



**PULLMAN
REGIONAL
HOSPITAL**

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Owner: Jeannie Eylar: Chief Clinical Officer
Area: Patient Care- Policies
References:
Applicability: Pullman Regional Hospital

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Staffing and Assignments Plan for the Nursing Departments

OBJECTIVE:

To ensure that the staffing and patient assignments meet the individualized care needs of all patients.

POLICY:

All departments where nursing care is provided will have a staffing plan to provide for sufficient number of RNs to carry out quality patient care. Patient Care assignments will be made according to the staff skill and the patients' needs.

Staffing Philosophy:

We acknowledge that each individual and department within the hospital is equally as important as the next, having unique and respected roles in providing care to our patients. Our goals are to create an atmosphere and structure that promotes open and effective communication, mutual respect and trust, and to promote flexibility in using our skills and resources to provide exceptional care to the patients and families at Pullman Regional Hospital.

Staffing Levels:

Each nursing department schedules staff according to their anticipated patient volumes and acuities based on historical information and planning for the future. The patient volume, acuity and nursing specialty recommendations are also used to guide staffing and assignments. Individuals in each department have personal accountability for the effectiveness of staffing and can impact that by recognizing and taking action when the departmental workload does not support the current level of staffing.

Patient Care Assignments:

The assignment of registered nurses to best meet the patient care needs will be focused on matching the individual patient needs with the most appropriate nursing skill and ability. Assignments will consider the following:

1. The complexity of all patients' condition and required nursing care.
2. The dynamics of all patients' status, including the frequency with which the needs for specific nursing care

activities change.

3. The complexity of the assessment required by the patient, including the knowledge and skills required of a nursing staff member in order to complete effectively the required assessment.
4. The type of technology employed in providing nursing care, with consideration given to the knowledge and skill required to effectively use the technology.
5. The degree of supervision required by each nursing staff member based on his/her previously assessed level of competence and current competence in relation to the nursing care needs of the patient(s).
6. The availability of supervision appropriate to the assessed and current competence of the nursing staff member(s) being assigned responsibility for providing nursing care to the patient(s).
7. Patient Safety and employee safety considerations.
8. After sufficient orientation of qualified nursing staff, assignments shall be tailored to the nurse's skill level and competence.
9. Patients' plan of care, nursing skill, continuity of care, and efficiency of room location are taken into consideration for patient assignment.
10. Nursing staff not routinely scheduled on a specific unit (floats) will have assignments best suited for their skill, knowledge and information base. (See Float Plan Addendum)
11. Although appropriate isolation precautions are followed, assignments are still made with the intent to minimize the risk of infectious disease transfer among patients.
RN's and LPN's are assigned primary care for patients utilizing nursing assistants for patient care in the areas identified most appropriate. The RN on the unit or the nurse in charge assumes the responsibility required by an RN for the LPN's patients.
12. When a nurse is assigned a patient that they do not regularly care for, or a patient is in a unit that is not regularly in that unit, a nurse with the specific patient care expertise, will be co-assigned to that patient. Co-assignment will include both nurses participating in:
 - a. Review of initial orders following admission or return from PACU.
 - b. Review of the plan of care for each shift.
 - c. Questions or concerns prior to initiating a call to the physician.
13. The staffing plan for each unit includes the commitment to provide adequate numbers of qualified staff to care for patients while staff takes their rest and meal breaks. Departments use a variety of methods to support staff taking their breaks. The considerations for rest and meal breaks include:
 1. The team of nurses work together to decide who will go on breaks at what times considering nurses' preferences and the patient care activities.
 2. Nurses may hand-off patient care while they are on a break to a coworker, charge nurse or department leader.
 3. Assign "break buddies".
 4. If additional staff is needed to allow breaks, the department leader, the clinical coordinator and the house resource RN are additional resources to support providing adequate staffing.

Staffing to avoid fatigue

Since the 1999 Institute of Medicine report on medical errors, there has been a significant link of fatigue,

patient safety and errors. Pullman Regional Hospital is committed to use the evidence to provide a safe environment for our staff and our patients.

Evidence:

1. Nurses who work shifts of 12.5 hours or longer, are three times more likely to make an error in patient care
2. Working more than four consecutive 12-hour shifts is associated with excessive fatigue and longer recovery times. (Error risks are 36% higher on the fourth consecutive night shift than on the first night shift)
3. Working more than 60 hours in a 7-day period is associated with excessive fatigue and medical errors.
4. The risk of making an error is 3.4% higher for nurses who sleep < 6 hours in the 24 hours prior to the shift.
5. Maintaining appropriate staffing levels without using agency nurses or overtime reduces the negative effects of fatigue.

Pullman Regional Hospital:

1. Will apply these practices for all staff
2. Will not regularly schedule people more than four 12-hour shifts consecutively
3. Will not regularly schedule people more than 60 hours in a 7-day period of time
4. Will regularly schedule 10 hours rest between shifts
5. Supports short rest periods away from the work area especially for night shift employees

Management responsibilities:

1. Support staffing that promotes adequate rest between shifts
2. Utilize scheduling practices that support the evidence and prevent fatigue
3. Set clear expectations of the evidence and scheduling practices to meet the evidence with newly hired RNs
4. Have an openness to creative scheduling using 8, 10, or 12 hour shifts and supporting individual nurses' requests without mandating changes
5. Support night shift staff in taking naps during their breaks and meal periods away from the nurses' station.
6. Consider how staff that are scheduled to work the day after call can work when they are not fatigued (i.e. work hours during the same pay period doing projects, healthstreams) if they do not want to "lose their regularly scheduled hours".
7. Support staff getting their meal and rest breaks
8. Promote healthy behaviors and self-care

Staff responsibilities:

1. Understand the negative effects of fatigue on personal health and patient safety
2. Take appropriate meal and rest breaks and notify the supervisor in a timely way if they are unable to take meal or rest breaks.
3. Utilize healthy self-care habits (adequate rest, diet, exercise, personal time)

4. Adopt or maintain healthy work-life balance
5. Ask for help when fatigued or have exceeded the recommended hours of work
6. Support team members to work within the evidence

Reference:

American Nurses Association.(1995). *Implementation of nursing practice standards and guidelines*. Washington, DC: Author.

Pullman Regional Hospital. *Infection control policies*.

Washington State Department of Health. (2003). *The law relation to nursing care and regulation of health professions—uniform disciplinary act*.

AACN Synergy Model for Patient Care. Retrieved on December 2008 from <http://www.aacn.org/WD/Certifications/content/synmodel.pcms?pid>

Attachments

Pullman Regional Hospital Float Plan revised 2021.doc

Approval Signatures

Approver	Date
Jeannie Eylar: Chief Clinical Officer	12/2021
Jeannie Eylar: Chief Clinical Officer	12/2021

Applicability

Pullman Regional Hospital

General Staffing Plan of nursing departments 2021

BirthPlace(RNs generally work 12 hour shifts)

3 RNs 24/7

1 C.N.A. 24/7

1 unit secretary 07 – 1700 Mon – Fri

Emergency(RNs generally work 12 hour shifts)

3 RNs 24/7

1 unit clerk 1100 - 2300

1 C.N.A. 24/7

Pending hiring 1 RN 1100 – 2330 7 days/week

ICU(RNs generally work 12 hour shifts)

1-2 RNs 24/7

1 C.N.A. 24/7

MSU (RNs generally work 12 hour shifts)

3 RNs 07-1930

2-3 RNs 1900 – 0730

1 C.N.A. 24/7

1 unit secretary 0600 – 2030

SDS/PACU/Endoscopy Open 0500 Monday – 0700 Saturday

RNs work 8, 10, and 12 hour shifts

1-3 unit secretary 8-10-12 hrs Mon- Fri

10-13 RNs Mon-Friday (covering Endoscopy, PACU, Pain Clinic, Infusions, radiology sedation cases, cardioversions/TEEs, Preoperative interviews, and SDS).

2 RNs Mon-Fri covering night shift

2 CNAs Mon-Fri covering night shift

2.6 CNA Mon-Fri 0530 – 1800

1 RN covering late shift PACU and can float to ICU/ER

PACU

1 RN on-call each RN takes 1 shift/week and every 5-7 weekends (Generally don't work the day after call)

Endoscopy

1 RN on-call each RN takes 1 shift/week and every 4-5 weekends

Surgery (8 hour shifts) 0630 - 1800

6 RNs 8 hour shifts Monday – Friday

RNs on-call once a week and every 4th weekend

2 surgical aides 8 hour shifts coverage from 0500 - 2200

1 Assistant Director

5 – 6 OR Techs Monday – Friday