

# OMHC NURSE STAFFING PLAN

## Statement of Purpose

The Nursing Staffing Plan is designed to protect patients, support greater retention of Licensed Nurses, and promote evidence-based nurse staffing by establishing a mechanism whereby direct care nurses and hospital management can participate in a joint process regarding decisions about nurse staffing.

**Skill mix:** Includes Registered Nurses, Licensed Practical Nurses, Nursing Assistant-Certified, Nursing Technicians, Medical Assistants, and nursing staff trained as Emergency Medical Technician's (EMT)

**Level of experience:** New LN's working during the orientation period will be scheduled with an experienced nurse working the same shift; this may be either another RN or experienced LPN.

**Specialized equipment:** Are obtained from outside sources on an as needed basis

**Census:** Maximum census 25 (acute & swing bed) and 2 observation patients  
Maximum LTC Swing Bed Residents: 22

**Average census:** 10.4 (3<sup>rd</sup> Quarter)

**Breaks:** Due to our typical volume, it is expected that the Nursing Staff will cover each other to ensure staff get their breaks. The LN's will cover each other and are not to go on their breaks at the same time to ensure that there is coverage on the floor to care for the patients. The NAC's will cover each other and are not to go on their breaks at the same time to ensure that there is coverage on the floor to care for the patients. During normal business hours, Nursing Administration may be available to relieve staff for their breaks.

**Planned/Unplanned Leave:** When there is a planned or unplanned leave of absence of a nursing staff member, OMHC Nursing Administration will utilize part time staff and/or supplemental employees to fill the need for coverage. If part time and/or supplemental employees are unable or unwilling to cover for the leave of absence, OMHC Nursing Administration will work with Nurse Staffing Agencies to assist in finding appropriate coverage for the open shift(s).

**Short Staffing Situation:** The staffing plan may need to be deviated from when there is a short staffing situation. In this case, Nursing Administration and/or the Charge Nurse will develop and implement a plan for the shift(s) in question for coverage that meet the immediate needs of the facility and patients'. This may include but not limited to increase NAC staffing, having a LN on-call, assigning staff to another unit upon arrival for scheduled shift and/or request ancillary departments assist with on-call. All overtime at OMHC is voluntary and any extra shifts that an employee picks up is of their own free will unless exceptions per RCW 70.41.720.

**Increase in Census or Acuity:** In the event that OMHC is experiencing higher acuity AND increased census, Nursing Administration or Charge Nurse will work with all staff and/or Nurse Staffing Agencies to provide extra coverage for a specified amount of time or until the acuity or census decrease back to normal.

**Decrease Census or Acuity:** . In the event that OMHC experiences decreased acuity AND decreased census, Nursing Administration will not low census NAC staff but will not cover open shifts with the minimum number for each shift being 2 NAC's. For LN's, it would be determined based on an appropriate RN being on shift and/or on-call. A staff member may request voluntary low census but OMHC must have appropriate staff levels before this could occur and the staff member is to remain on-call in the event they are needed.

<b>Shift Based Staffing Plan: 12 or more LTC/Cert. Swing bed patients with 1-2 Acute/Observation patients.</b>		<b>Shift Based Staffing Plan: 12 patients or less regardless of patient status.</b>	
<b>Day shift 0600-1800</b>	1 RN 1 RN, LPN or NT 3 NA-C's	<b>Day shift 0600-1800</b>	1 RN 1 RN, LPN or NT 2 NA-C's
<b>Night shift 1800-0600</b>	1 RN 1 RN, LPN or NT 3 NAC's 0600-2200, 2 NAC's 2200-0600	<b>Night shift 1800-0600</b>	1 RN 1 RN, LPN or NT 2 NA-C's