2	1	2	2	11
17	2	2	2	1	2	2	11
18	2	2	2	1	2	2	12
19	2	2	2	2	2	2	12
20	2	2	2	2	2	2	12

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- ❖ Medical/Surgical patient to nurse ratio is 5:1 days, 6:1 nocs,
- ❖ Intermediate patients to nurse ratio is 3:1 days and nocs
- ❖ Pediatric patient to nurse ratio is 4:1 on day shift, and 5:1 on noc shift

Approved per Staffing Committee 11/29/2022

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Exhibit C

EMERGENCY DEPARTMENT SERVICES

Emergency Department							
Role	0700-1930	0900 -1730	1100-2330	1400-0230	1500-2330	1700-0530	1900-0730
RN	2	1	1	1	0	0	2
NAC	1	0	0	0	0	0	1
HUC	1	0	0	0	0	0	1

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- * Consider patient acuity, review with Charge RN before making staffing adjustments when possible
- * Before sending staff home on –call, confirm there aren't unmet needs elsewhere in house with the House Supervisor
- * If the acuity/ census does not support all available resources/positions listed above, flex according to match the demands of the patient needs/ care level

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Exhibit D

INTERVENTIONAL RADIOLOGY SERVICES

Exhibit D – IR					
Role	Mon & Friday	Tue - Thurs	24/7 on call		
RN	2	2 to 3	1	2 RN's work 12 hour shifts & 1 RN works 10-hour shifts. They take call every 3 rd week.	
IR Tech	2	2 to 3	2	Tech's work a mix of 10 hour shifts 4 days per week and rotate call every other week.	
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* The days of the week the staff have off when working 10 hours shifts may change due to covering vacations and time off, as well as meeting physician and patient needs.

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RADIO

 **ASTRIA SUNNYSIDE HOSPITAL**

Exhibit E

WOUND CARE SERVICES

Wound Care 0800-1630					
Wound care visits	RN	HBO tech	LPN	Receptionist	Total Staff
1-8 NO HBO	1	0	0	1	2
9 or > with NO HBO	1	0	1	1	3
1-8 W/HBO	1	1	0	1	3
9 or > W/HBO	1	1	1	1	4

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RADIO Exhibit F

ONCOLOGY SERVICES

Oncology 0800 - 1700					
Clinic Visit	RN	NAC / MA	Receptionist	Total Staff	
1-6 with NO CHEMO	1	1	1	3	
7 or more with NO CHEMO	2	1	1	4	
1-6 W/CHEMO	2	1	1	4	
6 or more W/ CHEMO	3	1	1	5	

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RADIO
EXHIBIT F

RADIO
EXHIBIT F

Exhibit G

SURGICAL SERVICES

Exhibit G – ACU/PACU 0600-2030			
Role	Mon – Friday 0600 - 2030	Weekend/Holiday Call 0700 -1200	24/7 on call
RN/LPN - ACU	6	1	0
RN - PACU	3	0	1

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PACU /ACU

- ACU

Pre anesthesia Phase:

Staffing is adjusted up or down depending on # of 0730 start time cases, volume of surgical cases, PAT's and recur patients.

Post anesthesia Phase 2:

Staffing should reflect patient acuity and complexity of care. In general, a 1:3 nurse-patient ratio allows for appropriate assessment, planning, implementing care, and evaluation for discharge as well as increasing efficiency and flow of patients through Phase 2 area.

- PACU

Staffing should reflect patient acuity and complexity of care. In general, a 1:2 nurse-patient ratio in Phase 1 allows for appropriate assessment, planning, implementing, and evaluation for discharge as well as increased efficiency and flow of patients through Phase 1 area.

** Please refer to the ASPAN's Practice Recommendation 1 Patient Classification/ Staffing Recommendations for specifics 2021-2022. A copy of this will be kept in PACU

Exhibit G – Operating Room/Sterile Processing Department

Role	Mon – Friday	Call from end of shift until 7 pm Mon - Thurs	24/7 on call
RN Circulator	5	1	1
Scrub Tech	6	1	1
Sterile Processing	4	0	0
Anesthesia	4	1	1

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- RN Circulator:

There are 4 potential rooms with 4 potential needs of an RN circulator. An additional Circulator is needed as a float to give breaks and lunch relief. This role could be a charge nurse.

- Scrub

Technologists: Several procedures require two surgical techs to include but not limited to lap chole's, neuro fusions, robotic procedures, major ENT procedures, and Total joint procedures. Three rooms all at once could require 6 surgical scrub techs depending on the procedures going.

- Sterile Processing Department

Three sterile processing techs during the day and one for the evening to cover daily tasks and late day clinic instrumentation workups.

- Anesthesia

We have 4 operating rooms with 4 potential needs of an anesthesia provider.

Exhibit H

FAMILY BIRTH CENTER SERVICES

Family Birth Center Staffing Guidelines

There will be 2 labor trained RN's in the hospital at all times or what AWHONN guidelines dictate for management of the acuity of labor patients on the floor. Staff may be floated to other departments if there is no patients on the floor. There will be 2 RN's on the floor if there is any patients present.

There will be 1 NAC/scrub depending on patient acuity levels. The NAC may be floated to another department. Scrubs that are floated to another department may need to respond to a c-section quickly.

C-section staffing: C-sections require a minimum of 1 RN. If the C-section circulator trained RN and scrub trained NAC are available and census on floor allows they could staff the C-section also.

Labor and Delivery Care:

1:1	Initial Triage: (this ration may change to 1 nurse to 2-3 observations as maternal/fetal status is determined to be stable until patient disposition)
1:3	Antepartum testing: NST and observations
1:3	Antepartum patients in stable condition
1:1	Antepartum patients who are unstable
1:1	Continuous bedside attendance for women receiving magnesium sulfate for the first hour of administration. No more than one additional couplet or woman for a nurse caring for a woman receiving IV magnesium sulfate in a maintenance dose
1:2	Cervical ripening with pharmacologic agents
1:1	Laboring patients with medical or obstetrical complications during labor
1:1	Laboring patient receiving oxytocin
1:1	Laboring with minimal to no pain relief or medical interventions
1:1	Labor being monitored via intermittent auscultation
1:1	Regional anesthesia: continuous bedside nursing attendance during initiation until condition is stable
1:2	Premature labor patients being stabilized on tocolytics
1:1	Patients in second stage, fetal distress, postpartum hemorrhage
2:1	Birth; one nurse responsible for the mother and one nurse for the baby
1:1	Initial postpartum recovery for at least 2 hours
1:1	Ill patients with complications
1:1	Initial C-section recovery for at least 2 hours
1:1	Circulating for C-section delivery

Mother Baby Care

1:2	Immediate postoperative day who are recovering from Cesarean birth as part of the nurse ratio of one nurse to 3 mother baby couplets
1:3-4	Recently born infants and those requiring close observation
1:3	Stable mother baby couplets
1:5-6	Postpartum patients without complications (no more that 2 to 3 women ont eh immediate postpartum day who are recovering from cesarean birth as part of the nurse to patient ration of one nurse to 5 or 6 women without complications
1:3	Postpartum patients with complications, but in stable condition
1:5-6	Newborns needing only routine care

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ASTRIA SUNNYSIDE HOSPITAL

Exhibit I

HOME HEALTH AND HOSPICE SERVICES

Home Health and Hospice 0800 – 1700 Monday - Friday													
RN	NAC	Receptionist	Office Manager	Scheduler	Intake	Billing Medical Records	MSW	Chaplain	PT	PTA	OT	COTA	ST
8	2	1	2	1	1	1	1	1	2	3	1	1	1
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There must be at least 1 RN Manager to assist with telephone triage during business hours and 1 RN on call from 1630 – 0800.

If the receptionist is out sick, additional office staff will cover.

SPECIAL CONSIDERATION IN STAFFING:

- Mileage
- Travel time
- Weather
- Patient change of condition

DETERMINATION FACTORS FOR ACUITY TO BE CONSIDERED:

- Patient Visit type Admission to services will be longer visit along with any assessment that involves oasis collection
- Patient acuity level - someone with wound vac or new PICC or port may be longer visit than a regular repeat visit
- Patient with multiple co morbidity

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