2022 WHMC Staffing Matrix

MSU Staffing Matrix

2022

# Pts	Day Shift				Night Shift			
	RN	LC/RN	NAC	HUC	RN	LC/RN	NAC	HUC
1	2	1	1	1	2	1	1	1
2	2	1	1	1	2	1	1	1
3	2	1	1	1	2	1	1	1
4	2	1	1	1	2	1	1	1
5	2	1	1	1	2	1	1	1
6	2	1	1	1	2	1	1	1
7	2	1	1	1	2	1	1	1
8	2	1	1	1	2	1	1	1
9	3		1	1	3		1	1
10	3		1	1	3		1	1
11	3		1	1	3		1	1
12	3		1	1	3		1	1
13	3		2	1	3		2	1
14	3		2	1	3		2	1
15	3		2	1	3		2	1
16	4		2	1	4		2	1
17	4		2	1	4		2	1
18	4		2	1	4		2	1
19	4		2	1	4		2	1
20	5		3	1	5		2	1
21	5		3	1	5		3	1
22	5		3	1	5		3	1
23	5		3	1	5		3	1

****Staffing matrix is a guideline, and every attempt/effort is made to meet the staffing matrix****

Rules:
- MSU Core Staffing for 8 patients: 2 MSU RNs, 1 NAC, and 1 HUC (1OC RN for admissions)
  - If MSU census is < 8; 1 MSU RN will be floated to other department, or LC/OC.
  - When any number of patients are on MSU there will be 2 RN's for safety.

PCU Staffing Matrix

# Pts	DAY SHIFT		NIGHT SHIFT	
	RN	NAC	RN	NAC
1	1	0	1	0
2	1	0	1	0
3	1	0	1	0
4	2	0	2	0

****Staffing matrix is a guideline, and every attempt/effort is made to meet the staffing matrix****

Rules:
- Nursing assignments are based on patient acuity.
  - If PCU census is above 3 patients, the CC should be notified to help float an RN to the department to assist the RN.

2022 WHMC Staffing Matrix

FBC Staffing Matrix

Day Shift	Night Shift
RN	RN
1	1

****Staffing matrix is a guideline, and every attempt/effort is made to meet the staffing matrix****

Rules:
- FBC Core Staffing is 1 FBC RN/shift
  - With an increase in FBC Census, additional staff may be needed to care for FBC patients

ED Staffing Matrix

# Pts	DAY SHIFT		NIGHT SHIFT		EVE SHIFT
	RN	NAC	RN	NAC	RN
1	1	1	1	1	1
2	1	1	1	1	1
3	1	1	1	1	1
4	1	1	1	1	1
5	2	1	2	1	1
6	2	1	2	1	1
7	2	1	2	1	1
8	2	1	2	1	1
9	3	2	3	2	1
10	3	2	3	2	1
11	3	2	3	2	1
12	3	2	3	2	1
13	4	2	4	2	1
14	4	2	4	2	1
15	4	2	4	2	1
16	4	2	4	2	1
17	Review Diversion Policy		Review Diversion Policy		
18					
19					
20					
21					
22					
23					

****Staffing matrix is a guideline, and every attempt/effort is made to meet the staffing matrix****

Rules:
- ED Core Staffing for 4 patients: 1 ED RN, and 1 NAC.
  - If ED census is above 4 patients, the CC should be notified to help float an RN to the department to assist the ED RN.

2022 WHMC Staffing Matrix

Effective:	4/29/2013, 12AM EDT
Approved:	11/23/2021, 1PM EST
Last Revised:	11/23/2021, 1PM EST
Expiration:	11/23/2022, 1PM EST
Owner:	*Angela Thomas: Surgical Services Director*
Policy Area:	*Surgical Services*
References:	

Perioperative Services Staffing Plan

Purpose

To provide safe, efficient and effective patient care in Perioperative Services.

Applicability

Perioperative Services Personnel

Policy

Staffing schedules will be maintained which are sufficient to meet the needs of the scheduled procedures and surgeries. On-call coverage will be maintained for urgent and emergent procedures arising after hours.

General Staffing

1. Scheduled 6, 8, 10 or 12-hour shifts shall be Monday through Friday, between the hours of 0530 - 1830.

2. Minimum staffing is one charge RN, one RN, one scrub staff (ST or RN), and one scheduler - Monday through Friday.

3. The monthly work schedule will be posted by the 15th of the prior month.

4. Assignments will be made based on number of procedures and patient acuity. The staffing schedule will be available no later than 1500 for SDS/PACU and 1330 for the OR, the preceding workday.

5. In the event of low census, staff may be put on call for all or part of their scheduled shift. The Perioperative Services Director or designee may release the call obligation at any time.

6. Perioperative Services Director or designee authorization must be obtained (after discussion with the Clinical Coordinator) before leaving prior to the end of scheduled shift.

7. Hours called-off due to low census will be tracked as a method for deciding minimum staffing. A low census called-off log will be maintained for all Perioperative Services staff. Those with the lower number of hours logged will be the first to be called-off or put on-call. The skill set of individual staff and those needed for patient care will take priority over number of called-off hours logged.

8. Call coverage will follow the on-call policy as stated. Also see Anesthesia on call policy.

Intraoperative Staffing

1. The standard room assignment for a surgical procedure shall be one (1) scrub staff [ST or RN] and one

(1) circulating nurse [RN only]. 1 CRNA is required for general anesthesia.

2. Additional staff may be required depending on the surgery and/or acuity of the patient.

3. Procedures requiring moderate sedation will require 1 RN to circulate and 1 CRNA to administer sedation and monitor patient.

4. Local procedures with no IV sedation will require only 1 RN.

Same Day Surgery Staffing

Patient acuity and anesthesia type will determine actual staffing Minimum staffing **1:3** (Nurse: Patient).

PACU Staffing: ASPAN ratios will be followed. A second nurse must be available to assist as necessary.

CLASS 1:2 (Nurse: Patient).

Two conscious, stable patients not yet meeting discharge criteria.

Two conscious, stable patients, eight years of age and under, with family or competent support staff present, but not yet meeting discharge criteria

One unconscious, stable patient, with a stable airway over the age of eight and one conscious, stable patient free of complications.

CLASS 1:1

At the time of admission to PACU until critical elements are met

Presence of airway and/or hemodynamic instability

Any unconscious patient eight years of age or under

Patient with contact precautions until there is time for doning and doffing of PPE and washing hands between patients.

CLASS 2:1 (Nurse: Patient)

One critically ill, unstable patient.

Central Sterile Processing Staffing

At least one OR staff member will be assigned daily to decontaminate, package and re-sterilize instruments/equipment for the entire hospital.

GI Procedure Staffing

One CRNA is required for administration of conscious sedation and monitoring patient, one GI tech/RN as assist for the procedure, and one RN to circulate.

Scheduling for Committee Meetings and Educational Opportunities

1. Staffing assignments will be adjusted when necessary to meet the Perioperative Services personnel educational needs and committee responsibilities.

2. The Primary Staff will be given the first opportunity to fill open shifts each month taking into consideration overtime. Following that, supplemental staff will be allowed to sign up for open shifts. All staff who have completed cross training will be allowed to pick up open shifts taking into consideration overtime.

3. The Emergency Department NAC will float up to patient need if there are no patients in the Emergency

Department.

Requested Time Off

1. Requests for time off for PTO, Education, trading shifts or other requests will be requested through ShiftHound scheduling.

2. All requests will need to be made by the 15th of the previous month. Requests after the 15th of the month will be the responsibility of the employee to cover the requests. Sick calls, bereavement and FMLA requests are excluded.

3. Approval for time off or scheduling changes will be at the discretion of the unit charge nurse, will be based on unit staffing needs, and approved by the Perioperative Director. .

Coverage for Sick Calls

If nursing staff are unable to work their assigned shift, they are to contact the CC as far in advance as possible but at least 2 hours before the start of the staff members shift. The CC then fills out Employee Absence Report Form and returns to Employee Heath or Perioperative Director.

Options for filling open shifts

1. Review current staff already scheduled in other departments.

2. Supplemental Staff

3. Part Time Staff at straight pay

4. Part Time Staff who have pre-stated availability

5. If above measures are unsuccessful consult management for authorization for overtime.

6. Consult management for authorization for all per-diem agency staff and/or travelers.

Attachments

No Attachments

Approval Signatures

Approver	Date
Charlene Morgan: Chief Nursing Officer	11/23/2021, 1PM EST
Angela Thomas: Surgical Services Director	11/23/2021, 12:56PM EST