

Critical Care Unit Nursing Staffing Plan

Patient Population & Nursing Care Provision	Essential Staffing & Evaluation Process	Staffing for Acuity	Standards & Quality
<p>The critical care unit is comprised of 4 beds. Nursing care is provided for critical medical and surgical patients, and telemetry patients. The age groups served are adult and geriatric.</p> <p>Primary Nursing Services Provided:</p> <ul style="list-style-type: none"> • Ventilator support • Titration of IV drugs (i.e. Insulin, vasoactive, anticoagulants, etc.) • Continuous antiarrhythmic or IV drips • Invasive hemodynamic monitoring • Elective cardioversion • Acute illness care • Telemetry Monitoring • Pre and postoperative care • Parenteral Nutrition • Palliative/End of life care • Medication administration • Patient/family education • Psychosocial care and support • Coordination of patient care and collaboration with support services • Assistance with ADL's • Care of the bariatric patient <p>Nursing Services Not Provided:</p> <ul style="list-style-type: none"> • Patients needing dialysis • Post op Open Heart surgery • Medical care for antepartum / postpartum patients 	<p>The critical care unit utilizes registered nurses to deliver patient care and perform unit operations. With the support of ancillary support staff to include, but not limited to: certified nursing assistants, nurse technicians, health unit coordinators, social work, diagnostic imaging, laboratory, pharmacy, physical therapy and respiratory therapy services. All CCU nurses are oriented and trained upon hire to the unit to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through HealthStream and skills fairs.</p> <p>Minimum staffing for critical care patients will include two ACLS, BLS, and NIHSS critical care trained nurses. Staffing will be based on acuity and census, to determine appropriate levels for nurses for all shifts. Nurse to patient ratio can be 1 to 3, based on acuity.</p> <p>The formal process for determining the ability for CCU to take admissions is initiated with a consideration for the acuity and overall census of the unit. If the acuity of the unit is determined to be high, CCU can bring in extra staff or limit the amount of patients to be admitted until the acuity decreases or the unit beds are full. CCU will utilize nursing staff from other departments who are cross-trained and/or otherwise qualified when a nurse is needed in the department. Diversion of patients will be avoided whenever possible.</p> <p>Diversion/Closed for Admission Process:</p> <ul style="list-style-type: none"> • Continually plan ahead for placement of next admission(s). • Contact provider(s) for possible discharges or potential downgrade of CCU status • Call huddle with department managers, house supervisor to discuss options and decision-making. • Contact AOC to determine divert status and initiate communication. 	<p>Staffing for acuity on CCU considers the following criteria:</p> <ul style="list-style-type: none"> • Complexity of patient's condition, assessment and required nursing care • Knowledge and skills required of nursing staff to provide care • Type of technology involved in patient care • Degree of supervision required of nursing staff members • Infection control and safety issues • Continuity of patient care <p>Patient conditions that contribute to a higher level of acuity on CCU include but are not limited to:</p> <ul style="list-style-type: none"> • Unstable patient • Multiple lines and/or drains • Multiple IV medications • CIWA patient with high score • Dementia/delirium • High fall risk • Suicide risk 	<p>Qualifications and Competencies:</p> <p>RN: BLS, ACLS, NIHSS, Telemetry trained</p> <p>Quality Measures:</p> <ul style="list-style-type: none"> • Patient Falls • CAUTI • CLABSI • Barcode Medication Administration • Medication errors • Pain assessment & reassessment • Restraint use • CMS Core Measures • Staff injuries • Hand hygiene • Press Ganey survey results • Employee Engagement survey

Emergency Department Nursing Staffing Plan

Patient Population & Nursing Care Provision	Essential Staffing & Evaluation Process	Staffing for Acuity	Standards & Quality
<p>The Emergency Department is comprised of 12 cardiac beds, and 2 Trauma rooms. Nursing care is provided for all patients and all age groups are served; pediatric, adult and geriatric 24 hours a day, 7 days a week.</p> <p>Primary Nursing Services Provided:</p> <ul style="list-style-type: none"> • Chest pain or Difficulty Breathing • Weakness/slurred Speech/ numbness on one side • Seizures/Fainting/change in mental state • Serious burns • Head or eye injury • Concussion/confusion • Broken bones and dislocated joints • Fever with a rash • Severe cuts that may require stitches • Life or limb threatening injury • Severe cold or flu symptoms • Vaginal bleeding with pregnancy • Calls from 911 <p>Nursing Services Not Provided:</p> <ul style="list-style-type: none"> • Dilation and Curettage • Chemotherapy/antineoplastic drug administration (except IM Methotrexate). • Any procedure requiring general or spinal anesthetic. • Routine/outpatient request of: blood Alcohol request, blood transfusions, paracentesis, HIV testing, and/or drug/alcohol screening on a minor • No cardiac bypass capabilities 	<p>The emergency department utilizes registered nurses, emergency department technicians, and Health unit coordinators, to deliver patient care and perform unit operations. With the support of ancillary support staff to include, but not limited to: Laboratory, Pharmacy, Environmental Services, Respiratory Therapy, and Imaging..</p> <p>All ED nurses are oriented and trained upon hire to the unit to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through HealthStream (LMS modules).</p> <p>Minimum staffing will include two BLS, ACLS/PALS (or ENPC), TNCC, and NIHSS trained registered nurses. NRP recommended. Or any advanced trauma nursing certification. HUC/Tech with EDT, CNA' or MA and BLS. MA-P and ER Technician with EDT, CNA' or MA and BLS. MA-P.</p> <p>Staffing will be based on acuity and census, to determine appropriate levels for nurses for all shifts.</p> <p>If the acuity of the unit is determined to be high, ED may bring in staff from other units to assist in patient care. ED will utilize nursing staff from other departments who are cross-trained and/or otherwise qualified when a nurse is needed in the department. Diversion of patients will be avoided whenever possible.</p> <p>Diversion/Closed:</p> <ul style="list-style-type: none"> • Continually plan ahead for placement of next admission(s). • Contact provider(s) for possible discharges. • Call huddle with department managers, house supervisor to discuss options and decision-making. • Contact AOC to determine divert status and initiate communication. 	<p>Staffing for acuity on ED considers the following criteria:</p> <ul style="list-style-type: none"> • Complexity of patient's condition, assessment and required nursing care • Knowledge and skills required of nursing staff to provide care • Type of technology involved in patient care • Degree of supervision required of nursing staff members • Infection control and safety issues • Continuity of patient care <p>Patient conditions that contribute to a higher level of acuity in the ED include but are not limited to:</p> <ul style="list-style-type: none"> • Unstable or critical patient • Patients with a life or limb loss threatening injury • Multiple lines and/or drains • Trauma requiring greater than general surgery. • Active Bleeding requiring more than 3 units of blood. • Multiple IV medications • Patients requiring restraints • Dementia/delirium • High fall risk • Suicide risk • Stroke • Intubation 	<p>Qualifications and Competencies:</p> <p>RN: BLS, PALS (or ENPC), ACLS, TNCC, and NIHSS Competency.</p> <p>HUC/Tech: EDT, CNA' or MA and BLS. MA-P</p> <p>ED Technician: EDT, CNA' or MA and BLS. MA-P</p> <p>Quality Measures:</p> <ul style="list-style-type: none"> • Patient Falls • Barcode Medication Scanning • Medication errors • Restraint use • CMS Core Measures • Staff injuries • Hand hygiene • Press Ganey survey results • Employee Engagement survey • SI • Procedural Sedation



Medical Surgical Telemetry Unit Nursing Staffing Plan

Patient Population & Nursing Care Provision	Essential Staffing & Evaluation Process	Staffing for Acuity	Standards & Quality								
<p>The medical surgical telemetry unit is comprised of 22 beds and 4 PCU overflow beds. Nursing care is provided for general medical and surgical patients, telemetry patients, and stable pediatric surgical patients (ages 4 - 17). The age groups served are pediatric, adult and geriatric.</p> <p>Primary Nursing Services Provide (include but are not limited to):</p> <ul style="list-style-type: none"> Acute illness care Telemetry Monitoring Pre and postoperative care Wound care, wound vacs IV infusion therapy Parenteral Nutrition Palliative/End of life care Medication administration Patient/family education Psychosocial care and support Coordination of patient care and collaboration with support services Assistance with ADL's Care of the bariatric patient Medical care for antepartum / postpartum patients <p>Nursing Services Not Provided:</p> <ul style="list-style-type: none"> Ventilator support / BiPap Titration of vasoactive IV drugs Continuous antiarrhythmic IV drips Invasive hemodynamic monitoring Acute psychiatric therapy/seclusion Elective cardioversion 	<p>The medical surgical telemetry unit utilizes registered nurses, certified nursing assistants, nursing technicians, as well as health unit coordinators to deliver patient care and perform unit operations. All nurses, certified nursing assistants, and nursing technicians on MSTU are oriented and trained upon hire to the unit to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through HealthStream and skills fairs, and CEU's.</p> <p>Minimum staffing will include two ACLS, BLS trained nurses with the support of trained ancillary support staff to include, but not limited to the nursing house supervisor, respiratory therapy, and diagnostic imaging. Staffing will follow the staffing matrix, based on acuity and census, to determine appropriate levels for nurses, nursing aides and health unit coordinators for all shifts. Nursing ratios include:</p> <table border="1" data-bbox="548 670 1104 786"> <thead> <tr> <th>MSTU Days:</th> <th>MSTU Nights:</th> </tr> </thead> <tbody> <tr> <td>RN = 5 patients</td> <td>RN = 6 patients</td> </tr> <tr> <td>NAC = 9 patients</td> <td>NAC = 15 patients</td> </tr> <tr> <td>Charge RN = 2 patients</td> <td>Charge RN = 3 patients</td> </tr> </tbody> </table> <p>The charge nurse, in conjunction with the unit manager, will determine the number of staff for the oncoming shift and throughout the shift to ensure the amount of staff and appropriate skill mix are available to deliver safe patient care. Nurse staffing is also provided throughout the shift to accommodate meal and rest breaks for all staff on the unit. The goal each shift is to have staff available in order to meet increases in patient volumes, patient acuity, and/or cover staff illness or unexpected leaves during the shift.</p> <p>The formal process for determining the ability for MSTU to take admissions is initiated with a consideration for the acuity and overall census of the unit. If the acuity of the unit is determined to be high, MSTU can bring in extra staff or limit the amount of patients to be admitted until the acuity decreases. MSTU will utilize nursing staff from other departments who are cross-trained and/or otherwise qualified when a nurse is needed in the department. Diversion of patients will be avoided whenever possible.</p> <p>Diversion/Closed for Admission Process:</p> <ul style="list-style-type: none"> Continually plan ahead for placement of next admission(s). Attempt to call in additional staff Call huddle with department managers, charge nurses, house supervisor to discuss options and decision-making. Contact provider(s) for possible discharges. Contact AOC to determine divert status and initiate communication. 	MSTU Days:	MSTU Nights:	RN = 5 patients	RN = 6 patients	NAC = 9 patients	NAC = 15 patients	Charge RN = 2 patients	Charge RN = 3 patients	<p>Staffing for acuity on MSTU considers the following criteria:</p> <ul style="list-style-type: none"> Complexity of patient's condition, assessment and required nursing care Knowledge and skills required of nursing staff to provide care Type of technology involved in patient care Degree of supervision required of nursing staff members Infection control and safety issues Continuity of patient care <p>Patient conditions that contribute to a higher level of acuity on MSTU include but are not limited to:</p> <ul style="list-style-type: none"> Unstable patient Frequent VS or CBG monitoring Multiple lines and/or drains Multiple IV medications BAWS patient with high score Dementia/delirium Complicated wound care Complicated family or social situation Bariatric patient High fall risk Pediatric patient Suicide risk 	<p>Qualifications and Competencies:</p> <p>RN's: BLS, ACLS, NIHSS, Telemetry trained</p> <p>CNA & Nurse Tech: BLS</p> <p>Quality Measures:</p> <ul style="list-style-type: none"> Patient Falls Barcode Medication Administration Medication errors Pain assessment & reassessment Restraint use CMS Core Measures Staff injuries Hand hygiene Press Ganey survey results Employee Engagement survey
MSTU Days:	MSTU Nights:										
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Progressive Care Unit Nursing Staffing Plan

Patient Population & Nursing Care Provision	Essential Staffing & Evaluation Process	Staffing for Acuity	Standards & Quality
<p>The progressive care unit is comprised of 4 acute care, continuous telemetry monitored beds, located within the medical surgical telemetry unit. Nursing care is provided for medical and surgical patients at an ICU step-down level of care, based on patient acuity and provider determination, including the need for close nursing observation and telemetry monitoring. The age groups served are ≥ 18 years of age, adult and geriatric patient populations.</p> <p>Primary Nursing Services Provided:</p> <ul style="list-style-type: none"> • Titration of IV drugs (i.e.vasoactive, anticoagulants, insulin, etc.) • Periodic antiarrhythmic boluses or continuous IV drips • Stable respiratory support by way of BiPAP and CPAP • Stroke patients not requiring immediate intervention • Acute psychiatric therapy • Elective cardioversion • Acute illness care • Telemetry Monitoring • Pre and postoperative care • Parenteral Nutrition • Palliative/End of life care • Medication administration • Patient/family education • Psychosocial care and support • Coordination of patient care and collaboration with support services 	<p>The progressive care unit utilizes licensed registered nurses to deliver patient care and perform unit operations. With the support of ancillary support staff to include, but not limited to: certified nursing assistants, nurse technicians, health unit coordinators, social work, diagnostic imaging, laboratory, pharmacy, physical therapy and respiratory therapy services.</p> <p>All PCU nurses are oriented and trained upon hire to the unit to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through HealthStream (LMS modules) and department specific education.</p> <p>Minimum staffing for progressive care patients will include one ACLS, BLS, and NIHSS progressive care trained nurse. Staffing will be based on acuity and census, to determine appropriate levels for nurses for all shifts. Nurse to patient ratio can be up to one (1) nurse to four (4) patients, based on acuity, and may include med/surg or telemetry patients.</p> <p>The formal process for determining the ability for PCU to take admissions is initiated with a consideration for the acuity and overall census of the unit. If the acuity of the unit is determined to be high, PCU can bring in extra staff or limit the amount of patients to be admitted until the acuity decreases or the unit beds are full. PCU will utilize nursing staff from other departments who are cross-trained and/or otherwise qualified when a nurse is needed in the department. Diversion of patients will be avoided whenever possible.</p> <p>Diversion/Closed for Admission Process:</p> <ul style="list-style-type: none"> • Continually plan ahead for placement of next admission(s). • Contact provider(s) for possible discharges or potential downgrade of PCU status • Call huddle with department managers, house supervisor to discuss options and decision-making. • Contact AOC to determine divert status and initiate communication. 	<p>Staffing for acuity on PCU considers the following criteria:</p> <ul style="list-style-type: none"> • Complexity of patient’s condition, assessment and required nursing care • Knowledge and skills required of nursing staff to provide care • Type of technology involved in patient care • Degree of supervision required of nursing staff members • Infection control and safety issues • Continuity of patient care <p>Patient conditions that contribute to a higher level of acuity on PCU include but are not limited to:</p> <ul style="list-style-type: none"> • Unstable patient • Multiple lines and/or drains • Multiple IV medications • Increasing respiratory support needs • BAWS patient with high score • Dementia/delirium • High fall risk • Suicide risk 	<p>Qualifications and Competencies:</p> <p>RN: BLS, ACLS, NIHSS, Telemetry trained</p> <p>Quality Measures:</p> <ul style="list-style-type: none"> • Patient Falls • Barcode Medication Administration • Medication errors • Pain assessment & reassessment • Restraint use • CMS Core Measures • Staff injuries • Hand hygiene • Press Ganey survey results • Employee Engagement survey

<ul style="list-style-type: none"> • Assistance with ADL's • Care of the bariatric patient <p>Nursing Services Not Provided:</p> <ul style="list-style-type: none"> • Patients needing dialysis • Patients needing critical care level of services (i.e. intubated, critical lab values, etc.) • Patients requiring higher level subspecialty services to direct care based on acuity (Cardiac, Neurology, Pulmonary, GI, etc). • Medical care for antepartum / postpartum patients 			
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Surgical Services Nursing Staffing Plan

Patient Population & Nursing Care Provision	Essential Staffing & Evaluation Process	Staffing for Acuity	Standards & Quality
<p>The surgical services department is comprised of several subunits: Central Sterile Processing; 12 bed Ambulatory Care; 2 room Procedural Services; 5 bed Post Anesthesia Care area; 3 Operating rooms. Regular hours are 0700-1530 Monday through Friday with On-call requirements by surgery and recovery room staff for evenings and weekends. Populations served are pediatrics to adults of all ages needing surgical or procedural studies or interventions. Service lines include: Orthopedics, General Surgery, Ophthalmology, Gynecology, Podiatry, Colonoscopy, Endoscopy, Pain Management</p> <p>Primary Nursing Services Provide (include but are not limited to):</p> <p>Ambulatory Care Unit:</p> <ul style="list-style-type: none"> • Pre and postoperative and procedural care • IV infusion therapy • Patient/family education • Psychosocial care and support • Coordination of patient care and collaboration with support services • Pain Management <p>Operating Room:</p> <ul style="list-style-type: none"> • Patient identification • Surgical procedure and site verification marked • Assessment and preparation for surgery 	<p>The Surgical Services unit utilizes registered nurses, certified surgical technicians, anesthesia technicians, certified sterile processing technicians as well as health unit coordinators to deliver patient care and perform unit operations.</p> <p>All nurses and certified technicians in Surgical Services are oriented and trained upon hire to the unit to demonstrate competency in the direct care of the aggregate patient population served. Each nursing staff member also receives annual skills training and review via education provided through HealthStream (LMS modules), and CEU's.</p> <p>Minimum staffing for each nursing area is as follows: Ambulatory Care Unit: 2 BLS, ACLS and PALS trained RNs Operating Rooms: 2 BLS, ACLS, and PALS trained RNs, 1 BLS trained Certified Surgical Tech, 1 BLS trained Anesthesia Tech Post Anesthesia Care Unit: 2 BLS, ACLS and PALS trained RNs</p> <p>Staffing will follow the staffing matrix, based on acuity, census, and procedures to determine appropriate levels for nurses, health unit coordinator for regular and on-call shifts. In addition, National Specialty Organizations provide staffing guidelines for specialty care in each unit are referenced to develop matrixes in each clinical area as available. For Ambulatory Care and Operating Room AORN, ASPAN and SGNA standards are referenced. For Post Anesthesia Care Unit ASPAN standards are referenced.</p> <p>The Resource Shift Coordinator, in conjunction with the unit manager, will determine the number of staff for the oncoming shift and throughout the shift to ensure the amount of staff and appropriate skill mix are available to ensure safe patient care. Nurse staffing is also provided throughout the shift to accommodate meal and rest breaks for all staff on the unit. The goal each shift is to have staff available in order to meet increases in patient volumes, patient acuity, and/or cover staff illness or unexpected leaves during the shift.</p> <p>The formal process for determining the ability for Surgical Services to take admissions for surgeries and procedures is initiated with a consideration for the acuity and overall census of the unit and staff available on call. If the acuity or volume of the unit is determined to be high for planned staffing, surgical services units can bring in extra staff or stagger the care of patients</p>	<p>Staffing for acuity in Surgical Services considers the following criteria:</p> <ul style="list-style-type: none"> • Complexity of patient's condition, assessment and required nursing care • Knowledge and skills required of nursing staff to provide care • Type of technology involved in patient care • Degree of supervision required of nursing staff members • Infection control and safety issues • Continuity of patient care <p>Patient conditions that contribute to a higher level of acuity in Surgical Services include but are not limited to:</p> <ul style="list-style-type: none"> • Unstable patient • Unconscious patient • Frequent VS or CBG monitoring • Multiple lines and/or drains • Multiple IV medications • Difficult anesthesia recovery • Complicated family or social situation • Bariatric patient • High fall risk • Pediatric patient • Compromised airway 	<p>Qualifications and Competencies:</p> <p>RN's: BLS, ACLS, PALS, Telemetry trained (PACU)</p> <p>Certified Surgical Techs and Anesthesia Techs: BLS</p> <p>Quality Measures:</p> <ul style="list-style-type: none"> • Procedural Sedation: ACU • Barcode Medication Administration • Medication Errors • Staff injuries • Hand hygiene • Press Ganey survey results: ACU • Employee Engagement survey • Sterilization processes, IUSS • Volume by service line metrics

<ul style="list-style-type: none"> • Support of patient during anesthesia positioning and induction • Circulate cases • Complete safety counts and safe patient transfers <p>Post Anesthesia Care:</p> <ul style="list-style-type: none"> • Anesthesia recovery care • Airway management • Pain management • Discharge to inpatient care unit or home with instructions as needed <p>Nursing Services Not Provided:</p> <ul style="list-style-type: none"> • Titration of vasoactive IV drugs • Continuous anti-arrhythmic IV drips • Obstetrical care 	<p>until the acuity decreases. Surgical Services will utilize nursing staff from other departments who are cross-trained and/or otherwise qualified when a nurse is needed in the department. Diversion of patients will be avoided whenever possible.</p> <p>Diversion/Closed for Admission or Surgeries/Procedures Process:</p> <ul style="list-style-type: none"> • Continually plan ahead for provision of next admissions and surgeries. • Attempt to call in additional staff • Call huddle with department managers, charge nurses, house supervisor to discuss options and decision-making. • Contact provider(s) for possible discharges. • Contact AOC to determine divert status and initiate communication. 		
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