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## Nurse Staffing Plan

Facility: Harney District Hospital

Received Date: May 31, 2024

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DISCLAIMER: Oregon's hospital staffing law directs OHA to post hospital staffing plans received by OHA. OHA does not review or approve the staffing plans prior to posting. OHA does not endorse staffing plans nor can OHA provide advice or guidance about the application or enforcement of any staffing plan.

It is the hospital's responsibility to submit plans to OHA that are current, compliant with applicable laws, and address all units where services covered by the staffing plan are provided.

***If you need this information in an alternate format,  
please call our office at (971) 673-0540 or TTY 711***

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**Scope**

**General Nursing Services**, to include: Emergency Department (ED), Medical Surgical (Med-Surg) Unit, Intensive Care Unit (ICU), Family Birthing Unit (FBU)

**Surgical Services**, to include: Pre and Post-Anesthesia Care Unit (PACU), Intra-operative area, Infusion Services

**Purpose**

To develop, oversee, monitor, evaluate, and modify as necessary a plan for staffing the patient care areas that will be based on the accurate description of individual and aggregate patient needs and requirements for nursing care

**General Policy Statements**

Nursing leadership and direct care nursing staff shall work collaboratively in the provision of safe patient care and adequate staffing of qualified nurses, based on Oregon State Mandated Requirements.

The staffing committee monitors, modifies, and provides the oversight and evaluation of the hospital wide staffing plan for nursing services.

A staffing plan does not create, preempt or modify a collective bargaining agreement or require a union or employer to bargain over the staffing plan while a collective bargaining agreement is in effect.

Any changes to the nurse staffing plan shall be submitted to the Oregon Health Authority no later than 30 days after approval of the changes by the hospital NSC.

The Supervisor, Charge Nurse, or lead nurse in each department will review staff competency and needs of unit on each shift to determine the type of skill mix needed for appropriate patient care.

Because of the layout of the hospital and the low volume of patients treated in the ED, Med-Surg, ICU, and the FBU, these areas are staffed by the same group of nurses and are considered one blended department (General Nursing Department).

Because of the layout of the hospital and the low volume of patients treated in the Pre-op, Intra-op, Post-op, and Infusion Clinic these areas are staffed by the same group of nurses and shall essentially be considered one blended department (Surgical Services Department).

In addition to using the acuity tool for staffing patient care areas, consideration will be taken relating to:

1. Specific physical care needs
2. Specialized equipment or technology needed to provide care
3. Emotional support for patient and/or family
4. Education for self-care
5. Social and/or discharge planning needs
6. Issues related to patient safety

Staffing needs may be adjusted if there are documented issues with the above categories.

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Names of all the nursing staff who can help with short staffing, including casual and contract nurses, are maintained in the General Nursing and Surgical Services Departments.

Qualifications of Registered Nurses for General Nursing and Surgical Services are listed in the job descriptions. Nurses will be assigned skill codes for each patient care area depending on completion of orientation and competencies. Staffing decisions will take into consideration nursing skill codes and the skill mix of the staff on shift.

When replacement staff is needed, the supervisor or charge nurse will ensure replacement staff will meet the skill mix required for each shift in these blended departments.

### General Requirements of the Nurse Staffing Plan

Per ORS 441.763, if the nurse to patient ratios apply, the staffing plan for each unit will consider:

1. Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure the health care needs of the patients in the unit are met;
2. The size of the hospital and a measurement of hospital unit activity that quantifies the rate of admissions, discharges and transfers for each unit and the time required for a direct care registered nurse belonging to a hospital unit to complete admissions discharges and transfers for that hospital unit;
3. The unit's general and predominant patient population as defined by the Medicare Severity Diagnosis-Related Groups adopted by the Centers for Medicare and Medicaid Services, or by other measures for patients who are not classified in the Medicare Severity Diagnosis-Related Groups;
4. Nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations, if any;
5. Differences in patient acuity; and
6. Tasks not related to providing direct care.

### Annual Review of Nurse Staffing Plan

Individual Nurse Staffing Plans (NSP) will be fully developed and completed to ensure all required elements are addressed per Oregon statute. The staffing plan for each area shall be reviewed at least annually by the Nurse Staffing Committee (NSC) and at any date and time specified by either co-chair of the committee.

The annual review of the Nurse Staffing Plan shall consider the following:

1. Patient outcomes;
2. Complaints regarding staffing, including complaints about a delay in direct care nursing or an absence of direct care nursing;
3. The number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;

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4. The aggregate hours of mandatory overtime worked by the nursing staff;
5. The aggregate hours of voluntary overtime worked by the nursing staff;
6. The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
7. The number of meal breaks and rest breaks missed by direct care staff; and
8. Any other matter determined by the committee to be necessary to ensure that the hospital is staffed to meet the health care needs of patients.

### **Deviation from the Nurse Staffing Plan or State Statute**

Per ORS 441.765(6), the hospital may deviate from a nurse staffing plan, except with respect to meal breaks and rest breaks, including the applicable registered nurse-to-patient ratios, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period, without being in violation of the nurse staffing plan. The unit manager must notify the hospital nurse staffing committee no later than 10 days after each deviation. Each subsequent deviation during the 30-day period constitutes a separate violation under ORS 441.792.

Per ORS 441.763(6), a type A or a type B hospital may vary from the (staffing ratio) requirements of ORS 441.765 if the hospital nurse staffing committee of the hospital has voted to approve the variance. HDH has an approved variance submitted to the Oregon Health Authority. See 2024 Harney District Hospital Nurse Staffing Variance.

If a nurse acknowledges a deviation from the NSC approved staffing plan and variance,

1. The nurse will complete a blue slip and submit it to the shift Supervisor or nurse administrator, or Charge Nurse in the absence of nursing management, to sign the form to acknowledge receiving notification.
2. In the absence of nursing management, the Charge Nurse will place the slip in the Nurse Supervisor folder and email notification to the supervisors, DON, and CNO.
3. The first available member of nursing management who receives the slip will then notify the NSC by email and complete an investigation as soon as possible so that findings may be recorded and reported at the next NSC meeting.

### **Nurse Staffing Plan During an Emergency**

Per ORS 441.769, the hospital will NOT be required to follow the written hospital-wide staffing plan developed and approved by the Nurse Staffing Committee in the event of:

- a. A national emergency or state emergency declared under ORS 401.165 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care:
- b. Sudden unforeseen adverse weather conditions: or

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c. An infectious disease epidemic suffered by hospital staff.

Incident Command shall report to the NSC co-chairs an assessment of the nurse staffing needs arising from the national or state emergency declaration, no later than 30 calendar days after the hospital deviates from the written nurse staffing plan in response to the emergency. The hospital’s deviation from the nurse staffing plan may not be in effect more than 90 days without the approval of the NSC.

Upon receipt of the notification of deviation from the nurse staffing plan, the NSC will meet to develop a contingency staffing plan that includes crisis standards of care.

**Related Documents**

- 2024 Harney District Hospital Nurse Staffing Variance
- Acuity Guide – Infusion Clinic
- Acuity Guide – Pre-op and PACU
- Diversion Policy
- HDH Minimum Staffing for Pre-op/PACU
- Meal and Rest Break Policy
- Nurse Staffing Committee Charter
- Nursing Department Roles and Responsibilities
- Skill Codes – General Nursing
- Skill Codes – Surgical Services
- Special Needs Policy
- Surge Policy

**REFERENCE**

[ORS 441.760-795, Chapter 441 – Health Care Facilities, 2023 Edition, obtained from oregonlegislature.gov/bills\\_laws/ors/ors441.html](https://oregonlegislature.gov/bills_laws/ors/ors441.html)

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## NURSE STAFFING PLAN: Medical-Surgical (MS) and Intensive Care (ICU) Unit

Description of Services	The Medical-Surgical floor has 13 beds available and the ICU has 2 beds designated on the MS floor as part of the 25 bed Critical Access Hospital. This unit provides comprehensive nursing care to the patients admitted to this area.
Population Served	The population served in this unit include inpatients and outpatients (Observation patients, Stage 2 recovery or Ambulatory Services, and occasional nursing outpatients). Those served include medical patients, surgical patients, Transitional Care (Swing Bed) patients, Hospice general inpatients and respite patients, and occasionally behavioral health patients waiting for placement. Patient ages range from newborn to geriatrics.
Hours of Operation	24/7/365 days a year
Qualifications	<ul style="list-style-type: none"> <li>A. <b>MS Registered Nurses:</b> Valid Oregon nursing license, BLS</li> <li>B. <b>ICU Registered Nurses:</b> Valid Oregon nursing license, BLS, ACLS, PALS, and TNCC</li> <li>C. <b>CNA:</b> Valid Certificate of Nursing Assistant from the state of Oregon, BLS</li> <li>D. <b>PCT:</b> Completion of orientation checklist and required competencies, BLS</li> <li>E. Documentation for license or certification is maintained in HealthStream</li> </ul>
Competencies	<ul style="list-style-type: none"> <li>A. Nursing staff members providing direct patient care must complete their orientation checklist and be approved by the department manager and/or supervisor prior to being able to work independently.</li> <li>B. Assigned annual and ongoing education completed by the nursing staff member shall be maintained by the Nursing Educator.</li> <li>C. A skill code is assigned to the nurse based on completed orientation, completed certifications and competencies, and procured experience over time. The skill code is assigned by the nurse's supervisor with input from the nurse, charge nurses, and/or other staff on their shift. Skill codes start at level 4 for orientation and up to level 1 after completing all previous levels and at least 1 year of experience as a primary nurse in MS and 1-3 years of experience as a primary nurse in ICU.</li> <li>D. All RNs, CNA's, and PCTs maintain all licensure/certifications as required per HDH job descriptions.</li> </ul>
Unit Activity and Time Requirements  Ave. Daily Census=Total days in 12 months for MS, ICU, SB, Hospice, OBS/365 days	<ul style="list-style-type: none"> <li>A. For FY 2023, the average daily census for MS and ICU is 5.12 patients.</li> <li>B. For FY 2023, average MS admissions per month is 26.17 patients, with the average daily admissions at 0.87 patients. Average ICU admissions per month is 3.75 patients. <b>Admission time</b> may require 1 hour of nursing time.</li> <li>C. For FY 2023, average MS discharges per month is 26.42 patients, with the average daily discharges at 0.88. Average ICU discharges per month is 3.75 patients. A <b>non-complicated discharge may require up to 1 hour</b> of nursing time to complete. If there is a lack of availability of a Discharge Planner or Case Manager to coordinate the discharge, a more <b>complicated discharge may require up to 2 hours</b> of nursing time to complete. A complicated discharge may include extended time for education of medications, equipment use, wound care, and home care, and may also include</li> </ul>

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	<p>coordinating transportation needs, coordinating durable medical equipment (DME) needs, and/or coordinating a transfer to a nursing home or assisted living facility.</p> <p>D. Transfers from this unit are typically to a higher level of care. For FY 2023, average transfers per month for MS &amp; ICU is 2.75 patients. <b>Transfer time</b> may require 1 hour of nursing time.</p> <p><i>Total volume, and Admission and Discharge volumes obtained from Hospital/Shared Files/Census Report/FY23 Census. Transfer volumes obtained from Nursing/YoChristina/Transfers, FY 2022-2023.</i></p>
Nursing Assignments	Depending on census and acuity, 1-3 Registered Nurses (RN) may be assigned to this area. RNs and Certified Nursing Assistants (CNA) or Patient Care Technicians (PCT) work from 6:45 to 7:15, am and pm, and work 12 hour shifts. A Supervisor or Charge Nurse is typically available as a float to assist with patient care and help relieve for meal and rest breaks. They work from 6:30 to 7:00, am and pm, and also work 12 hour shifts.
Staff to Patient Ratios	<p>A. CNA/PCT to patient ratio will follow ORS 441.763 with a ratio of 1:7 from 0700-2300 and 1:11 from 2300-0700.</p> <p>B. RN to patient ratio for ICU will be 1:1 or 1:2 for day and night shift for patients admitted to ICU status.</p> <p>C. RN to patient ratio on MS will be 1:5 for the mix of patients in MS and postpartum, per the submitted and approved 2024 variance and the acuity and needs of patients as listed in page 1 of this staffing plan.</p>
Replacement Staff	The call list is used to find a nurse to volunteer for upcoming needs on the schedule. All efforts are made to find a replacement for upcoming needs or on short-notice, including rearranging the schedule for the week with the HDH nurse(s) who agree to the change, utilizing supervisors who volunteer to do overtime, and using a traveler nurse who volunteers to do overtime as approved by nursing administration. Should all efforts fail, the DON and/or CNO may be used to fill the vacancy.
Meal and Rest Breaks	<p>A. For the ICU, meal and rest breaks may be provided by another RN so long as the relieving nurse has no more than two (2) patients, as per ORS 441.765.</p> <p>B. For MS, the variance may be followed for the 15 minute rest breaks where the relief nurse may be another nurse assigned to MS so long as the relief nurse does not have more than eight (8) patients. The relief nurse for a 30 minute meal break will not have more than five (5) patients.</p> <p>C. Meal and rest breaks will be provided by available direct-care staff, by the nurse manager or supervisor assigned for the department, or by the CNO if qualifications are met to work in a specific area. Staff will need to communicate when assistance from management is needed. This includes after hours or night shift. <i>See also Meal and Rest Break Policy.</i></p>
Non-Patient Care Duties	Non-patient care duties include tasks or duties not related to direct patient care. They may include such things as online education, in-services, stocking patient rooms after a discharge, checking for outdates, counting narcotics, checking the crash cart, etc. Charting and setting up the patient room to meet

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	patient needs for admission or during hospitalization is considered part of patient care duties.
Nationally Recognized Nurse Staffing Standards	<p>There are no nationally recommended standards for the Medical/Surgical unit. Other resources used include:</p> <ul style="list-style-type: none"> <li>• American Medical-Surgical Nurses, (2016). Core Curriculum for Medical-Surgical Nursing 5th ed. Pitman, NJ. AMSN</li> <li>• American Holistic Nursing Association. Retrieved August 21, 2018, from <a href="http://www.ahna.org/About-Us/What-is-Holistic-Nursing">http://www.ahna.org/About-Us/What-is-Holistic-Nursing</a></li> <li>• CMS, (2022). <a href="#">Hospitals   CMS</a></li> <li>• DNV, 11/9/2020. NIAHO® Accreditation Requirements Interpretive Guidelines &amp; Surveyor Guidance for Critical Access Hospitals Revision 20-1. Retrieved 10/24/2022 from <a href="#">96194cdda02d4e0493a2bf25c03574b0.pdf (dnvgl.com); DNV Healthcare - Accreditation Organization for Hospitals and Healthcare Facilities - DNV</a></li> </ul>



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## NURSE STAFFING PLAN: Family Birthing Center (FBC)

Description of Services	The Family Birthing Center in Harney District Hospital supports mother and baby before, during, and after birth. Antepartum care may include triage or observation to rule out labor or complications of pregnancy.
Population Served	<p>The FBC consists of 2 Labor, Delivery, Recovery, Postpartum (LDRP) suites, 1 postpartum suite and 1 OB triage room. This unit serves pregnant and laboring people and their newborns. The FBC is considered a level 1 facility and follows ACOG and AAP’s guidelines regarding Level 1 maternal and newborn care. Definitions are as follows:</p> <ol style="list-style-type: none"> <li>1. Level 1 basic maternal care: Care of low- to moderate-risk pregnancies with ability to detect, stabilize and initiate management of unanticipated maternal-fetal or neonatal problems that occur during the antepartum, intrapartum or postpartum period until the patient can be transferred to a facility at which specialty maternal care is available. (ACOG, 2019)</li> <li>2. Level 1 neonatal care: “basic level of newborn care to infants at low risk; healthy term newborn infants. In addition, level I neonatal units have personnel who can care for physiologically stable infants who are born at 35 weeks gestation or more, and can stabilize ill newborn infants who are born at less than 35 weeks gestation until they can be transferred to a facility where the appropriate level of neonatal care is provided.” (AAP, pg. 27)</li> </ol> <p>An interdisciplinary team consisting of OB providers, the perinatal coordinator/educator, anesthesia care providers, nurse supervisors and/or nursing administration review expectant patient data when possible prior to scheduling inductions, upon admission and/or triage and throughout the inpatient stay to ensure safe and appropriate care is provided. High risk pregnancies identified in an appropriate and timely manner may be transferred to a hospital that can provide a higher level of care if needed and the patient is safe to transfer.</p>
Hours of Operation	Harney District Hospital Family Birth Center is open 24 hours a day, 7 days a week, and 365 days a year. The obstetric care team partners with Surgical Services for any surgical needs. Surgical/procedural cases for patients are scheduled/performed electively or urgently/emergently and added on as needed. Harney District Hospital Surgical Services Department employs an on-call surgical team to cover emergent/urgent cases outside of normal surgical hours.
Qualifications	<ol style="list-style-type: none"> <li>A. <b>Registered Nurse:</b> Valid Oregon nursing license, BLS, ACLS, and NRP</li> <li>B. <b>CNA:</b> Valid Certificate of Nursing Assistant from the state of Oregon</li> <li>C. <b>PCT:</b> Completion of orientation checklist and required competencies, BLS</li> </ol>

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	D. Documentation for license or certification is maintained in HealthStream
Competencies	<p>A. This unit is considered a “blended unit” meaning that obstetrical care of patients and their newborns is provided in the Family Birth Center care area by competent inpatient hospital nursing staff who must complete their orientation checklist and be approved by the department manager and/or supervisor prior to being able to work independently.</p> <p>B. Assigned annual and ongoing education completed by the nursing staff member shall be maintained by the Nursing Educator.</p> <p>C. A skill code is assigned to the nurse based on completed orientation, completed certifications and competencies, and procured experience over time. The skill code is assigned by the nurse’s supervisor with input from the nurse, charge nurses, and/or other staff on their shift. Skill codes start at level 4 for orientation and up to level 1 after completing all previous levels and at least 1 year of experience as a primary nurse in Postpartum/Newborn Nursery and 2-3 years of experience as a primary nurse in Labor and Delivery.</p> <p>D. All RNs, CNAs, and PCTs maintain all licensure/certifications as required per HDH job descriptions.</p>
Unit Activity and Time Requirements (ADT)	<p>A. For FY 2023, the average daily census for this unit is 0.1 patients; with a total of 121.2 patient days. Of that, 49.7 length of stay days were for newborn and 71.5 for obstetrics.</p> <p>B. For FY 2023, there was 35 newborn admissions or 2.92 average admission per month. Admission time may require 2 hour of nursing time.</p> <p>C. For FY 2023, there were 75 obstetric related visits, with an average of 3 obstetric triages per month. <b>Triage time</b> may require 1 hour of nursing time for initial intake and 30 min of nursing time to discharge home. Overall observation time varies.</p> <p>D. For FY 2023 there were 38 obstetric admissions or 3.17 average admissions per month. <b>Admission time</b> may require 1 hours of nursing time.</p> <p>E. For FY 2023, average discharges per month is 2.91 maternal/newborn couplets. <b>A non-complicated discharge</b> of the maternal/newborn couplet may require up to 2 hours of nursing time to complete. A <b>complicated discharge</b> may include extended time if custody issues are present (adoption or surrogacy) or if CPS is involved in care of the infant.</p> <p>F. Transfers from this unit are typically to a higher level of care. For FY 2023, there were 4 maternal transfers and no newborn transfers. Maternal or newborn <b>transfer time</b> may require 1.25 hours of nursing time.</p> <p><i>Total volume, and Admission and Discharge volumes obtained from Power BI Report. Transfer volumes obtained from Nursing/YoChristina/Transfers, FY 2022-2023, compiled monthly from the Epic HDH External Transfer report.</i></p>
Nursing Assignments	Each shift may have 1-2 LDRP trained nurse and one NRP certified nurse scheduled. If available, a CNA or PCT may be assigned to the FBC to assist with

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	<p>patient care, activities of daily living (ADL), and assist the nurse and patient with completing required paperwork.</p>
Staff to Patient Ratios	<p>Staffing ratios for the Family Birthing Unit will follow ORS 441.765. A direct care RN is assigned to no more than:</p> <ul style="list-style-type: none"> <li>A. <b>Two (2) labor and delivery patients</b> if the patients are not in active labor or experiencing complications; or</li> <li>B. <b>One (1) labor and delivery patient</b> if the patient is in active labor or if the patient is at any stage of labor and is experiencing complications.</li> <li>C. No more than six (6) patients, counting mother and baby each as separate patients, in <b>postpartum, antepartum</b> and <b>well-baby nursery</b>.</li> </ul> <p>An antepartum patient may be admitted to the MS floor or assigned to a bed on the MS floor for observation. This patient may be assigned to a nurse with patients on the MS floor or in postpartum and will not exceed the 1:5 ratio per the 2024 variance approved by the Nurse Staffing Committee, unless the nurse volunteers to another patient.</p> <p>OB triage patients are typically seen in the ED OB triage room. Depending on availability of staff, or census and acuity in the ED, the patient may be triaged in a room on the MS floor or in a Labor and Delivery room.</p>
Replacement Staff	<p>Replacement staff will be obtained by using the call list of qualified nurses to care for a pregnant/laboring mother or mother/baby couplet. Other staff not qualified to work in FBU may be called in to free up a trained LDRP nurse already scheduled to work the shift. Back up coverage for the FBU is provided by the OB Coordinator &amp; Educator and the CNO, who also maintains required qualifications and competencies, or the CNO's designee.</p>
Meal and Rest Breaks	<p>Meal and rest breaks are provided by available trained nurses, often by the Supervisor or Charge Nurse who is floating for the shift. Breaks may also be provided by other trained nurses, like a Surgery nurse or CNO.</p> <p>In postpartum, a trained postpartum nurse assigned to MS and/or postpartum may relieve another postpartum nurse for a 15 minute rest breaks if the nurse has no more than 8 patients and there is a CNA available to help with call lights, per the approved 2024 variance.</p> <p>Meal and rest breaks will be provided by available direct-care staff, by the nurse manager or supervisor assigned for the department, or by the CNO if qualifications are met to work in a specific area. Minimum qualification for a relief nurse for couplet care in Postpartum will be a basic orientation to the department, even if the orientation checklist is not yet completed, so long as an experienced RN is in-house and the nurse is approved by management to be a relief nurse for meals and rest breaks. Staff will need to communicate when assistance from management is needed. This includes after hours or night shift. <i>See also Meal and Rest Break Policy.</i></p>

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Non-Patient Care Duties	Non-patient care duties may include cleaning work areas, stripping rooms at discharge, stocking supplies, gift bags, and hand out folders, and also making arrangements to order items that may be found in low supply.
Nationally Recognized Nurse Staffing Standards	<p>There are nationally recommended standards for the Family Birthing Unit which are:</p> <ul style="list-style-type: none"> <li>• Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN), 2022. Standards for Professional Registered Nurse Staffing for Perinatal Units.</li> </ul> <p>Other resources used include:</p> <ul style="list-style-type: none"> <li>• ACOG Levels of Maternal Care, Obstetric Care Consensus Number 9, August 2019. <a href="https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care">https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care</a> accessed June, 2023.</li> <li>• CMS, (2022). <a href="#">Hospitals   CMS</a></li> <li>• DNV, 11/9/2020. NIAHO® Accreditation Requirements Interpretive Guidelines &amp; Surveyor Guidance for Critical Access Hospitals Revision 20-1. Retrieved 10/24/2022 from <a href="https://www.dnv.com/~/media/Files/2020/11/11/96194cdda02d4e0493a2bf25c03574b0.pdf">96194cdda02d4e0493a2bf25c03574b0.pdf (dnvgl.com)</a>; <a href="#">DNV Healthcare - Accreditation Organization for Hospitals and Healthcare Facilities - DNV</a></li> <li>• Guidelines for Perinatal Care, American Academy of Pediatrics, 8<sup>th</sup> edition, 2017. Reviewed June, 2023.</li> </ul>

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## NURSE STAFFING PLAN: Emergency Department

Description of Services	The Emergency Department at Harney District Hospital is a 6 bed unit that provides unscheduled outpatient services to patients who need emergent or urgent care and attention. There are 2 exam rooms with doors (one provides negative pressure), an open 2-bed trauma bay, a seclusion room that is used for overflow of patients if it is not in use, and the outpatient Respiratory Therapy room that is also used for overflow of patients and OB triage when not in use.
Population Served	The population it serves include patients with acute illness, traumatic injuries, and behavioral health crises.
Hours of Operation	24/7/365 days/year
Qualifications	<p>A. <b>Registered Nurse:</b> Valid Oregon nursing license, BLS, ACLS, PALS, TNCC, and NIHSS certification</p> <p>B. <b>ED Technician:</b> Completed orientation checklist and competencies, BLS</p> <p>C. <b>CNA:</b> Valid Certificate of Nursing Assistant from the state of Oregon, BLS</p> <p>D. Documentation for license or certification is maintained in HealthStream</p>
Competencies	<p>A. Nursing staff members providing direct patient care must complete their orientation checklist and be approved by the department manager and/or supervisor prior to being able to work independently.</p> <p>B. Assigned annual and ongoing education completed by the nursing staff member shall be maintained by the Nursing Educator.</p> <p>C. A skill code is assigned to the nurse based on completed orientation, completed certifications and competencies, and procured experience over time. The skill code is assigned by the nurse’s supervisor with input from the nurse, charge nurses, and/or other staff on their shift. Skill codes start at level 4 for orientation and up to level 1 after completing all previous levels and at least 2 years of experience as a primary nurse in the ED.</p> <p>D. All RNs, ED Techs, and CNAs maintain all licensure/certifications as required per HDH job descriptions.</p>
Unit Activity and Time Requirements	<p>Calendar year 2023 had 4,013 encounters. The average number of encounters per day is 11, with most occurring during day shift.</p> <ul style="list-style-type: none"> <li>• <b>Admissions</b> to Harney District Hospital averaged 27 per month.</li> <li>• <b>Discharges</b> averaged 277 per month.</li> <li>• <b>Transfers</b> are mostly related to the need to transfer to a higher level of care and averaged about 13 per month. Depending on weather and availability of transport services or beds, transfers may be delayed for a few hours and in extreme cases up to a day. Behavioral health patient transfers may be delayed on average, up to a week, depending on the hold status of the patient. Delays in transfers require the ongoing care of the patient and sometimes extra staff. Average amount of time to do any transfer is about 60 minutes.</li> </ul>

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	<i>ADT volumes obtained from Nursing/Nursing Dashboard/ED &amp; IP Tracking/ED &amp; IP Volumes/CY 2023. Information for the spreadsheet obtained from EMTALA report obtained monthly in Epic.</i>
Nursing Assignments	The shift Supervisor or Charge Nurse will assign one of the General Nursing staff to the ED at the start of the shift. One nurse is assigned to the ED and an available ED Tech is assigned to work during the busier hours of the day, from 0800-2030. When an extra nurse is needed because of the census and/or acuity of patient(s) in the ED, the Supervisor or Charge Nurse assigned to float will assist. Other nurses trained to work in the ED, like a surgery nurse, the Nurse Educator, Director of Nursing (DON), and CNO, may also assist as available.
Staff to Patient Ratios	Per ORS 441.765, in an emergency department, a direct care registered nurse is assigned to: <ul style="list-style-type: none"> <li>• Not more than one (1) trauma patient</li> <li>• An average of no more than 1:4 over a 12-hour shift and a single direct care RN may not be assigned more than five (5) patients at one time. Trauma patients assigned to a direct care RN may not be taken into account in determining the average ratio.</li> </ul> <p>Per the 2024 Variance approved by the NSC, not more than one incoming trauma patient will be assigned to a registered nurse until the patient is transferred to a higher level of care or the patient is determined to be stable and the Emergency Severity Score is downgraded to allow the nurse to assume the care of other patients in the ED.</p>
Replacement Staff	The call list is used to find a nurse to volunteer for upcoming needs on the schedule. All efforts are made to find a replacement for upcoming needs or on short-notice, including rearranging the schedule for the week with the HDH nurse(s) who agree to the change, utilizing supervisors who volunteer to do overtime, and using a traveler nurse who volunteers to do overtime as approved by nursing administration. Should all efforts fail, the DON and/or CNO may be used to fill the vacancy.
Meal and Rest Breaks	Meal and rest breaks will be provided by available direct-care staff, by the nurse manager or supervisor assigned for the department, or by the CNO if qualifications are met. Staff will need to communicate when assistance from management is needed. This includes after hours or night shift. <i>See also Meal and Rest Break Policy.</i>
Non-Patient Care Duties	Non-patient care duties may involve such things as, cleaning the room between patient encounters, emptying trash or laundry baskets, cleaning commodes, stocking, and checking for outdates.
Nationally Recognized Nurse Staffing Standards	<ul style="list-style-type: none"> <li>• Emergency Nurses Association Position Statement. <i>Staffing and Productivity in the Emergency Department</i>, Last revised and approved on September 2021.</li> <li>• American College of Emergency Physicians (ACEP) Policy Statements. <i>Emergency Department Nurse Staffing</i>, Originally approved June 1999, Last revised April 2022. <a href="#">Emergency Department Nurse Staffing   ACEP</a></li> </ul>

In the case of a conflict between printed and electronic versions, the controlled version published online prevails.

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## NURSE STAFFING PLAN: Surgical Services

Description of Services	Surgical Services in Harney District Hospital incorporates pre-operative, intra-operative and post-operative care for patients. There are two surgical suites and three recovery beds in the PACU bay available for surgical procedures or pain management procedures.
Population Served	The population it serves include patients that may need general surgery, emergent trauma surgery for stabilization, orthopedic surgery, ophthalmologic surgery, obstetrical/gynecological surgery, endoscopic procedures, and pain management procedures. Patients are carefully screened for referral to the Infusion Clinic and do not generally receive their first chemotherapy infusion at HDH.
Hours of Operation	Procedures are typically scheduled Monday through Thursday from 0600-1630. A surgeon, a Certified Registered Nurse Anesthetist, a circulator, and a scrub tech or nurse provides after-hour on-call coverage, 7 days a week and 365 days per year for emergency procedures.
Qualifications	<p>A. <b>Registered Nurse:</b> Valid Oregon nursing license, BLS, ACLS, and PALS</p> <p>B. <b>Certified Surgical Technologist, Surgical Technologist, or Certified Surgical First Assist:</b> Meet Oregon requirements to practice in the state, BLS</p>
Competencies	<p>A. Nursing staff members providing direct patient care must complete their orientation checklist and be approved by the department manager and/or supervisor prior to being able to work independently.</p> <p>B. Assigned annual and ongoing education completed by the nursing staff member shall be maintained by the Surgery Supervisor or Nursing Educator.</p> <p>C. A skill code is assigned to the nurse based on completed orientation, completed certifications and competencies, and procured experience over time. The skill code is assigned by the nurse’s supervisor with input from the nurse and other staff that work in the unit. Skill codes start at level 4 for orientation and up to level 1 after completing all previous levels and at least 1 year of experience as a primary nurse in Pre-op, 1 year of experience in PACU, and at least 2 years of experience as a primary nurse circulator.</p> <p>D. All RNs and CSTs maintain all licensure/certifications as required per HDH job descriptions.</p>
Unit Activity and Time Requirements	<p>For FY23, there were a total of 831 procedures performed in Surgery – 407 were related to General surgery and scopes, 92 to Specialty surgical procedures, 282 were related to pain injections and 50 to ablations.</p> <p><i>Volume information obtained from Hospital/Surgical Stats/Infusion Clinic</i></p> <p><u>Time for RN to complete ADT tasks:</u> Staffing is adjusted taking into consideration the <b>estimated</b> time required for each <b>ADT</b> as identified below.</p>



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	<p><b>Admission (A):</b></p> <ul style="list-style-type: none"> <li>• RFA cases 15 minutes</li> <li>• Endoscopy cases 30 minutes</li> <li>• General surgery cases 45 minutes</li> <li>• Cataract cases 60 minutes</li> <li>• Total joint cases 90 minutes</li> </ul> <p><b>Discharge (D): home</b></p> <ul style="list-style-type: none"> <li>• RFA cases 15 minutes</li> <li>• Endoscopy cases 40 minutes</li> <li>• General surgery cases 90 minutes</li> <li>• Cataract cases 15 minutes</li> </ul> <p><b>Transfer (T): to inpatient unit</b></p> <ul style="list-style-type: none"> <li>• Surgery patient 45 minutes</li> </ul> <p><i>Source: Estimates from Surgery Supervisor and surgery staff</i></p>
Nursing Assignments	Staffing assignments are made daily based on the Pre-op & PACU Acuity Guide, which considers type of procedure and special needs of the patient.
Staff to Patient Ratios	<p>Staffing ratios for the operating room and post-anesthesia care unit will follow ORS 441.765.</p> <ul style="list-style-type: none"> <li>• In an <b>operating room</b>, one (1) direct care RN is assigned to no more than one (1) patient.</li> <li>• In a <b>post-anesthesia care unit</b>, one (1) direct care RN is assigned to no more than two (2) patients.</li> </ul> <p>It is the practice of Harney District Hospital to provide 2 RN to 1 patient ratio for a critical/unstable patient or for a pediatric patient (under the age of 8) until critical elements are met for recovery.</p>
Replacement Staff	<p>Staffing for the Perioperative setting is dynamic in nature and depends on clinical judgment, critical thinking, and the administrative skills of the Perioperative RN.</p> <ul style="list-style-type: none"> <li>• The department supervisor reviews the surgical schedule, looking several weeks ahead to determine what staffing and resources can be anticipated to meet the clinical needs of the patient, as well as the operational needs of the department. Based on this on-going review, if at any time prior to the case it is determined that additional resources are needed, the Surgery Supervisor works to procure additional help for these future dates.</li> <li>• If the Surgery Supervisor or Director of Nursing is unsuccessful in flexing or procuring staff for the scheduled shift or short-notice call-off, the surgeon(s) will be alerted that elective/non-emergent case(s) may need to be postponed or rescheduled.</li> </ul>



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Meal and Rest Breaks	Meal and rest breaks are provided by trained nurses available in the Surgical Services Department. Procedures are scheduled to enable staff to take meal and rest breaks.
Non-Patient Care Duties	Restocking department, cleaning/sterilizing, checking outdates
Nationally Recognized Nurse Staffing Standards	<ul style="list-style-type: none"> <li>• Society of Gastroenterology Nurses &amp; Associates (SGNA) <i>2018 Position Statement on Minimum RN Staffing for Patient Care in Gastroenterology Setting</i>, reviewed August 2021.</li> <li>• American Society of Peri-Anesthesia Nurses (ASPAN) <i>2019 - 2020 Peri anesthesia Nursing Standards, Practice Recommendations and Interpretative Statements</i>, reviewed August 2021.</li> <li>• American Operating Room Nurses (AORN) <i>2021 AORN Position Statement on Perioperative Safe Staffing and On-Call Practices</i>, reviewed August 2021.</li> <li>• CMS, (2022). <a href="#">Hospitals   CMS</a></li> <li>• DNV, 11/9/2020. NIAHO® Accreditation Requirements Interpretive Guidelines &amp; Surveyor Guidance for Critical Access Hospitals Revision 20-1. Retrieved 10/24/2022 from <a href="#">96194cdda02d4e0493a2bf25c03574b0.pdf (dnvgl.com)</a>; <a href="#">DNV Healthcare - Accreditation Organization for Hospitals and Healthcare Facilities - DNV</a></li> </ul>

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## NURSE STAFFING PLAN: Infusion Clinic

Description of Services	The Infusion Clinic in Harney District Hospital provides supportive care for outpatients that require occasional or regular medication administration by trained nurses. The infusion clinic can accommodate a maximum of 3 patients to occupy the chairs available.
Population Served	The population it serves include patients that may need medications, blood, and/or IV hydration administered as part of their therapy plan. Treatments may be administered for those receiving care from oncology, hematology, rheumatology, neurology, and others. Some general nursing outpatients are also sometimes treated.
Hours of Operation	Monday through Friday 9 am to 4:30.
Qualifications	Harney District Hospital Infusion Department is dedicated to ensuring that all patients within the department received the best care. Registered Nurses must have a valid state license. They must maintain current BLS, ACLS and PALS certifications.
Competencies	<ul style="list-style-type: none"> <li>A. Nursing staff members providing direct patient care must complete their orientation checklist and be approved by the department manager and/or supervisor prior to being able to work independently.</li> <li>B. All nurses receive training in Bend at the St Charles Medical Center Infusion Clinic and also complete Cancer: Fundamental of Chemotherapy/Immunotherapy Administration class or an equivalent. Membership to ONS Oncology Nursing Society is encouraged.</li> <li>C. In-service education and periodic skill evaluations for all staff members is maintained to ensure quality care and up to date knowledge of the oncology field.</li> <li>D. A skill code is assigned to the nurse based on completed orientation, completed certifications and competencies, and procured experience over time. The skill code is assigned by the nurse's supervisor with input from the nurse and other staff that work in the Infusion Clinic. Skill codes start at level 3 for orientation and up to level 1 after completing all previous levels and at least 1 year of experience as a primary nurse in the Infusion Clinic.</li> <li>E. Assigned annual and ongoing education completed by the nursing staff member shall be maintained by the Surgery Supervisor or Nursing Educator.</li> <li>F. All RNs maintain all licensure/certifications as required per HDH job descriptions.</li> </ul>
Unit Activity and Time Requirements	<p>For FY23 there were a total of 603 visits to the Infusion Clinic. Blood transfusions accounted for 1.7% of the visits, IV fluid infusion 3.5%, Oncology 21.6%, and Other medications for 73.3%.</p> <p><i>Volume information obtained from Hospital/Surgical Stats/Infusion Clinic</i></p> <p>Admission time for non-chemo patients are typically about 15 minutes and about 45 minutes for chemo patients.</p>

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Nursing Assignments	<p>One nurse is dedicated to the Infusion department Monday through Friday. Assignments are made daily based on patient acuity and number of patients, if additional RN(s) are needed they are assigned to the infusion area.</p> <p>If a patient needs additional or emergent care during an infusion their care will be coordinated with their on call oncologist or licensed practitioner and they will be transferred to the ED department if necessary.</p>
Staff to Patient Ratios	Ratios are based on acuity of the patient(s) using the Infusion Clinic Acuity Guide, which takes into consideration type of infusion and the special needs of the patient.
Replacement Staff	There are 4 staff nurses trained in infusion and oncology to assist the designated nurse for the Infusion Clinic with patient encounters, or cover for sick calls and vacations. If there is overflow or the Infusion Clinic is closed because of a holiday or weekend, there will be attempts to reschedule a patient or coordinate non-chemo patients through the Emergency Department as a nursing outpatient.
Meal and Rest Breaks	Meal and rest breaks are provided by trained nurses available in the Surgical Services Department. Appointments are scheduled to enable staff to take meal and rest breaks.
Non-Patient Care Duties	Restocking, checking outdates, continuing education
Nationally Recognized Nurse Staffing Standards	<ul style="list-style-type: none"> <li>• Infusion Nurse Society Standards of Care</li> <li>• Oncology Nursing Society</li> <li>• CMS, (2022). <a href="#">Hospitals   CMS</a></li> <li>• DNV, 11/9/2020. NIAHO® Accreditation Requirements Interpretive Guidelines &amp; Surveyor Guidance for Critical Access Hospitals Revision 20-1. Retrieved 10/24/2022 from <a href="#">96194cdda02d4e0493a2bf25c03574b0.pdf (dnvgl.com)</a>; <a href="#">DNV Healthcare - Accreditation Organization for Hospitals and Healthcare Facilities - DNV</a></li> </ul>