



Effective: 06/2019
Approved: 07/2021
Last Revised: 07/2021
Expiration: 07/2022
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Department: *CQI #1*
Categories: *Policy*

Nurse Staffing Plan

Policy

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Purpose

To outline the plan for systemic 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.

Protocol

A. General Considerations:

1. To ensure quality nursing care and a safe patient environment, the Nursing Department schedules staff to represent a balance between the needs of the patient, hospital, and qualifications and the needs of the employee.
2. Working days are distributed among personnel according to the position and shift they were hired for, with time off scheduled in advance.
3. 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.
4. The staffing policy outlines practices that support the effective management of scheduling and planning for daily staffing needs, and the overall plan for staffing.
5. North valley Hospital (NVH) is committed to filling budgeted nursing and support staff positions in a timely manner.

B. Charge Nurse (CN):

1. The Charge Nurse (CN) is responsible for coordinating the response to staffing demands on a shift-by-shift basis.
2. The CN will consult with Nurse Managers as needed.
3. The CN is responsible to identify staffing needs for each shift and communicate these needs.
 - a. When staff is not needed for a full shift, the CN will identify if there are needs in other departments or opportunities for cross-training. 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.

4. The CN is responsible for coordinating admissions, discharges and transfers.

5.

C. Scheduling:

1. A monthly schedule will be developed by Nursing Management. The schedule will be completed with the minimum staffing needs covered and will be posted electronically by the 20th 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 union contracts. Requests for the following month need to be in no later than 8:00 am on the 15th of the current month. After the schedule is approved and posted, staff members will be responsible to find coverage for non-emergent requests. This coverage must not allow other staff members to accrue overtime. Time off requests will not be approved without PTO accruals.
3. Nursing Management will approve other schedule changes at his/her discretion. NVH reserves the right to schedule employees for all shifts according to the needs and discretion of NVH.

D. Shift-to-Shift Staffing:

1. Factors affecting appropriate staffing include: number of patients, levels of intensity, location of patients, and the level of preparation and experience of those available to provide care. HUS's and NAC's are also included when considering staffing need.
2. Schedules are designed to meet the work requirements of each nursing unit.
3. The number of staff needed is determined at least five hours before the start of each shift utilizing all nursing skill mix including HUS's and NAC's, and the identified patient needs. Employees will be notified as soon as possible when need to be placed "on-call" or placed on low census.
 - a. If an employee is called off after arriving to work with no documented attempt to notify the employee, a minimum of two hours' time is paid. Staff may be given work assignment during this two-hour period.
4. Nursing Management will be consulted for unusual staffing circumstances and needs.

E. Staffing Assignments:

1. Staff assignments are designed to match patient needs with qualifications & competence of the staff and to allow the assigned staff to function within their scope of practice.
2. The designated Charge Nurse makes staff assignments after review of the patients and their status.
3. Consideration is given to the following:
 - a. Patient needs/Safety
 - b. Infection Prevention issues
 - c. Skill of personnel
4. Assignments may change to accommodate the staff skill mix and needs of the patients or departments.

F. Extra Shifts:

1. Staff may notify the CN and/or Nursing Managers 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. Staff may volunteer to be scheduled to be on call as census and/or acuity increases

2. Staff may be placed on call when census is low, in which case a scheduled staff member would be sent home with the expectation that he/she would be on call for the remainder of the scheduled shift. Low census will be rotated equitably among nurses assigned to each department by shift, subject to skill mix, competence, ability, and availability as determined by the hospital.
3. Staff that are on call are expected to report to work within 30 minutes of notification or have another staff member of equal skill or higher (not on schedule) cover until they arrive.
4. Staff must be available by phone when on call. A telephone response is expected within five (5) minutes.:

H. Use of Float and Per Diem Staff:

1. Floating to other departments within NVH may be required.
2. During low census times and/or when scheduled, staff may cross-train or complete orientation in other departments.
3. Floating is assigned per the discretion of the Nursing Managers or CN.
4. Assignments for staff floating into another department are designed to minimize interruption in 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.
5. Staff will float to the area of greatest need as determined the CN or Nurse Managers.
6. Per Diem staff is utilized on an as-needed basis to cover vacation requests, sick calls and peaks in census. Per Diem staff members will be expected to cover a minimum of two shifts each month.

I. Plans for Meals/breaks:

1. The CN creates a plan for meals and breaks during huddle prior to each shift by assigning the "buddy system" and utilizing the lunch & breaks written schedule.
 - a. This plan may fluctuate depending on changes in patient care needs/status, admissions, and discharges.
 - b. Staff members caring for the same group of patients should alternate their break times.
2. The CN will coordinate uninterrupted 30 minute meal and 15 minute rest breaks. If staff are called back less than 10 minutes into their rest break, another break will be offered during the same shift. If break is 10 minutes or greater then it is considered as a received rest break. If staff are unable to take their meal break, they will be compensated. Meal breaks which are missed, must be authorized, documented and signed by the CN. Rest breaks cannot be foregone.

J. Department Staff Qualifications, Mix, Staffing Minimums & Guidelines:

1. Staff expectations
 - a. Current Washington State License in area of education who provide direct patient care.
 - b. Certifications - Registered Nurses (RNs) will maintain current Basic Life Support, Advanced Care Life Support, Pediatric Advanced Life Support, Newborn Resuscitation and Trauma Nurse Core Course certifications. 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. All staff, licensed, unlicensed, certified and support staff will be expected to cross train for a minimum of familiarity in all departments to assist with rest and meal breaks or in times of

critical need.

- e. 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. Emergency Department, 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 primary role of the CNA personnel is to help with tasks as directed by the RN and LPN that are within the CNA's scope of practice. The LPN will provide care as delegated by the RN within their scope of practice.

b. Staffing guidelines

- i. Emergency department, Acute Care/Swing Bed is open 24 hours per day, seven days per week, with care provided by RNs, LPNs and CNAs
- ii. Minimum licensed staffing consists of a Charge Nurse, 1 RN with ED skill, and 1 licensed staff (RN and/or LPN).
- iii. Support staff day shift (0700 - 1930) consists of 2 NAC's/HUS's. Support staff night (1900 - 0730) shift consists of 1 NAC/HUS.
- iv. Additional staff is assigned on any given shift when assessed patient care needs warrant increased staffing.
- v. Staff that have been given a low patient census day may also be placed on call in the event that patient care needs change or additional patients are admitted.
- vi. Staff may be increased for high risk/acute reasons.

3. Emergency Room Staff

a. Staff mix

- i. One Emergency Department provider is on call for the ED at all times.
- ii. Registered nurses and Medical Assistants provide care in the ED.

b. Additional qualifications

- i. RN's acquire PALS and ACLS within 6 months of hire. TNCC and NRP within one year of hire if not previously credentialed. These certifications should be kept current for the duration of employment.
Participation in annual skills labs is mandatory and provides opportunity to review high risk, low volume skills.
- ii. Licensed Staffing guidelines
 - a. Non-urgent patient 1:4
 - b. Urgent patient 1:2
 - c. Emergent patients 1:1

- d. The CN will assist with 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.
- iii. Unlicensed staffing guidelines
 - a. HUS performs assigned duties daily and floats to AC in low census times in ED as directed by the CN.
 - b. NAC will remain in AC department until re-assigned by CN.

4. Surgery/Outpatient clinic

- a. Licensed staffing:
 - i. RN manager
 - ii. RN circulator/post anesthesia care
 - iii. Scrub tech/sterile processing
 - iv. NAC/MA

Resources

Washington RWC70.41.420

All revision dates:

07/2021, 07/2020, 11/2019, 11/2019, 06/2019

Attachments

No Attachments

Approval Signatures

Approver	Date
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