

Staffing Plan/Core Staffing - CVH

Disclaimer

PDF DISCLAIMER LEGAL NOTICE: This PDF was requested on 1/10/2022 and will be made available in the Lucidoc application until midnight on the requested day. PDFs should not be used as official documentation. Contents of official documents are subject to change without notice. Lucidoc makes no representation or warranty whatsoever regarding the completeness, accuracy, "up-to-dateness", or adequacy of the information or materials contained herein. Please refer to Lucidoc for the most up to date information.

CONFIDENTIALITY LEGAL NOTICE: This PDF may contain confidential information and is intended solely for the addressee. The information may also be legally privileged. This transmission is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this transmission in error, any use, reproduction, or dissemination of this transmission is strictly prohibited. If you are not the intended recipient, please immediately notify the sender and permanently delete this file.

Approvals

- Signature: Brian Ivie, CEO signed on 1/10/2022, 1:05:30 PM
-

Revision Insight

Document ID:	146833
Revision Number:	3
Owner:	Michelle Sand, VP & Chief Nursing Officer - CVH
Revision Official Date:	1/10/2022

Revision Note:
Updated CVH FBC shifts to 12 hours, updated with 2021 information.



Purpose

The following is the nurse staffing plan for Cascade Valley Hospital, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420.

Intent, Objectives, Scope

Attestation Form

16-Dec-21

I, the undersigned with responsibility for Cascade Valley Hospital, attest that the attached staffing plan and matrix was developed in accordance with RCW 701.41.420 for 2022 and includes all units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements:

- ⊗ Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- ⊗ Level of intensity of all patients and nature of the care to be delivered on each shift;
- ⊗ Skill mix;
- ⊗ Level of experience and specialty certification or training of nursing personnel providing care;
- ⊗ The need for specialized or intensive equipment;
- ⊗ The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- ⊗ Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- ⊗ Availability of other personnel supporting nursing services on the patient care unit;
- ⊗ Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff;

Reviewed by CVH Staffing Committee: December 16, 2021

This staffing plan was adopted by the hospital on: December 16, 2021 (date)

As approved by: Brian Ivie, CEO

Nursing Staffing Plan Purpose

This plan was developed 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. This plan applies to all parts of the hospital licensed under RCW 70.41.

Nurse Staffing Plan Principles

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

*These principles correspond to the American Nursing Association Principles of Safe Staffing.

Nurse Staffing Plan Policy

1. The nurse staffing committee (committee) is 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 committee's work is guided by its charter.
3. The committee meets on a regular basis as determined by the committee's charter.

4. The committee's work is informed by information and data from individual patient care units.
5. Appropriate staffing levels for a patient care unit reflect an analysis of:

- a. Individual and aggregate patient needs;
- b. Staffing guidelines developed for specific units of the hospital;
- 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;
- f. Hospital data and outcomes from relevant quality indicators; and
- g. 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.

6. The analysis of the above information is aggregated into the hospital's nurse staffing plan. Each individual patient care unit may use the Nurse Staffing Committee Checklist to guide their work.
7. Staff continuously monitor individual and aggregate patient care needs and make adjustments to staffing per agreed upon policy and collective bargaining agreement.
8. The committee will perform a semiannual review of the staffing plan. If changes are made to the staffing plan throughout the calendar year, an updated staffing plan will be submitted to DOH.
9. The hospital is committed to ensuring staff are able to take meal and rest breaks as required by law, or collective bargaining agreement. The committee considers breaks and strategies to ensure breaks when developing the plan. A global break policy may be used, or individual patient care units may have discretion in structuring breaks to meet specific needs while meeting the requirements of the law. Data regarding missed or interrupted breaks will be reviewed by the committee to help develop strategies to ensure nurses are able to take breaks.

Nurse Staffing Plan Scope

***Hospitals licensed under RCW 70.41 are required by law to develop a nurse staffing plan. The plan must cover areas of the hospital that: 1. fall under the hospital's license (RCW 70.41) and 2. where a nurse(s) provides patient care (i.e., "patient care unit").**

1. The following areas of the hospital are covered by the nurse staffing plan:
 - a. Acute Care 2nd
 - b. Acute Care 3rd
 - c. CCU
 - d. FBC
 - e. ED
 - f. Operating room
 - g. Peri-Operative Services & PACU

Nurse Staffing Plan Critical Elements

1. The following represents critical elements about the nurse staffing plan:
 - a. All reasonable efforts will be made to have 2 CCU nurses in-house when there is at least 1 CCU patient in-house. In emergent situations when there is not a 2nd CCU nurse available, 1 CCU nurse will take 1-2 CCU patients depending on acuity level, will work with an Acute Care nurse, and will have CCU skilled back-up available in-house. Max assignment for a CCU nurse will be 2 CCU patients and CCU nurse will not be expected to take an additional Acute Care patient except when surge plan is activated. AC nurse will absorb that admit otherwise. CCU nurse will not be expected to attend codes or rapid response calls if acuity is too high in CCU. CCU nurse and AC/CCU Manager will be consulted to be sure that they are comfortable with the staffing plan and acuity level of patients. CCU nurse and AC/CCU Manager needs to know prior to shift who skilled back-up in-house nurse will be.
 - b. The availability of support services
 - c. AWHONN Labor & Delivery Staffing guidelines

Nurse Staffing Plan Matrices

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

Staffing Resources

Cascade Valley Hospital, SRH

Acute Care - 2nd Floor

48 Hospital Licensed Beds

Date of Services Budgeted: FY 2022

A well-staffed unit is not only defined by the number of caregivers included in a team, but by the carefully chosen members of each team depending upon the needs of each patient and the unit overall.

Average Acute Care Census Per Day:	14 in 2021
------------------------------------	------------

Direct Caregivers	Scheduled Hours	Shift Length	Number of Staff							Avg Available Hours per shift
			Mon	Tues	Weds	Thurs	Fri	Sat	Sun	
Day Shift (1st Shift)										
RN	7am - 7pm	12.00	3	3	3	3	3	3	3	36.00
CNA	6am - 1800pm	12.00	2	2	2	2	2	2	3	25.71
Night Shift (2nd Shift)										
RN	7pm - 7am	12.00	3	3	3	3	3	3	3	36.00
CNA	1800pm - 6am	12.00	2	2	2	2	2	2	2	24.00
Per Day Totals:									121.71	

Plan / Budgeted Direct WHPPD (Worked Hours Per Patient Day)	
---	--

Additional Care Team Members		
Skills	Shift Coverage	
	Day	Night
C.N.A.	X	X
Unit Clerical Support	X	
Rapid Response Team	X	X
Respiratory Therapy Support	X	X
Nutritionist	X	
Rehab Activities (OT, PT, Speech)	X	
Clinical Pharmacist	X	
Licensed Social Services / Case Management	X	
Hospitalist / NP / PA	X	X

Additional Unit Information:		
Other Team Members:		

There are many variables to consider in establishing safe, efficiently staffed hospital units. Patient care units differ based upon the types of patients cared for on a given unit, and the way in which care is organized and delivered there. Education and experience levels of unit staff, support from nurse educators and nurse managers also factor into unit staffing decisions, as does the unique characteristics and mission of the hospital.

Acute Care – 3rd Floor

48 Hospital Licensed Beds

of beds: 8

Date of Services Budgeted: FY 2022

A well-staffed unit is not only defined by the number of caregivers included in a team, but by the carefully chosen members of each team depending upon the needs of each patient and the unit overall.

Average Acute Care Census Per Day:	See Acute 2nd
------------------------------------	---------------

Direct Caregivers	Scheduled Hours	Shift Length	Number of Staff							Avg Available Hours per shift	Avg Available Nurses per shift	
			Mon	Tues	Weds	Thurs	Fri	Sat	Sun			
Day Shift												
RN	7am - 7pm	12.00	2	2	2	2	2	2	2	2	24.00	2
CNA	6am - 1800pm	12.00	1	1	1	1	1	1	1	1	8.00	1
Night Shift												
RN	7pm - 7am	12.00	2	2	2	2	2	2	2	2	24.00	2
CNA	1800pm - 0630am	12.00	1	1	1	1	1	1	1	1	8.00	1
Per Day Totals:										64.00	6	

Plan / Budgeted Direct WHPPD (Worked Hours Per Patient Day)	11.367
---	--------

Additional Care Team Members		
Skills	Shift Coverage	
	Day	Night
Acute Care Director	X	
C.N.A.	X	
Rapid Response Team	X	X
Respiratory Therapy Support	X	X
Nutritionist	X	
Rehab Activities (OT, PT, Speech)	X	
Clinical Pharmacist	X	
Hospitalist	X	X

Additional Unit Information:
Staffing adjusted for acuity as follows:
PCC patients 1:4
Pediatric patients 1:3 / 1:4
Med-surg, non-tele patients: 1:5 day shift
Non-DKA insulin drips 1:4 on all shifts

There are many variables to consider in establishing safe, efficiently staffed hospital units. Patient care units differ based upon the types of patients cared for on a given unit, and the why in which care is organized and delivered there. Education and experience levels of unit staff, support from nurse educators and nurse managers also factor into unit staffing decisions, as does the unique characteristics and mission of the hospital.

Emergency Department

48 Hospital Licensed Beds

Date of Services Budgeted: FY 2022

A well-staffed unit is not only defined by the number of caregivers included in a team, but by the carefully chosen members of each team depending upon the needs of each patient and the unit overall.	Patient Population:	Adult & Pediatric
	Types of Services Provided:	Acute Care
	Specialty Services:	Stroke/Trauma
	Average Daily Visit Volume:	51 - 2021
	Total Emergency Visits	19,797 in 2019 17,102 in 2020
	Total Number of Beds:	16

Direct Caregivers	Number of Staff											
	7am	8am	9am	10am	11am	12	1pm	2pm	3pm	4pm	5pm	6pm
RN	3	3	3	4	5	5	6	6	6	6	6	6
ED Tech	1	1	1	1	1	2	2	2	2	2	2	2
Total Direct Caregiver	4	4	4	5	6	7	8	8	8	8	8	8

Direct Caregivers	7pm	8pm	9pm	10pm	11pm	12	1am	2am	3am	4am	5am	6am
RN	6	6	6	5	4	4	3	3	3	3	3	3
ED Tech	2	2	2	2	2	1	1	1	1	1	1	1
Total Direct Caregiver	8	8	8	7	6	5	4	4	4	4	4	4

Plan / Budgeted Direct WHPPD (Worked Hours Per Patient Day)	3.13 Premier
---	--------------

Additional Care Team Members			
Skills	Shift Coverage		
	Day	Evening	Night
Clinical Manager	X		
ED Tech	X	X	X
Unit Assistant – 12 - 0630	X	X	
Raid Response Team	X	X	X
Respiratory Therapy Support	X	X	X
In Hospital Clinical Pharmacist	X		
Charge Nurse	X	X	X
Trauma Coordinator	X		
Cardiac/Stroke Coordinator	X		

Additional Unit Information:		
Other Team Members:		

There are many variables to consider in establishing safe, efficiently staffed hospital units. Patient care units differ based upon the types of patients cared for on a given unit, and the way in which care is organized and delivered there. Education and experience levels of unit staff, support from nurse educators and nurse managers also factor into unit staffing decisions, as does the unique characteristics and mission of the hospital.

Cascade Valley Hospital, SRH

Critical Care Unit

48 Hospital Licensed Beds

of beds: 6

Date of Services Budgeted: FY 2022

A well-staffed unit is not only defined by the number of caregivers included in a team, but by the carefully chosen members of each team depending upon the needs of each patient and the unit overall.

Average Number of Patients Per Day:	4 in 2020
	5 in 2021

Direct Caregivers	Scheduled Hours	Shift Length	Number of Staff							Avg Available Hours per shift	Avg Available Nurses per shift	
			Mon	Tues	Weds	Thurs	Fri	Sat	Sun			
Day Shift (1st Shift)												
RN	7am - 7pm	12.00	2	2	2	2	2	2	2	2	24.00	2
CNA	6am - 1830pm	12.00	1	1	1	1	1	1	1	1	12.00	1
Night Shift (2ndShift)												
RN	7pm - 7am	12.00	2	2	2	2	2	2	2	2	24.00	2
CNA	1800pm - 0630am	12.00	1	1	1	1	1	1	1	1	12.00	1
Per Day Totals:										72.00	6	

Plan / Budgeted Direct WHPPD (Worked Hours Per Patient Day)	21.0174
---	---------

Additional Care Team Members		
Skills	Shift Coverage	
	Day	Night
Acute Care Director	X	
Clinical Nurse Educator	X	
C.N.A.	X	X
Rapid Response Team	X	X
Respiratory Therapy Support	X	X
Nutritionist	X	
Rehab Activities (OT, PT, Speech)	X	
Clinical Pharmacist	X	
Hospitalist	X	X

Additional Unit Information:
Staffing adjusted for acuity of patients 1.1
Other Team Members:

There are many variables to consider in establishing safe, efficiently staffed hospital units. Patient care units differ based upon the types of patients cared for on a given unit, and the way in which care is organized and delivered there. Education and experience levels of unit staff, support from nurse educators and nurse managers also factor into unit staffing decisions, as does the unique characteristics and mission of the hospital. At all times, there shall be on duty at least 2 nursing personnel who can reach the bedside of a critical care patient in the CCU within 60 seconds. At least one of these should be an RN who has demonstrated competence in caring for CCU patients. When there are any CCU patients in-house, there need to be 2 skilled nurses on duty in the hospital (WAC 246-320-261).

Cascade Valley Hospital, SRH

Family Birth Center

48 Hospital Licensed Beds

of beds: 6

Date of Services Budgeted: FY 2021

Number of Staff

Direct Caregivers	Scheduled Hours	Shift Length	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Avg Available Hours per shift	Avg Available Nurses per shift
Day Shift (1st Shift)											
RN	7am-7pm	12.00	2	2	2	2	2	2	2	24.00	2.00
Night Shift (2nd Shift)											
RN	7pm-7am	12.00	2	2	2	2	2	2	2	24.00	2.00
Per Day Totals:										48.00	4.00

Plan / Budgeted Direct WHPPD (Worked Hours Per Patient Day)	200.7231
---	----------

Additional Care Team Members		
Skills	Shift Coverage	
	Day	Night
Clinical Manager	X	

Additional Unit Information:
The Family Birth Center adheres to staffing based on the guidelines set by the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN).

A well-staffed unit is not only defined by the number of caregivers included in a team, but by the carefully chosen members of each team depending upon the needs of each patient and the unit overall.

Average Number of Monthly Deliveries:	15
---------------------------------------	----

Nurse-to-Woman or Nurse-to-Baby Ratio	Care Provided
Postpartum and Newborn Care	
1 to 1	continuous bedside nursing attendance to woman in the immediate postoperative recovery period (for at least 2 hours)
1 to 3	mother-baby couplets after the 2-hour recovery period (with consideration for assignments with mixed acuity rather than all recent post-cesarean cases)
1 to 2	women on the immediate postoperative day who are recovering from cesarean birth as part of the nurse to patient ratio of 1 nurse to 3 mother-baby couplets
1 to 5-6	women postpartum without complications (no more than 2-3 women on the immediate postoperative day who are recovering from cesarean birth as part of the nurse to patient ratio of 1 nurse to 5-6 women without complications)
1 to 3	women postpartum with complications who are stable
1 to 5-6	healthy newborns in the nursery requiring only routine care whose mothers cannot or do not desire to keep their baby in the postpartum room
1	at least 1 nurse physically present at all times in each occupied basic care nursery when babies are physically present in the nursery
1 to 1	newborn boy undergoing circumcision or other surgical procedures during the immediate preoperative, intraoperative and immediate postoperative periods
1 to 3-4	newborns requiring continuing care
1 to 2-3	newborns requiring intermediate care
1 to 1-2	newborns requiring intensive care
1 to 1	newborn requiring multisystem support
1 to 1 or greater	unstable newborn requiring complex critical care
1	at least 1 nurse available at all times with skills to care for newborns who may develop complications and/or need resuscitation

Nurse-to-Woman or Nurse-to-Baby Ratio	Care Provided
Antepartum	
1 to 2-3	women during nonstress testing
1 to 1	woman presenting for initial obstetric triage
1 to 2-3	women in obstetric triage after initial assessment and in stable condition
1 to 3	women with antepartum complications in stable condition
1 to 1	woman with antepartum complications who is unstable
1 to 1	continuous bedside attendance for woman receiving IV magnesium sulfate for the first hour of administration for preterm labor prophylaxis and no more than 1 additional couplet or woman for a nurse caring for a woman receiving IV magnesium sulfate in a maintenance dose
1 to 2	women receiving pharmacologic agents for cervical ripening
Intrapartum	
1 to 1	woman with medical (such as diabetes, pulmonary or cardiac disease, or morbid obesity) or obstetric (such as preeclampsia, multiple gestation, fetal demise, indeterminate or abnormal FHR pattern, women having a trial of labor attempting vaginal birth after cesarean birth) complications during labor
1 to 1	woman receiving oxytocin during labor
1 to 1	woman laboring with minimal to no pain relief or medical interventions
1 to 1	woman whose fetus is being monitored via intermittent auscultation
1 to 1	continuous bedside nursing attendance to woman receiving IV magnesium sulfate for the first hour of administration; 1 nurse to 1 woman ratio during labor and until at least 2 hours postpartum and no more than 1 additional couplet or woman in the patient assignment for a nurse caring for a woman receiving IV magnesium sulfate during postpartum
1 to 1	continuous bedside nursing attendance during initiation of regional anesthesia until condition is stable (at least for the first 30 minutes after initial dose)
1 to 1	continuous bedside nursing attendance to woman during the active pushing phase of second-stage labor
1 to 2	women in labor without complications
2 to 1	birth; 1 nurse responsible for the mother and 1 nurse whose sole responsibility is the baby

There are many variables to consider in establishing safe, efficiently staffed hospital units. Patient care units differ based upon the types of patients cared for on a given unit, and the way in which care is organized and delivered there. Education and experience levels of unit staff, support from nurse educators and nurse managers also factor into unit staffing decisions, as does the unique characteristics and mission of the hospital. Our strategy to make sure Meal and Rest periods are being offered and taken, is by ensuring Mid-Shift Huddles (MSH) are happening at a minimum of four (4) times per twenty-four (24) hour period. The leaders of the MSH will ensure lunches and breaks are discussed and coverage is determined.

Cascade Valley Hospital, SRH

Surgery - Operating Room

48 Hospital Licensed Beds

OR Suites: 3

Date of Services Budgeted: FY 2022

A well-staffed unit is not only defined by the number of caregivers included in a team, but by the carefully chosen members of each team depending upon the needs of each patient and the unit overall.	Patient Population:	Adult & Pediatric
	Types of Services Provided:	Surgical
	Specialty Services:	Ortho, GYN, ENT, General Surgery, Trauma, Podiatry, Vascular, GI Endoscopy
	Average Daily Case Volume:	TBD
	Average Monthly Volume:	176

		Number of Staff – Monday through Friday			
Direct Caregivers	*Varies per MD Block Schedule – See attached staffing matrix				

CVH OR Staffing Matrix

Based on Blocks 11/2019

DOW	0730 Starts	# Blocks 0730 Start	PACU + Float/SCU		OR + Chrg
			Anesthesia Provider	Perianesth Team	OR Staff Matrix
Monday	1	W/W ½ Day	2	2+ / 2	2 RN / 2 CST
Tuesday	2	Roesler Every Week Riojas ½ Day QOW	3	2+ / 2	4 RN / 3 CST
Tuesday	1	Roesler Every Week	2	2+ / 2	2 RN / 2 CST
ACS Tuesday QO	1	Wolff	1	3 / 3	2 RN / 1 CST
Wednesday	2	Vellinga/Wolff	3	2+ / 3	4 RN / 3 CST
Wednesday	3	Vellinga/Wolff Skiles ½ Day QOW	4	2+ / 3	5 RN / 4 CST
Thursday	2	Whitman/Benecki	3	2+ / 2	4 RN / 3 CST
Friday	3	Riojas/Whitman/GYN	4	2+ / 3	5 RN / 4 CST

2020 Goal: 1 OR Team (RN + CST) to 1715, M-F

There are many variables to consider in establishing safe, efficiently staffed hospital units. Patient care units differ based upon the types of patients cared for on a given unit, and the way in which care is organized and delivered there. Education and experience levels of unit staff, support from nurse educators and nurse managers also factor into unit staffing decisions, as does the unique characteristics and mission of the hospital. Our strategy to make sure Meal and Rest periods are being offered and taken. The leaders of the CVH SS will ensure lunches and breaks are discussed and coverage is determined.

Surgery – Perioperative Services & PACU

48 Hospital Licensed Beds

of Day Surgery Beds: 6

of PACU Bays: 6

Date of Services Budgeted: FY 2022

A well-staffed unit is not only defined by the number of caregivers included in a team, but by the carefully chosen members of each team depending upon the needs of each patient and the unit overall.	Patient Population:	Adult & Pediatric
	Types of Services Provided:	Surgical
	Specialty Services:	Ortho, GYN, ENT, General Surgery, Trauma, Podiatry, Vascular, GI Endoscopy
	Average Daily Case Volume:	TBD
	Average Monthly Volume:	176

Day Surgery: number of Staff Monday through Friday											
Direct Caregivers	0545-1615	0630	0730	0800	0930	1130	1230	1330	1430	1645	1700
RN	1	2	2	2	2	2	2	2	2	2	1
CNA	1	1	1	1	1	1	1	1	1	1	0
Total Direct Caregiver	2	3	3	3	3	3	3	3	3	3	1

PACU: number of Staff Monday through Friday											Weekend Call	
Direct Caregivers	0730-1600	0800	0930	1130	1230	1330	1430	1530	1600	1630	Sat 7a-7a	Sun 7a-0730a
RN	1	2	2	2	2	2	2	2	2	1	2	2
Total Direct Caregiver	1	2	2	2	2	2	2	2	2	1	1 RN End of Scheduled Shift PACU → 0730 Next Day – M-F	
											1 RN 0700 – 0700 Sa	
											1 RN 0700 – 0730 Su	
Plan / Budgeted Direct WHPPD (Worked Hours Per Patient Day)											8.5	

Additional Care Team Members		
Skills	Shift Coverage	
	Day	Evening
Clinical Manager	1	0
Regional Director	1	0
Business Manager	1	0
Charge Nurse	1	0
Anesthesia Assistant	1	0
Surgery Schedulers/Data	1	0
Implant Coordinator	0.3	0
SSA I	1	1
Data/Staffing Coordinator	0	0

Additional Unit Information:
Staffing levels are based on ASPAN standards.
1:1 required when patient under 8 years of age.
1:1 required when patient is Isolation precautions
Two nurses required in PACU at all times when patients are present. OR RN may be 2nd RN.
Additional nurse required when floor holds are present.
Staffing matrix fluctuates according to census and in alignment with ASPAN guidelines.

Phase 1 / PACU

Two nurses are required in PACU "the second nurse should be able to directly hear a call for assistance and be immediately available"

In general a 1:2 nurse patient ratio allows for appropriate assessment and evaluation,

1:1 nurse to patient ratio may be assigned on Initial admission to the PACU, until "critical elements are met"

- Initial assessment,
- stable airway,
- hemodynamically stable
- free from agitation and restlessness.

1:1 required when patient is under age 8

1:1 is needed for isolation patients

2 nurses to one patient may be necessary for a critically ill unstable patient

Pre admission and Phase 2 / Day Surgery**Pre op phase**

During admission staffing levels can vary and are dependent complexity of the patient and are based on age, preoperative interventions and type of procedure.

Phase Two

1:3 one nurse to three patients

- May include but not limited to over 8 years of age,
- may include 8 years and younger if family is present.

1:2 one nurse to 2 patients

- 8 years and under without family or support staff present
- Initial admission of patient post procedure.

1:3/5 one nurse to three to five patients

- Patients awaiting transportation home
- Patients with no care giver
- Patients needing extended observation (for bleeding, pain management, PONV etc.)
- Patients being held for inpatient bed.

There are many variables to consider in establishing safe, efficiently staffed hospital units. Patient care units differ based upon the types of patients cared for on a given unit, and the way in which care is organized and delivered there. Education and experience levels of unit staff, support from nurse educators and nurse managers also factor into unit staffing decisions, as does the unique characteristics and mission of the hospital. Our strategy to make sure Meal and Rest periods are being offered and taken. The leaders of the CVH SS will ensure lunches and breaks are discussed and coverage is determined.

References

	Reference Type	Title	Notes
Document ID	146833	Document Status	Official
Department	Patient Care Services System Wide	Department Manager	Plata, Nina
Document Owner	Sand, Michelle	Next Review Date	01/10/2024
Signed/Approved By	(01/10/2022 01:05 PM PST) Brian Ivie, CEO		
Original Effective Date	09/01/1992		
Revised	[04/01/2018], [12/01/2018], [04/01/2019], [12/01/2019], [08/28/2020 Rev. 0], [12/28/2020 Rev. 2], [12/28/2020 Rev. 1], [01/10/2022 Rev. 3]		
Keywords	CVH, core staffing		

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

[https://www.lucidoc.com/cgi/doc-gw.pl?ref=svh_p:146833\\$3](https://www.lucidoc.com/cgi/doc-gw.pl?ref=svh_p:146833$3).