

# JCH Written Staffing Plan for Nursing

## **Purpose:**

To provide a written staffing plan that promotes safe nursing care based on the complexity of patients' needs, physician preferences, and compliment of clinical caregivers.

This plan is coordinated with the Acuity Based Staffing Committee, which is comprised of 55% direct care Registered Nurses (RN). The committee's input is critical to assist in establishing and evaluating staffing levels, choosing acuity indicators, and reviewing processes. The committee makes recommendations regarding staffing and the budgeting process. The committee will meet at least six times per year. They will evaluate effectiveness of the plan along with the Chief Nursing Officer.

This plan addresses staffing in the context of volume of patient admissions, discharges, transfers, and assessments of the patients/families physical, emotional, spiritual and educational needs. Our current maximum occupancy is 27 Med/ Surg beds and 4 ICU beds. Also considered, but not limited to, is skill mix, experience of the staff and technology.

Staffing needs are evaluated every 4-8 hours or more often if needed. Staff may be on-call, called in, cross-trained to work in another department or floated as patient acuity changes. A decision is made by the director/manager of the department, house supervisor or Director of Nursing using established guidelines and acuity levels to staff each department.

## **Med/Surg**

Staffing is based upon the medical-surgical staffing matrix, acuity, census, qualifications of staff, and infection control practices. Staffing is evaluated every four to eight hours and staff may be floated, re-assigned, increased due to acuity, or flexed to meet patient needs.

- A. Nursing care is delivered using a team-nursing model that includes RNs, certified nursing assistants (CNA) and unit secretaries. A nursing supervisor is scheduled on each shift. The units sponsor nursing student clinicals.
- B. A staffing matrix is used as a guideline. Factors that influence staffing may include, but are not limited to:
  - 1. Number of patients in isolation and type of isolation
  - 2. Special needs patients and patients specific to the unit (i.e. pediatric, severely disabled, or stroke)
  - 3. Anticipated post-operative admissions/complex surgical patients
  - 4. Age of patients
  - 5. Sitters needed for patients
  - 6. Number and types of interventions/equipment/medications required
  - 7. Patient mental/emotional status
  - 8. Qualifications of staff

- 9. External factors such as weather, public health issues, and emergency situations
- C. Attempts are made to obtain additional staff when patient census or acuity is high.
- D. If census is low, a minimum of two RNs will be used to staff the unit.
- E. Ancillary areas that provide support for the patient populations include respiratory therapy, physical therapy, laboratory, radiology, nutrition services, cardiology, speech therapy, pharmacy, registered dietitians, and case management.

### **Intensive Care Unit**

- A. A nursing supervisor is designated for each shift.
- B. The minimum RN staffing for the ICU is one RN regardless of census. Nurse/patient ratio is typically 1:2 for ICU patients. This ratio is recommended as nurse to patient ratios and staffing levels are evaluated and adjusted as needed to meet patient/departmental needs every four to eight hours.
- C. Factors to be considered regarding nurse to patient ratios are:
  - 1. Patient care needs/acuity i.e.:
    - a. Hemodynamic/ventilator stability
    - b. Number and complexity of patient diagnoses
    - c. Number/types of interventions/equipment/medications required
    - d. Patient mental/emotional status
    - e. Safety concerns, family needs
    - f. Conscious sedation or bedside procedures
  - 2. Staff: level of competence/education/experience
  - 3. Additional departmental responsibilities may include, but are not limited to:
    - a. Telemetry monitoring
    - b. Code team
    - c. Patient safety/security issues
  - 4. Patient assignments are made by the Nursing Supervisor. Assignments are made with consideration of patient needs/acuity, qualifications of available staff, technology required for the patient, safety considerations and acuity elements listed above.

### **Emergency Department**

- A. Nursing staff ratios remain constant on a daily basis and nurses are only staff reduced based on director approval.
- B. The minimum number of RNs that must be maintained at all times is 2
- C. Attempts are made to obtain additional staff when patient census or acuity is high
- D. 2 RNs start the shift at 0700 then an additional RN comes in at 1000 and another at 1200. Shift change occurs at 1900 when two night RNs replace the two days shifts nurses.
- E. If there is a sitter need we contact house supervisor and adjust staffing as appropriate. EMTs and Paramedics are also available to assist in the ED during high volume