



| Columbia County Health System | | |
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| Acute Care/Emergency Department | | Ref. No.: 91 Total Pages: 6 |
| Effective Date: 11/28/2022 | | Subject |
| Approval: Laura Stevens (CHRO), Shane McGuire (CEO), Stephanie Carpenter (RN, COO) | | <i>Nurse Staffing Plan</i> |
| | | <input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Protocol |

PURPOSE:

To outline the plan for management of scheduling and provision of daily staffing needs and to define processes that ensure a sufficient number of qualified nursing staff is scheduled to meet patient care needs.

POLICY:**A. General Considerations:**

1. To ensure quality nursing care and a safe patient environment, the Nursing Department schedules staff to support unit needs, which includes, but is not limited to, skill level, qualifications, and supervisory experience. Shifts are distributed among staff as mutually agreed upon by employer and employee based on unit needs.
2. Effective nursing care for the patient is assured by providing adequate and competent nursing staff on each unit. Scheduling is also done in advance to provide continuity of patient care.
3. The staffing policy outlines practices that support the effective management of scheduling and planning for daily staffing needs and the overall plan for staffing.
4. Columbia County Health System (CCHS) is committed to filling budgeted nursing and support staff positions in a timely manner.
5. The Staffing Committee will review the plan semi-annually and submit changes to the Department of Health if changes are made.

B. Nursing Director, Shift Supervisors, Charge Nurses and Staffing Coordinator:



1. The Director of Nursing (DNS)/Assistant Director of Nursing (ADNS), in collaboration with the staffing coordinator, are responsible for coordinating the master schedules.
2. Shift Supervisors/Charge Nurses will consult with Nurse Managers as needed; they are responsible for coordinating the response to staffing demands on a shift-by-shift basis (including call-ins and coverage).
3. The Shift Supervisor/Charge Nurse for each nursing unit is responsible for identifying staffing needs for each shift and communicating these needs to the Staffing Coordinator. The Staffing Coordinator will collaborate with the Director of Nursing /Assistant Director of Nursing as needed.
 - a. When staff is not needed for a full shift, staff will consult with the Shift Supervisor/Charge Nurse. If there are needs in other departments, staff may be asked to float to departments in which they are trained for the remainder of the shift to the department in need. Staff may be asked to take low census, depending on unit needs.
4. Coordination of patient admissions, discharges, and transfers goes through the Shift Supervisor/Charge Nurse. The Shift Supervisor/Charge Nurse will collaborate with the Nursing Director/Assistant Director of Nursing during daytime business hours Monday through Friday. The Shift Supervisor/Charge Nurse is responsible for coordinating weekend and after-hour admissions, discharges, and transfers.

C. Scheduling:

1. A one-month schedule will be developed by the Staffing Coordinator in collaboration with the Director of Nursing/Assistant Director of Nursing in collaboration with unit staff as applicable. The schedule will be completed with the core staffing needs covered and will be posted in a designated area on each unit by the 15th of the previous month. Departments are staffed with full-time, part-time, and per diem staff.
2. Requests for time off will be submitted and processed per the staffing policy and may be submitted up to one year in advance. Requests for the following month need to be in no later than the 1st of the current month. After the schedule is approved and posted, staff members will be responsible for finding coverage for their non-emergent requests. This coverage must not allow other staff members to accrue overtime.
3. The Director of Nursing/Assistant Director of Nursing will approve other schedule changes at their discretion. CCHS reserves the right to schedule employees for all shifts according to the needs and discretion of CCHS, as described in the Employee Handbook. Every attempt will be made to maintain set patterns to support work-life balance, however patterns may be change based on unit needs. Communication between employee and employer will be completed in the event patterns need to be adjusted in a timely manner.



D. Shift-to-Shift Staffing:

1. Factors affecting appropriate staffing include: the number of patients, levels of acuity, location of patients (outpatient, ER, and inpatient), and the level of preparation and experience of those available to provide care.
2. Schedules are designed to meet the work requirements of each nursing unit.
3. The number of staff needed is determined two hours before the start of each shift utilizing staffing ratios and guidelines and the identified patient needs. Employees will be notified a minimum of one hour prior to being called off or placed "on-call".
 - a. If an employee is called off after arriving to work with no documented attempt by the Staffing Coordinator, Shift Supervisor, Charge Nurse, Director of Nursing/Assistant Director of Nursing to notify the employee, the employee will be paid a minimum of two hours' time. Staff may be given a work assignment during this two-hour period.
4. The Director of Nursing/Assistant Director of Nursing will be consulted for unusual staffing circumstances and needs.

E. Staffing Assignments:

1. Staff assignments are designed to match patient needs with the qualifications & competence of the staff and to allow the assigned staff to function within their scope of practice. An acuity scale may be used to make fair assignments and/or even the workload.
2. The designated Shift Supervisor/Charge Nurse makes staff assignments after reviewing of the patients and their status.
3. Consideration is given to the following:
 - a. Patient needs/safety
 - b. Infection control issues
 - c. Skills of personnel
4. Assignments may change to accommodate the staff skill mix and needs of the patients or departments.
5. Hall One in Booker Rest Home is designated under Acute Care Swing Beds.
6. In the event there is an LPN scheduled to cover a shift, staff will notify the Acute Care Shift Supervisor, or another Acute Care staff RN will be delegated to be available for oversight for the LPN on shift if needed.

F. Extra Shifts:

1. Staff may notify the Staffing Coordinator, Shift Supervisor, Charge Nurse, Nurse and/or Director of Nursing/Assistant Director of Nursing when they are available to work extra shifts. This assists in reducing the number of calls necessary when additional staff is needed.

G. On-Call:



1. Acute Care staff may volunteer to be on call when the census and/or acuity are elevated.
2. Acute Care staff may be placed on call when the census is low, in which case a scheduled Nurse would be sent home with the expectation that they would be on call for the remainder of the scheduled shift.
3. Acute Care staff that are placed on call are expected to report to work within 30 minutes of notification. If staff know they cannot make it within this time frame due to commute, they need to communicate this to charge prior to being assigned on call and make prior arrangements for coverage until they can get there.
4. Staff must be available by phone when on call. A telephone response is expected within fifteen (15) minutes.

H. Low Patient Census: (LPC)

1. Staff may be sent home and placed on call when there is a low patient census (LPC). Staff will not be required to take more than 12 hours of LPC time off per pay period.
2. Staff may use Personal Time Off (PTO) when they are required to take LPC time off. Staff will not be required to take LPC time on weekends and holidays, but it may be taken on weekends and holidays with the expectation that the staff member will remain on call per the guidelines above.

I. Use of Float and Per Diem Staff:

a. Float Staff:

1. Floating to other departments within CCHS may be required.
2. During low census times and/or when scheduled, staff may complete float orientation in other departments.
3. Floating is assigned at the discretion of the Director of Nursing/Assistant Director of Nursing.
4. Assignments for staff floating into another department are designed to minimize interruption in the continuity of patient care and to ensure nursing functions are within the nurse's scope of practice and abilities, infection control guidelines, and patient needs.
 - a. A float nurse will not be assigned to the following duties:
 - i. Department Charge/Shift Supervisor Nurse
 - ii. Transport of patients to outside facilities
 - iii. Ward clerk duties
 - b. Float nurses participate in patient care report.
 - c. Float nurses ensure that tasks and interventions performed throughout the shift are properly documented.
 - d. Shift Supervisors/Charge Nurses and Nursing Directors will maintain backup plans in the event that float nursing personnel are called back to their home department.



b. Per Diem Staff:

1. Per Diem staff is utilized on an as-needed basis to cover vacation requests, sick calls, and peaks in the census. Per Diem staff members will be expected to cover a minimum of two (2) shifts each month.

J. Plan for Meal/Breaks:

1. Each department creates a plan for meal periods and breaks each shift. Meals and breaks will be managed according to the Washington State Law, WAC 296-126-092.
 - a. This plan may fluctuate depending on changes in patient care needs/status, admissions, and discharges. Each department creates a plan for meal breaks each shift.
 - b. Staff members caring for the same group of patients should alternate their break times.
2. When scheduled staff members are unable to reasonably adjust their meal break plan, the following actions may be taken:
 - a. Contact the Shift Supervisor/Charge Nurse for coverage. (The Shift Supervisor/Charge Nurse may delegate coverage by other nursing staff).
 - b. Contact the Director of Nursing/Assistant Director of Nursing for available in-house coverage.
 - c. If these options are not available, the Shift Supervisor/Charge Nurse, Director of Nursing or Assistant Director of Nursing may contact on-call staff or unscheduled staff to assist with meal/break coverage.
 - d. Payment will be made for any missed meals/break coverage.

K. Department Staff Qualifications, Mix, Staffing Guidelines & Ratios:

1. **Staff Qualifications:**
 - a. Licensure
AC/ED nursing staff members (nurses and nursing assistants) who provide direct patient care will maintain a current license from the Washington State Department of Health.
 - b. Certification
 - i. Registered Nurses (RNs) will maintain a current Basic Life Support and Advanced Care Life Support. Pediatric Advanced Life Support and Trauma Nurse Core Course certifications will be required for those that cover the ED. See Emergency Staff Qualifications for the timeline of certifications and requirements.
 - ii. Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs) will maintain a current Basic Life Support certification.
 - c. Specialties



Staff members are encouraged to become certified in relevant specialties.

d. **Participation**

Staff members will be required to participate in:

- i. Performance improvement activities and/or improvement teams.
- ii. Ongoing in-service education programs and periodic clinical skills evaluations.
- iii. Staff Meetings, Forums, and Department projects.
- iv. Assigned committees.

2. Acute Care and Swing Bed Staff:

a. **Staff Mix:**

- i. Acute Care staff consists of RNs, LPNs, and CNAs. The RN staff is assigned the responsibility of patient care management. The LPN staff is primarily there to support the RNs to assist with medication management within their scope of practice. The primary role of the CNA personnel is to help with tasks as directed by the RN that are within the CNA's scope of practice.

b. **Staffing Guidelines/Ratios:**

- i. Acute Care/Swing Bed is open 24 hours per day, seven days per week, with care provided by RNs, LPNs and CNAs
- ii. The core staffing consists of:
 1. 4 Nurses 2 CNA's 0645-1915
 2. 4 Nurses and 1 CNA 1845-0715 with a goal of staffing a second CNA, especially during high census.
- iii. Core Staffing is based on the average daily census and typical acuity of patients. Monday through Friday, additional support staff available include the Unit Secretary, DNS or ADNS.
- iv. Staff that have been given a low patient census day may also be placed on call if patient care needs change or additional patients are admitted.
- v. Staff-to-patient ratio is increased for pediatric patients, patients in restraints, telemetry, high risk outpatient infusions, or other high risk/acuity reasons. Depending on the skill need, the patient ratio may be 1 Nurse to 6 patients. Assessments for staff-to-patient ratios use the scale below as a guide
 1. OBS/Acute patient status: 1 Nurse to 4 patients
 2. Swing bed/Rehab status: 1 Nurse to 6 patients.
 Additional staff may be added to minimum ratios based on acuity scale documentation and nursing care needs.

3. Emergency Room Staff:



- a. Staff Mix:
 - i. One Emergency Department provider is always on call for the ED.
 - ii. Registered nurses provide care in the ED with support from other nursing staff.
- b. Additional Qualifications:
 - i. RNs acquire PALS and ACLS within 6 months of hire and TNCC within one year of hire if not previously credentialed. These certifications should be kept current for the duration of employment.
 - ii. Participation in skills labs, based on employee needs and regulatory requirements, provides an opportunity to review high-risk, low-volume skills.
- c. Staffing Guidelines/Ratios:
 - i. Non-Urgent * patients: 1 to 4
 - ii. Urgent Patients *1 to 2
 - iii. Emergent patients: 1 to 1
 - iv. Active resuscitation, thrombolytic administration, and modified trauma team activation or other acute events, 2 to 1 ratio of nurse-to-patient staffing for the duration of the acute event is indicated.
 - v. A core of 1 RN is scheduled to cover the Emergency Department at all times. As mentioned above, support staff are available as needed.

* Refer to the triage policy to outline definitions of non-urgent, urgent and emergent patient type. [TRIAGE](#)

Staffing Matrix



| Projected Pt. census 7AM-7PM | Sup RN | RN | ED RN | CNA | HUC | |
|------------------------------|--------|----|-------|-----|-----|--|
| 1-3 | 1 | 1 | 1 | 1 | 1 | |
| 4-8 | 1 | 1 | 1 | 1 | 1 | |
| 9-13 | 1 | 2 | 1 | 2 | 1 | |
| 14-16 | 1 | 3 | 1 | 3 | 2 | |
| 17-18 | 1 | 3 | 1 | 3 | 2 | |
| 19-25 | 1 | 4 | 1 | 3 | 2 | |

| Projected Pt. census 7PM-7AM | Sup RN | RN | ED RN | CNA | HUC/ED tech | |
|------------------------------|--------|----|-------|-----|-------------|--|
| 1-3 | 1 | 1 | 1 | 1 | | |
| 4-8 | 1 | 1 | 1 | 1 | | |
| 9-13 | 1 | 2 | 1 | 2 | | |
| 14-16 | 1 | 3 | 1 | 3 | | |
| 17-18 | 1 | 3 | 1 | 3 | | |
| 19-25 | 1 | 4 | 1 | 3 | | |

Factors to consider when staffing or low census

- No House Supervisor
- No registration staff NOC/Wknds
- Must provide Activities for Swing Bed Patients
- If ER Acuity is increased Sup-RN will assist with ER patients



No 24/7 Resp Therapy
No 24/7 lab
HUC staff covers ER as well as Acute Swing bed
We must have a safe staffing level to run a Code Blue at night

References:

RCW 70.41.420.