

**Survey and Certification Unit**  
800 NE Oregon Street, Suite 465  
Portland, OR 97232  
Voice: (971) 673-0540  
Fax: (971) 673-0556  
TTY: 711

<http://www.healthoregon.org/nursestaffing>  
[mailbox.nursestaffing@odhsoha.oregon.gov](mailto:mailbox.nursestaffing@odhsoha.oregon.gov)

## Nurse Staffing Plan

Facility: Legacy Silverton Medical Center  
Received Date: June 12, 2024  
Posting Date: June 13, 2024

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***

**Legacy Health Silverton Medical Center Finalized 6/11/24**

**Legacy Health Silverton HNSC Staffing Plan – ICU / IMCU**

<b>Legacy Silverton Medical Center Nursing Staffing Plan – ICU / IMCU</b> <b>Date of Review: June 3, 2024      Date approved: June 10, 2024      Effective Date: June 10, 2024</b>		<b>Additional Details/Law Requirements</b>
<b>Patient Population</b>	<input checked="" type="checkbox"/> Cardiac Telemetry <input checked="" type="checkbox"/> Critical Care <input checked="" type="checkbox"/> Medical Surgical <input checked="" type="checkbox"/> IMCU  ICU or IMC patients could be a variety of medical or surgical conditions requiring frequent vital signs, close monitoring, vasoactive drips, or mechanical ventilation. Most common diagnoses are Chest Pain, Heart Failure, Respiratory Failure, Uncontrolled Cardiac Rhythm, Diabetic Ketoacidosis, Sepsis, Kidney Failure, Vascular Surgery, Alcohol Withdrawal, Drug Overdose and Hypotension.	
<b>Specialized Staff Qualifications and Competencies</b>	<b>Qualifications:</b> <b>Education:</b> Graduation from accredited RN Program, BSN preferred. <b>Experience:</b> One year critical care experience or one year MedSurg experience and completion of critical care course. <b>Licensure:</b> Oregon RN license  <b>Competency:</b> <b>New hire:</b> RNs complete the LH Critical Care Core Competency Checklist. For nurses who worked in the unit prior to implementation of the LH Critical Care Core Competency Checklist, daily work performance provides the demonstration of competency. <b>On-going Competency:</b> Annual skills day and E+ Self Learning Modules.	

Legacy Silverton Medical Center Nursing Staffing Plan – ICU / IMCU		Additional Details/Law Requirements										
Date of Review: June 3, 2024      Date approved: June 10, 2024      Effective Date: June 10, 2024												
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Nursing Staff:	RN: Active License											
	CNA: Active License											
	ALL: Active BLS certification											
	RN: Active ACLS certification											
<b>Acuity and Nursing Intensity</b>	<p>Acuity of patients is based upon diagnosis, type and amount of interventions and stability of vital signs. ICU status patients vary between 15% and 30%, the majority are IMC status with some MedSurg overflow mixed in.</p> <p><i>Refer to Patient Acuity Worksheet, page 6.</i></p>											
<b>Admissions, Discharges, Transfers</b>	<p><b>Admission/Discharge/Transfers per shift:</b> 0-4</p> <p><b>Admission from Emergency Department or Surgery:</b> Approx. 1 hr. for assessment and charting.</p> <p><b>Direct Admit:</b> Approx. 75 min</p> <p><b>Discharge Home:</b> Approx. 30 min for instructions and charting.</p> <p><b>Transfer to floor:</b> Approx. 15 min for report and charting.</p> <p><b>Day:</b> <input checked="" type="checkbox"/> Average</p> <p><b>Night :</b> <input checked="" type="checkbox"/> Average</p> <p><b>Acuity:</b> <input checked="" type="checkbox"/> Average/Low</p> <p><b>Nursing Intensity:</b> <input checked="" type="checkbox"/> Average/ Low</p> <p>Census varies 0 to 5; Average 3</p>											
<b>Unit Minimum Staffing</b>	<p><b>Minimum Staff:</b> 2 nursing staff to be in ICU when any ICU/IMCU patients present. If zero patients, then one ICU RN to be in house.</p>											

Legacy Silverton Medical Center Nursing Staffing Plan – ICU / IMCU		Additional Details/Law Requirements
Date of Review: June 3, 2024	Date approved: June 10, 2024	
	<p>The ICU/IMCU unit has a core staff of at least 1 ICU RN, and a second staff member: either an RN or CHT/Tele Tech. Staffing is adjusted the day of based on acuity and census. A CHT/Tele Tech may be staffed as a third nursing staff member in the unit to assist with patient care and observation of monitors.</p> <p>The nurse manager, in cooperation with the Unit Collaborative Practice Committee, determines the core unit staffing by factoring in ADT, average census and average acuity. Staffing varies depending on census and patient acuity. Direct care staff work 12 hour shifts.</p> <p>The staffing matrix (<u>Page 5</u>) is designed to provide safe staffing consistent with the recommendations of the American Association of Critical- Care Nurses (AACN).</p> <p>All staffing levels are ultimately directed by patient and staff safety and unit manager and charge RN are responsible for ensuring safe standards are met.</p> <p>Patient care assignments are made by the charge nurse in collaboration with management and the nursing house supervisor.</p> <p>IMCU patients may be housed on MedSurg, due to staffing or bed availability considerations, provided they receive the same level of care by an IMC or ICU trained RN.</p>	
<b>Unit Target</b>	<p><b>Unit Target Ratios:</b> 1 RN/ 2 ICU pts 1 RN/ 3 IMCU pts 1 RN/ 4 MedSurg pts</p>	
<b>Breaks and Lunch Considerations</b>	<p><b>Breaks/Meal Periods:</b> Staff will plan for rest/meal breaks with the MedSurg charge nurse, unit management, or house supervisor.</p> <p>Overtime and shift incentive shifts may be offered to nursing staff to cover gaps in staffing. Cross trained float nurses may be brought in to care for patients as needed.</p>	

<b>Legacy Silverton Medical Center Nursing Staffing Plan – ICU / IMCU</b>		<b>Additional Details/Law Requirements</b>
<b>Date of Review: June 3, 2024</b>		
<b>Date approved: June 10, 2024</b>		
<b>Effective Date: June 10, 2024</b>		
<b>National Standards - Governing Body Staffing Recommendations</b>	AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence, 2nd Ed., 2016	
<b>Environmental Factors</b>	<p>ICU is centrally located on the main floor of the hospital, adjacent to the MedSurg unit. 4 ICU rooms with glass sliding doors are observable from the nurse station in the center of the unit. Each room has a bedside monitor which is also monitored at the central station. Each room has a computer and medication scanner. The unit is staffed 24 hours/day, 7 days/week, during which time the department performs a full range of testing and treatments. A pass through door exists to a side room housing 2 monitored beds, shared by MedSurg and ICU, that can be used for patient overflow or for MedSurg beds.</p> <p>Unit Size (# of total beds): 4 Room Occupancy: Single</p>	
<b>Divert and Closed to Admissions</b>	<p>If a potential for divert (ED admissions) exists due to staffing or full beds, then the charge RN will collaborate with management or nursing house supervisor to explore staffing solutions and providers to evaluate the critical care status of patients in the unit.</p> <p>If any nursing staffing member finds that the patient care needs of the unit exceed the current staffing resources, they may start the diversion process by notifying the House Supervisor or management of the concern.</p>	
<b>Vacation and Holiday Considerations</b>	<p>Vacations: Vacations are limited to 2 weeks during June through Labor Day week and over the Christmas and New Year’s weeks. Longer vacations may be granted by manager with due consideration to maintain safe staffing in the unit.</p> <p>Holidays: Per Legacy policy, holidays scheduled to be worked will be rotated fairly amongst staff.</p>	

## Resource Documents

Legacy Health Policy – 900.4913 DAILY STAFFING: Simplicity Guidelines – Daily Staffing (May 2024)

Legacy Health Policy – 900.4912 DAILY STAFFING: Simplicity Guidelines – Scheduling (May 2024)

Legacy Health Policy – 900.3012 Nurse Staffing Policy (May 2021)

**LEGACY SILVERTON MEDICAL CENTER STAFFING MATRIX – ICU**

<b>DEPARTMENT:</b>	ICU		<b>HOURS OF OPERATION:</b>	24/7		<b>LOCATION:</b>	LSMC		<b>YEAR:</b>	2024				
	<b>Sunday</b>		<b>Monday</b>		<b>Tuesday</b>		<b>Wednesday</b>		<b>Thursday</b>		<b>Friday</b>		<b>Saturday</b>	
<b>Shift:</b>	<b>Title</b>	<b>#</b>	<b>Title</b>	<b>#</b>	<b>Title</b>	<b>#</b>	<b>Title</b>	<b>#</b>	<b>Title</b>	<b>#</b>	<b>Title</b>	<b>#</b>	<b>Title</b>	<b>#</b>
ICU 0630 - 1900	RN	1-2	RN	1-2	RN	1-2	RN	1-2	RN	1-2	RN	1-2	RN	1-2
	CNA 2/Tele Tech	0-1	CNA 2/Tele Tech	0-1	CNA 2/Tele Tech	0-1	CNA 2/Tele Tech	0-1	CNA 2/Tele Tech	0-1	CNA 2/Tele Tech	0-1	CNA 2/Tele Tech	0-1
ICU: 1830 - 0700	RN	1-2	RN	1-2	RN	1-2	RN	1-2	RN	1-2	RN	1-2	RN	1-2
	CNA 2/Tele Tech	0-1	CNA 2/Tele Tech	0-1	CNA 2/Tele Tech	0-1	CNA 2/Tele Tech	0-1	CNA 2/Tele Tech	0-1	CNA 2/Tele Tech	0-1	CNA 2/Tele Tech	0-1
<b>Daily Staff Totals</b>	RN	2-4	RN	2-4	RN	2-4	RN	2-4	RN	2-4	RN	2-4	RN	2-4
	CNA 2/Tele Tech	0-2	CNA 2/Tele Tech	0-2	CNA 2/Tele Tech	0-2	CNA 2/Tele Tech	0-2	CNA 2/Tele Tech	0-2	CNA 2/Tele Tech	0-2	CNA 2/Tele Tech	0-2
<b>Total:</b>		4		4		4		4		4		4		4

ICU Patient Acuity Worksheet (PAW)

DATE: \_\_\_\_\_ SHIFT: | \_\_\_\_\_

1	2	3	4	10	Level 3	1	2	3	4	10	Level 2	1	2	3	4	10	Level 1
					complete bath care						assist or partial care						Independent w/self-care, minimal assist
					oral care q2h or less						oral care q2-4h						oral care q4-6h
					complex <del>incont.</del> q1h output, <del>cdiff</del>						simple <del>incont.</del> Bedpan, Foley <del>cath.</del>						
					complex bed rest						BSC w/ 2 assist						BSC assist or standby
					reposition q1-2h w/assist 2 or more						position w/ skin care q2h						minimal assist w/position
					complete feed						tube feeding, minimal assist to feed						self feed
					full assessment q2h w/focused reassess <q2h						full assessment q4h w/reassess q2h						routine assessment q4h w/pm reassessment
					neuro checks <q2h						neuro checks q2-4h						
					VS q15-30 min or more frequently						VS q1h required						VS q2-4h
					physician contact 4x/shift or >						physician contact 2-3 x/shift						physician contact q shift
					frequent rhythm changes						rhythm strips q shift, <del>asympt chgs from norm</del>						rhythm stable w/rhythm strip q shift
					3-4 drips, some w/titration						stable titratable drips 1-2, TPN						Simple IV, saline lock
					IV boluses >2 per shift						stable insulin drip						sliding scale insulin administration
											A-line, CVP line, central line						
					>5/shift IV meds						3-5x/shift IV meds						1-2x/shift IV meds
					blood products >2/shift						blood products 1-2/shift						
					CIWA: 20+						CIWA: 10-19						CIWA 0-9
					new/unstable ventilator, intubation						<del>Bipap</del> , <del>Cpap</del> , stable vent, incr. O2 requirements						NC and/or mask
					trial weaning vent						cont. pulse oximetry						home <del>Cpap</del>
					suctioning <q2h						suctioning q2-4h						
					labs q1-2h drawn by RN						labs q3-4h drawn by RN						labs q shift or prn, drawn by RN
					fingersticks q1-2h or<						fingersticks q4h						fingersticks QID or less
					IV procedural sedation, cardioversion						NG tube, chest tube, Duval drain						JP, simple compression drain, <del>constovac</del>
					procedure >30 min on or off the unit						bedside procedures <30 min						
					complex dressing changes3 or>						complex dressing X2, <del>woundvac drsg chg</del>						simple dressing change, <del>woundvac</del>
					hourly I&O or F/C urine output						q4h I&O or urine output per MD						I&O q shift, daily weights
											isolation						
					Confused & Impulsive						high fall risk						moderate fall risk
					Restraints												routine safety precautions
					family interaction q30-60 min						family interaction q2-4h						family interaction <4x/shift
					complex, multiple educ. needs for pt./family						moderate educ. needs for pt./family						minimal teaching /family, language barrier
					complex documentation at least q2h						documentation at least q3-4h						routine documentation q4-6h
					physician contact 4x/shift or >						physician contact 2-3x/shift						physician contact q12-24h
					<b>TOTAL LEVEL 3</b>						<b>TOTAL LEVEL 2</b>						<b>TOTAL LEVEL 1</b>

EACH PATIENT ACUITY

BED 1 \_\_\_\_\_  
 BED 2 \_\_\_\_\_  
 BED 3 \_\_\_\_\_ ROOM 110 \_\_\_\_\_  
 BED 4 \_\_\_\_\_

1:1 patient is a Level 4



## Instructions for PAW

1. Score each patient/room in ICU.
  - a. Should be completed each shift prior to staffing for next shift – 3pm/3am
2. Enter patient level in the bed number (bottom left box of worksheet)
  - a. Patient score is determined by which “total level” is highest.

Example: if patient has 6 level 1 pts and 3 level 2 pts and no level 3 pts. then the pt. is scored as a level 1.

3. Refer to ICU Nurse Staffing Plan for patient assignment and staffing needs
4. Save completed PAW for manager

**Legacy Health Silverton HNSC Staffing Plan – Med Surg**

<b>Silverton Medical Center Nursing Staffing Plan – Med Surg</b>		Additional Details/Law Requirements					
Date of Review: June 3, 2024	Date approved: June 10, 2024		Effective Date: June 10, 2024				
<b>Patient Population</b>	<input checked="" type="checkbox"/> Adult/Geriatric <input checked="" type="checkbox"/> Medical Surgical <input checked="" type="checkbox"/> Cardiac Telemetry <input checked="" type="checkbox"/> IMC  <input checked="" type="checkbox"/> Surgical Pediatric Patients ( ≥ 4 years of age)  Medical and Surgical admits are for a wide variety of medical conditions, and surgery patients requiring hospital stays. Most common admit diagnoses: Total hip surgery, Total knee surgery, Appendectomy, Cholecystectomy, Heart Failure, Pneumonia, Upper Respiratory Infection, Urinary Tract Infection, Vascular surgery, and Altered Mental Status.						
<b>Specialized Staff Qualifications and Competencies</b>	<p><b>Qualifications:</b>  <b>Education:</b> Graduation from accredited nursing program, BSN preferred  <b>Experience:</b> One-year RN experience (Med Surg experience preferred) or completion of Legacy Health RN residency program.  <b>License:</b> Oregon RN license. (Certifications per job description)</p> <p><b>Competency:</b>  <b>New hire:</b> RNs complete the Medical Specialties competency validation tool. For those nurses who have worked in the unit before the specialty validation tool was implemented, evidence of daily work provides the demonstration of competency.  <b>On-going Competency:</b> Annual skills day and E+ Self Learning Modules.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: center;">Skills/Cert's Required</th> </tr> </thead> <tbody> <tr> <td>RN: Active License</td> </tr> <tr> <td>CNA: Active License</td> </tr> <tr> <td>ALL: BLS certification</td> </tr> <tr> <td>RN: PEARS or PALS certification within 6 months of hire</td> </tr> </tbody> </table>	Skills/Cert's Required	RN: Active License	CNA: Active License	ALL: BLS certification	RN: PEARS or PALS certification within 6 months of hire	
Skills/Cert's Required							
RN: Active License							
CNA: Active License							
ALL: BLS certification							
RN: PEARS or PALS certification within 6 months of hire							

<b>Silverton Medical Center Nursing Staffing Plan – Med Surg</b>		Additional Details/Law Requirements
<b>Date of Review: June 3, 2024</b>	<b>Date approved: June 10, 2024</b>	
<b>Acuity and Nursing Intensity</b>	Acuity of patients is based upon diagnosis, type, and amount of medical or surgical treatments and nursing interventions. Refer to acuity worksheet page 5.	
<b>Unit Minimum Staffing</b>	<p><b>Unit Minimum Ratio Dayshift:</b> 1 RN/8 pts  <b>Unit Minimum Ratio Nightshift:</b> 1 RN/10 pts</p> <p>CHTs are not assigned to more than 7 patients at a time during a day shift or to more than 11 patients at a time during a night shift.</p> <p>Ratios may increase for meals or breaks, or under special circumstances such as admitting a patient while discharging another or a temporary emergency.</p> <p>The unit will have one charge nurse if there are zero patients and minimum of 2 RNs for a minimum census of one patient.</p> <p>The MedSurg unit has a core staffing target of 4 nurses for day shift and 3 nurses for night shift and is adjusted for census and acuity. The day shift is historically busier with increased ADT, provider orders, tests, procedures, meals, patients awake and ambulating, patient ADLs, all affecting nurse patient ratio as recommended by the Journal of Nursing Management (Hughes, 2015).</p> <p>The nurse manager, in cooperation with the unit Collaborative Practice Team, determines the core unit staffing by factoring in ADT, average census and HPPD. Staffing varies depending on census and patient acuity. Direct care staff work 12 hour shifts.            CHT (CNA2) support is dependent on the unit census, patient acuity and sitter needs.</p> <p>The staffing matrix and acuity worksheet (<u>page 6</u>) are designed to provide nurse to patient ratios consistent with the recommendations of the Academy of Medical-Surgical Nurses (AMSN) for this patient population.</p>	

<b>Silverton Medical Center Nursing Staffing Plan – Med Surg</b>		Additional Details/Law Requirements
<b>Date of Review: June 3, 2024</b>	<b>Date approved: June 10, 2024</b>	
<b>Unit Minimum Staffing Cont.</b>	<p>All staffing levels are ultimately directed by patient and staff safety, and the unit manager/charge RN has the ability to ensure safe standards are met. The number of assigned staff varies daily and is based upon staff skill levels overlaid across patient service needs.</p> <p>A shift staffing assessment is performed by the charge nurse to determine staffing needs in relation to patient acuity and census at the beginning of the shift, throughout the shift as needed, and prior to end of shift to plan for next shift. The charge nurse assigns higher and lower acuity patients among staff with the goal of creating a safe patient care environment. Patient assignments are made by the charge nurse or Assistant Nurse Manager.</p> <p>The assignments are made with consideration to patient acuity, workload, and room location to ensure patient safety as stated by the American Nurses Association (Jones,2015).</p> <p>IMC patients may be housed on Med/Surg, if needed due to staffing or bed availability considerations, if cared for by an IMC or ICU trained RN.</p>	
<b>Unit Target</b>	<p><b>Unit Target Ratio Dayshift:</b> 1 RN/ 4 pts <b>Unit Target Ratio Nightshift:</b> 1 RN/5 pts</p> <p>CHTs are not assigned to more than 7 patients at a time during a day shift or to more than 11 patients at a time during a night shift.</p>	
<b>Admissions, Discharges, Transfers</b>	<p>ADT levels vary widely requiring fluctuations in staffing guided by patient and staff safety.</p> <p><b>Admission/Discharge/Transfers per shift:</b> Average 6 Day shift/ 3 Night shift Admission Surgical or Emergency Approx. Time: 30 minutes</p>	

<b>Silverton Medical Center Nursing Staffing Plan – Med Surg</b>		Additional Details/Law Requirements
<b>Date of Review: June 3, 2024</b>	<b>Date approved: June 10, 2024</b>	<b>Effective Date: June 10, 2024</b>
	Direct Admit Approx. Time: 60 minutes Discharge/ Transfer Time: 30 minutes  <b>Day</b> <input checked="" type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <b>Night</b> <input type="checkbox"/> High <input checked="" type="checkbox"/> Average <input type="checkbox"/> Low <b>Acuity</b> <input type="checkbox"/> High <input checked="" type="checkbox"/> Average <input type="checkbox"/> Low  <b>Average Census: 12</b>	
<b>Break and Lunch Coverage Plan</b>	<b>Breaks/Meal Periods:</b> Staff will coordinate rest/meal breaks in with coworkers and the charge RN.	
<b>National Standards - Governing Body Staffing Recommendations</b>	Hughes, et al (2015); “Comparison of nurse staffing based on changes in unit-level workload associated with patient churn.” Journal of Nursing Management.23(3), 390-400.	
<b>Environmental Factors</b>	The MedSurg Unit is centrally located on the main floor of the hospital with 5 nurse workstations strategically placed along patient room hallways. The unit is staffed 24 hours/day, 7 days/week.	
<b>Divert and Closed to Admissions</b>	If any nursing staff member finds that the patient care needs of the unit exceed the current staffing resources they may start the diversion process by notifying the charge nurse of the concern.	
<b>Vacation and Holiday Considerations</b>	<b>Vacations:</b> Vacations are limited to 2 weeks during June through Labor Day week and over the Christmas and New Year’s weeks. Longer vacations may be granted by manager with due consideration to maintain safe staffing. <b>Holidays:</b> Per Legacy policy, holidays scheduled to be worked will be rotated fairly amongst staff. Overtime and shift incentive shifts may be offered to nursing staff to cover gaps in staffing.	

Resource Documents

Legacy Health Policy – 900.4913 DAILY STAFFING: Simplicity Guidelines – Daily Staffing (May 2024)

Legacy Health Policy – 900.4912 DAILY STAFFING: Simplicity Guidelines – Scheduling (May 2024)

Legacy Health Policy – 900.3012 Nurse Staffing Policy (May 2021)

### Med/Surg Patient Acuity Worksheet (PAW)

DATE:

		DAYS	Room	Acuity	Intensity	Score	Comments
<b>Nursing Intervention</b>	<b>Intensity</b>						
<b>Level ONE</b>							
ADL'S - Independent	Language Barrier		110-1				
Routine Care/Minimal Needs	Comfort Care		110-2				
Up Independent	No Adult Peds > 12		112				
VS Q 8 hrs	Telemetry		114				
Ready to Discharge	Diabetic		116				
No IV or SL	Extended Discharge Teaching		118				
<b>Level TWO</b>							
ADL's w/1 person assist	Isolation		120				
Moderate Needs 1 person	Frequent Time Commitment		122				
Up with assist 1 person	Multiple Issues/Needs		123				
VS Q 4 hrs	TX to rehab/long term care		124				
Foley Cath	Bariatric		125				
IV Fluids	Psych/Social Issues		126				
O2 via NC	Transfer from OR to ICU		127				
Peds > 12	Requires multi-discipline care		128				
Simple Dressing Change	No Adult Peds 6-12		130-1				
	New Ostomy/DM teaching		130-2				
	Admission		132-1				
	Tab alarm		132-2				
	Impulsive		134-1				
<b>Level THREE</b>							
ADL's w/2 person assist	HS/Security Intervention		134-2				
Moderate needs 2 person assist	Rapid Response Team Called		136-1				
Ambulate 2 person /PT/OT	COBRA Transfer		136-2				
VS Q2hrs	No Adult Peds < 5		138-1				
Discharge w/> 30 min teaching	Confused w/ Tab Alarm		138-2				
Central line / PICC / TPN	Abuse Prevention/Protection		140				
Complex DX change	Code Blue	<b>NOC</b>					
Peds 6-12 yrs			Room Total			Add	
Post Op > 6 hrs			Days Total:				
Q 2 hr care/interventions							
Multiple IV Meds	<b>Days</b>		110-1				
O2 via Mask	1 Nurse = 1-20		110-2				
Tube Feedings	2 Nurses = 21-40		112				
Withdrawal < 7	3 Nurses = 41-60		114				
Wound Vac	4 Nurses = 61-80		116				
Moderate Fall Risk	5 Nurses 81-100		118				
Patient Needs Fed	>100 = Add Ancillary Staff		120				
<b>Level FOUR</b>							
	<b>Add to Acuity</b>		122				
ADL's -turn every 2 hours	IP Surgery x 4		123				
Needs Lift to get up	SDC Surgery x 2		124				
VS Q 1hr / other interventions	Discharges / STEPS x 1		125				
Peds 0-5 yrs	<b>Nights</b>		126				
Post Op < 6hrs	1 Nurse = 1-25		127				
O2 per NRM	2 Nurses = 26-45		128				
Withdrawal >7	3 Nurses 46-65		130-1				
High Fall Risk	4 Nurses = 66-85		130-2				
<b>Level FIVE</b>							
	<b>Add to Acuity</b>		132-1				
Airway Maintenance	> 105 = Add Ancillary Staff		132-2				
Chest Tubes	<b>Add to Acuity</b>		134-1				
RN One-on-One	IP Surgery x 4		134-2				
Restraints	SDC Surgery x 2		136-1				
	Discharges / STEPS x 1		136-2				
			138-1				
			138-2				
			140				
			Room Total			Add	
			NOC total:				

**Legacy Silverton Medical Center Staffing Matrix - Med/Surg**

<b>DEPARTMENT:</b>	Med/Surg		<b>HOURS OF OPERATION:</b>	24/7		<b>LOCATION:</b>	LSMC		<b>YEAR:</b>	2020				
	<b>Sunday</b>		<b>Monday</b>		<b>Tuesday</b>		<b>Wednesday</b>		<b>Thursday</b>		<b>Friday</b>		<b>Saturday</b>	
<b>Shift:</b>	<b>Title</b>	<b>#</b>	<b>Title</b>	<b>#</b>	<b>Title</b>	<b>#</b>	<b>Title</b>	<b>#</b>	<b>Title</b>	<b>#</b>	<b>Title</b>	<b>#</b>	<b>Title</b>	<b>#</b>
MS: 0630 - 1900	RN	1-6	RN	1-6	RN	1-6	RN	1-6	RN	1-6	RN	1-6	RN	1-6
	CNA 2	0-3	CNA 2	0-3	CNA 2	0-3	CNA 2	0-3	CNA 2	0-3	CNA 2	0-3	CNA 2	0-3
MS: 1830 - 0700	RN	1-5	RN	1-5	RN	1-5	RN	1-5	RN	1-5	RN	1-5	RN	1-5
	CNA 2	0-2	CNA 2	0-2	CNA 2	0-2	CNA 2	0-2	CNA 2	0-2	CNA 2	0-2	CNA 2	0-2
<b>Daily Staff Totals:</b>	RN	2-11	RN	2-11	RN	2-11	RN	2-11	RN	2-11	RN	2-11	RN	2-11
	CNA 2	0-5	CNA 2	0-5	CNA 2	0-5	CNA 2	0-5	CNA 2	0-5	CNA 2	0-5	CNA 2	0-5
<b>Total:</b>		2-16		2-16		2-16		2-16		2-16		2-16		2-16



**Legacy Health Silverton HNSC Staffing Plan – FBC**

<b>Silverton Medical Center Nursing Staffing Plan – Women’s Services</b> <b>Date of Review: May 29, 2024      Date approved: May 29, 2024      Effective Date: May 29, 2024</b>		Additional Details/Law Requirements
The unit staffing plan includes data and information of the multiple of factors that impact the ability to provide safe patient care. No single data point is used as the sole determinate of staffing. The RN charge nurse considers these factors when making assignments and managing the flow of admissions, discharges, transfers, and ongoing care for patients.		
<b>Patient Population</b>	<input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Neonate <input checked="" type="checkbox"/> Women & Newborn <input checked="" type="checkbox"/> OR <input checked="" type="checkbox"/> PACU  Women of childbearing age, pregnant or with complications of pregnancy or post-partum. Scope of service is typically for women 35 weeks or greater gestation.  Newborns with or without complications & newborns readmitted for hyperbilirubinemia. Scope of service is typically for newborns 35 weeks or greater gestation  Surgeries/ performed in FBC: D&C for Post-Partum complications Cesarean Birth Post-Partum Tubal Ligation External Version of breech presentation Circumcision Frenulum clipping  FBC RN’s also provide assessment and fetal monitoring for appropriate pts in ED, OR & Medical/Surgical depts.	
<b>Specialized Staff Qualifications and Competencies</b>	<b>Qualifications:</b> <b>Education:</b> Graduation from accredited nursing program, BSN preferred <b>Experience:</b> One-year registered nursing experience or completion of either the Legacy Health RN Residency program or a nursing program that is equivalent in content, curriculum, and duration. <b>Licensure:</b> Current applicable state RN license required. AHA BLS for Healthcare Providers.	

Silverton Medical Center Nursing Staffing Plan – <b>Women’s Services</b>		Additional Details/Law Requirements									
<b>Date of Review: May 29, 2024</b> <b>Date approved: May 29, 2024</b> <b>Effective Date: May 29, 2024</b>											
<b>Specialized Staff Qualifications and Competencies cont.</b>	<p><b>Competency:</b></p> <p><b>On hire:</b> RNs complete the specialty (Women’s Services) competency validation tool. For those nurses who have worked in a unit before the specialty validation tool was implemented, evidence of daily work provides the demonstration of competency.</p> <p>RNs with less than 1-year experience hired since February 2017 participate in the Legacy RN residency program, which includes general and specialty curriculum. These nurses complete the specialty competency validation tool.</p> <p><b>On-going competency:</b> Competency and Women’s Services specialty requirements and Annual WS RN Skills Day content is based on the WS annual specialty education and professional development competency assessment plan. The specialty development plan is revised and updated annually. The plan is developed with input from staff, managers, providers, and clinical nurse specialists. All elements of the plan are reviewed at the employee's annual review meeting.</p> <p><b>Mandatory Core Competencies</b></p> <table border="1" data-bbox="401 927 1159 1073"> <thead> <tr> <th>Labor RN</th> <th>Post-Partum Only RN</th> <th>Lactation RN</th> </tr> </thead> <tbody> <tr> <td>BLS</td> <td>BLS</td> <td>BLS</td> </tr> <tr> <td>NRP</td> <td>NRP</td> <td>NRP</td> </tr> </tbody> </table>	Labor RN	Post-Partum Only RN	Lactation RN	BLS	BLS	BLS	NRP	NRP	NRP	<p><b>Additional competency for Newborn Resuscitation Specialist:</b> Annual Newborn Resuscitation Specialist skills day</p>
Labor RN	Post-Partum Only RN	Lactation RN									
BLS	BLS	BLS									
NRP	NRP	NRP									
<b>Acuity and Nursing Intensity</b>	<p>The acuity of patients and intensity of nursing care in FBC is based on reason for admission, chief complaint, assessment, and medical exam of pt. at admission, phase of care, risk factors. of pregnancy, gestation of pregnancy/newborn, and comorbidities of patient. This is determined by a thorough nursing assessment/exam and provider consultation.</p>										

<b>Silverton Medical Center Nursing Staffing Plan – Women’s Services</b> <b>Date of Review: May 29, 2024      Date approved: May 29, 2024      Effective Date: May 29, 2024</b>		Additional Details/Law Requirements
<b>Acuity and Nursing Intensity cont.</b>	<p><b>Triage:</b> 1 patient to 1 RN for initial assessment and medical screen exam, urgent need for care after exam including unstable VS of mom or fetus or imminent birth. 1-3 after initial assessment and medical screen exam determines non-urgent complaint.</p> <p><b>Intrapartum:</b> 1 RN to 1 Patient for active labor. 1 RN to 2 patients for latent labor.</p> <p><b>Induction of Labor:</b> 1 RN to 1 Patient requiring initiation of oxytocin, 1 RN to 2 patients for mechanical methods of induction or cervical ripening agents.</p> <p><b>Intra-Operative:</b> 1RN to 1 Patient in the Operating Room.</p> <p><b>Post Anesthesia Recovery:</b> 2 hours of 1RN to 1 couplet post cesarean section, 30 minutes of 1 RN to 1 couplet postoperative care for tubal ligation.</p> <p><b>Postpartum recovery:</b> 2 hours of 1RN to 1 couplet care post vaginal delivery.</p> <p><b>Postpartum:</b> &gt;2 hours post-delivery requires 1 RN to 4 couplets.</p> <p><b>Newborn Recovery:</b> &lt;2 hours of age 1 RN to 1 couplet</p> <p><b>Newborn:</b> &gt;2 hours of age 1 RN to 4 couplets</p> <p><b>Newborns with unstable medical complications</b> requiring admission to Expanded care nursery requires 1 RN to 2 Newborns.</p> <p><b>Newborns with stable medical complications</b> allowing for care in the patient room requires 1 RN to 4 couplets.</p>	
<b>Evidence Based Staffing Guidelines</b>	<p><b>AWHONN (Association of Women’s Health, Obstetric &amp; Neonatal Nursing) Standards for Professional Registered Nurse Staffing for Perinatal Units, 2022:</b></p> <p>Nurse: Patient</p> <p>1:1 <b>Triage/Outpatient</b> based on presenting s/s &amp; chief complaint, initial assessment of mother &amp; fetus.</p> <p>1:1-3 <b>Triage/Outpatient</b>, as above, after initial assessment &amp; pt. is stable.</p> <p>1:2 <b>Intrapartum in early labor</b> with no interventions or complications.</p> <p>1:1 <b>with interventions in any stage of labor.</b></p> <p>1:1 <b>Intrapartum in active labor</b> with interventions or complications.</p> <p>2:1 <b>Birth</b> 1 RN responsible for mother &amp; 1 responsible for newborn.</p>	All patients are cared for by a RN with the required competencies for the type of patient they are assigned to, according to

<b>Silverton Medical Center Nursing Staffing Plan – Women’s Services</b> <b>Date of Review: May 29, 2024      Date approved: May 29, 2024      Effective Date: May 29, 2024</b>		Additional Details/Law Requirements																		
<b>Evidence Based Staffing Guidelines cont.</b>	<p>2-3:1 <b>C/Section</b> 1 RN responsible for mother/circulator role, 1 RN responsible for newborn, 1 RN or Tech as surgical scrub. Additional staff are assigned in the OR for high risk situation or complications.</p> <p><b>*Post Anesthesia Recovery</b> 1:1 for minimum 2 hrs.</p> <p><b>*Post-Partum couplets</b> (mother &amp; baby dyad) 1:3 (6 pts), ratio decreases if mother or baby have complications or interventions requiring increased nursing intensity of care.</p> <p><b>*Expanded Care Nursery</b> ranges from 3:1 with newborn resuscitation, 1:1 with stable but monitored newborn, 1:2-3 for stable minimally monitored newborns.</p> <p>**AWHONN standards are used as a guide for nurse assignment, this is a guideline and not a requirement.</p> <p>The Association of Women's Health, Obstetric, and Neonatal Nurses' (AWHONN) <i>Standards for Professional Registered Nurse Staffing for Perinatal Units</i>, released 2022.</p>	AWHONN standard.																		
<b>Unit Minimum Staffing</b>	<table border="1"> <thead> <tr> <th>Shift</th> <th>Charge RN</th> <th>L&amp;DRN</th> <th>Resus RN</th> <th>Total RN</th> <th>Surg Tech In house or On-Call</th> </tr> </thead> <tbody> <tr> <td>Day</td> <td>1</td> <td>1</td> <td>1</td> <td>3</td> <td>1</td> </tr> <tr> <td>Night</td> <td>1</td> <td>1</td> <td>1</td> <td>3</td> <td>1</td> </tr> </tbody> </table> <p>Minimum staffing if 0 census: 3 RN’s that include a Charge RN and two other RN’s, of which one is L&amp;D competent and one a Newborn Resuscitation Specialist.</p>	Shift	Charge RN	L&DRN	Resus RN	Total RN	Surg Tech In house or On-Call	Day	1	1	1	3	1	Night	1	1	1	3	1	Staffing is re-evaluated on an ongoing basis by the CN, in collaboration with Staff RN’s, using expert clinical judgement and the staffing
Shift	Charge RN	L&DRN	Resus RN	Total RN	Surg Tech In house or On-Call															
Day	1	1	1	3	1															
Night	1	1	1	3	1															

<b>Silverton Medical Center Nursing Staffing Plan – Women’s Services</b> <b>Date of Review: May 29, 2024      Date approved: May 29, 2024      Effective Date: May 29, 2024</b>							Additional Details/Law Requirements																		
							standards. The staffing mix/ratio is based on AWHONN standards and are adjusted based on acuity and intensity to meet the needs of the patients.																		
<b>Unit Target</b>	<table border="1"> <thead> <tr> <th>Shift</th> <th>Charge RN</th> <th>RN</th> <th>Resus RN</th> <th>Total RN</th> <th>Surg Tech In house or On-Call</th> </tr> </thead> <tbody> <tr> <td>Day</td> <td>1</td> <td>6</td> <td>1</td> <td>8</td> <td>1</td> </tr> <tr> <td>Night</td> <td>1</td> <td>5</td> <td>1</td> <td>7</td> <td>1</td> </tr> </tbody> </table>	Shift	Charge RN	RN	Resus RN	Total RN	Surg Tech In house or On-Call	Day	1	6	1	8	1	Night	1	5	1	7	1						The target staffing ratio are not designed to reflect the minimum staffing required but the target for average patient workload (ADT, acuity, intensity). It
	Shift	Charge RN	RN	Resus RN	Total RN	Surg Tech In house or On-Call																			
	Day	1	6	1	8	1																			
	Night	1	5	1	7	1																			
Target staffing levels may vary day to night shift due to changes in nursing intensity with admissions/transfers and discharges. Adjusting from target staffing is defined as decreasing or increasing number and/or skill mix of staff. Staff may be sent home on standby or may be cancelled when census or acuity decreases. Staff may be recruited to work to maintain safe patient care when census or acuity increases.																									
Target staffing accommodates up to 3 scheduled procedures per day and one per night. If staffing and bed availability allows, additional procedure may be scheduled at the discretion of the Charge Nurse. Procedures																									

<b>Silverton Medical Center Nursing Staffing Plan – Women’s Services</b> <b>Date of Review: May 29, 2024      Date approved: May 29, 2024      Effective Date: May 29, 2024</b>		Additional Details/Law Requirements
	<p>include a combination of surgeries, inductions of labor, OP testing &amp; OP procedures. Procedures may be delayed or postponed based on unit activity/acuity, staffing and bed availability.</p> <p>Additional staff: If the core RN staffing number or skill mix is unable to provide care for patients in the unit, the following are employed:</p> <ul style="list-style-type: none"> <li>• Recruitment of FBC staff (regular &amp; on call) volunteers for partial or full shift to cover need. Overtime or LSI incentives may be used according to policy.</li> <li>• Legacy Women’s Service Resource Pool RN’s.</li> <li>• Crossed trained RN’s from another department.</li> </ul>	<p>is not uncommon for actual staffing to fluctuate based on these factors.</p> <p>The Charge Nurse typically does not assume a pt. assignment, but her role does include pt. triage and covering meal breaks.</p> <p>The Charge Nurse, in consultation with the direct care nursing staff, determines if staffing adjustments</p>

<b>Silverton Medical Center Nursing Staffing Plan – Women’s Services</b> <b>Date of Review: May 29, 2024      Date approved: May 29, 2024      Effective Date: May 29, 2024</b>		Additional Details/Law Requirements
		need to be made outside the normal staffing patterns.
<b>Admissions,          Discharges,          Transfers</b>	<p><b>Average Annual &amp; Monthly Census:</b> Based on 2019, 2020 &amp; 2021 calendar years</p> <p><b>Total Births:</b> 1214 annual (101 monthly)</p> <p><b>Vaginal Births:</b> 935 annual (78 monthly)</p> <p><b>Cesarean Births:</b> 280 annual (23 monthly, approx. 23% of births)</p> <p><b>Newborns:</b> 1222 annual (102 monthly)</p> <p><b>Newborn Transfers:</b> 36 annual (3 avg /month)</p> <p><b>Maternal Transfers to High Risk Facility:</b> 45 annual (4/month)</p> <p><b>Outpatient Triage/Testing/Evaluations:</b> 1126 annual (93/month)</p> <p>ADT levels vary widely requiring fluctuations in staffing guided by patient and staff safety.</p> <p><b>Admission/Discharge/Transfers per shift:</b> Average 3 on day shift and 2 on night shift. Both scheduled and unscheduled admissions average approximately 60 minutes. Discharge and transfer times average 60 minutes.</p> <p><b>Average census: 10</b></p>	

<b>Silverton Medical Center Nursing Staffing Plan – Women’s Services</b> <b>Date of Review: May 29, 2024      Date approved: May 29, 2024      Effective Date: May 29, 2024</b>		Additional Details/Law Requirement s
<b>Admissions,            Discharges,            Transfers            cont.</b>	<p>The graphs represent fluctuations in nurse workload by hour in a 24-hour cycle, due to admitting, discharging, and transferring patient.</p>	



**Silverton Medical Center Nursing Staffing Plan – Women’s Services**

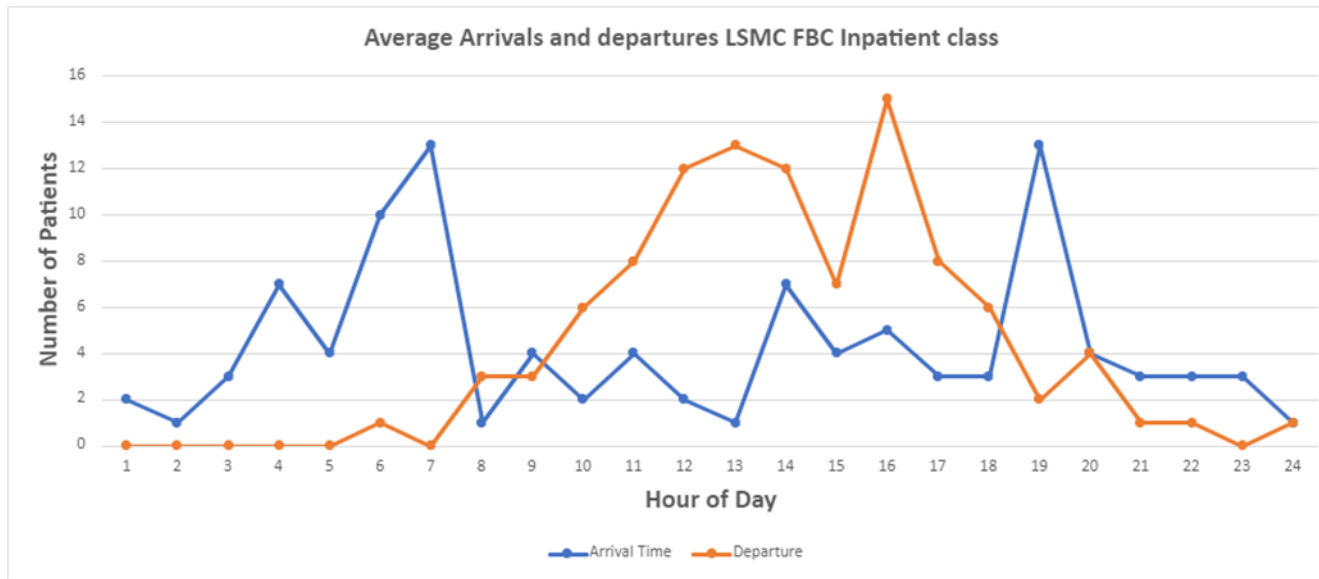
**Date of Review: May 29, 2024**

**Date approved: May 29, 2024**

**Effective Date: May 29, 2024**

Additional  
Details/Law  
Requirements

**Admissions,  
Discharges,  
Transfers  
cont.**



This graph represents the typical fluctuations in observation patient ADT.

Target  
staffing is  
based on this  
inpatient and  
observation  
patient data.

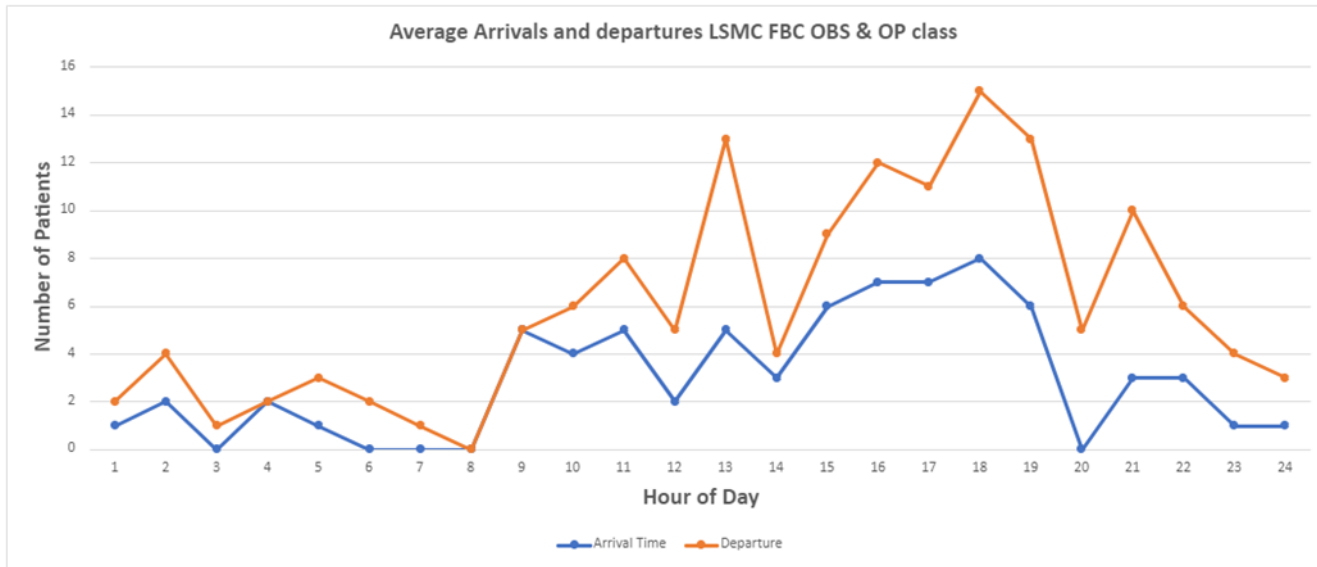
**Silverton Medical Center Nursing Staffing Plan – Women’s Services**

**Date of Review: May 29, 2024**

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**Effective Date: May 29, 2024**

Additional  
Details/Law  
Requirements



**Diversion**

**FBC Divert Protocol:**

The decision to initiate divert status will be based on census, patient acuity, nursing intensity, and potential bed availability and staffing.

<b>Silverton Medical Center Nursing Staffing Plan – Women’s Services</b>		Additional Details/Law Requirements
<b>Date of Review: May 29, 2024      Date approved: May 29, 2024      Effective Date: May 29, 2024</b>		
<b>Diversion cont.</b>	<p>If any nursing staff member finds that the patient care needs of the unit exceed the current staffing resources, they may initiate the divert status process by notifying the Charge Nurse. The Charge Nurse will include nursing staff when considering the need for divert.</p> <p>To avoid divert status, when all beds become full or the Charge Nurse anticipates this may occur, the CN in consultation with the provider, will expedite discharge or transfer of appropriate patients.</p> <p>The Charge Nurse will consult with the FBC Manager or Assistant Nurse Manager, hospital supervisor, FBC providers covering FBC pts or other nursing leadership to control admissions, facilitate transfers, determine potential need for delaying procedures, or recruit additional staff. The Manager or CNO makes the final decision re: divert status. This decision will be reevaluated regularly. The Manager or ANM, along with the CN and FBC staff will determine together when divert status is discontinued.</p> <p>When divert is deemed appropriate, the CN will notify the house supervisor, other Legacy FBC’s, and Silverton providers who are on call to the FBC at that time.</p>	
<b>Break and Lunch Considerations</b>	<p>The hours of care required to provide rest and meal breaks are considered at the time the staffing levels are determined. The presence of a Charge Nurse and other direct care staff within the department is also a consideration as these staff members are qualified to provide lunch coverage. The CN ensures available and appropriate staffing during meal breaks according to the staffing plan ratios described above.</p>	

Resource Documents

Legacy Health Policy – 900.4913 DAILY STAFFING: Simplicity Guidelines – Daily Staffing (May 2024)

Legacy Health Policy – 900.4912 DAILY STAFFING: Simplicity Guidelines – Scheduling (May 2024)

Legacy Health Policy – 900.3012 Nurse Staffing Policy (May 2021)

**Legacy Health Silverton HNSC Staffing Plan – Emergency Department**

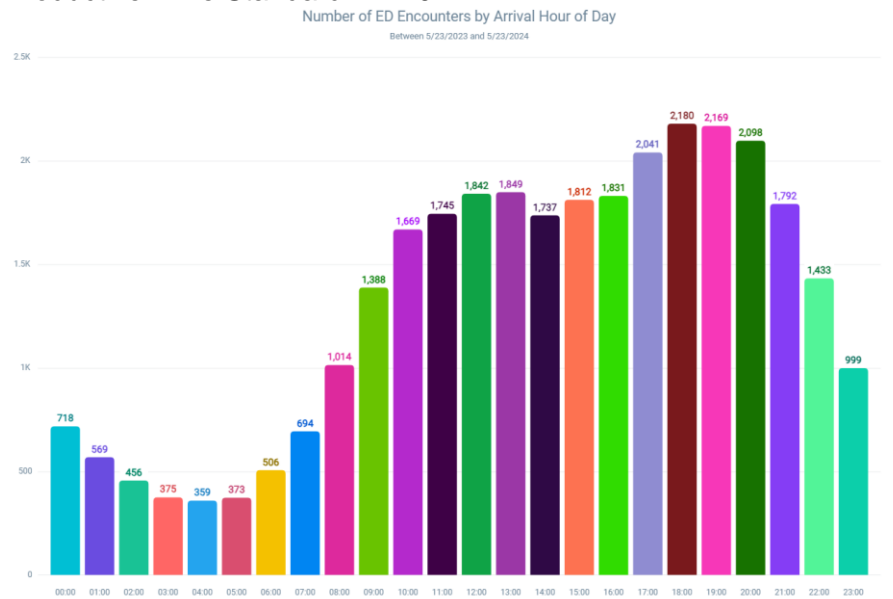
<b>Legacy Silverton Medical Center Nurse Staffing Plan – Emergency Department</b>		<b>Additional Details/Law Requirements</b>
<b>Date of Review:</b> May 29, 2024, <b>Date Approved:</b> May 29, 2024, <b>Effective Date:</b> May 29, 2024		
The primary goal of the committee shall be to ensure that the hospital is staffed sufficiently to meet the health care needs of the patients in the hospital.		
<b>Patient Population</b>	<input checked="" type="checkbox"/> Adult/Geriatric <input checked="" type="checkbox"/> Pediatric <input checked="" type="checkbox"/> Neonate <input type="checkbox"/> Cardiac Telemetry <input type="checkbox"/> Critical Care <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Medical Surgical <input type="checkbox"/> NICU <input type="checkbox"/> Step-down <input type="checkbox"/> Women’s & Newborn <input type="checkbox"/> OR <input type="checkbox"/> PACU <input type="checkbox"/> Pre-procedural unit (Short Stay, DTU) <input type="checkbox"/> Procedural unit (Endo, cath lab)	
<b>Specialized Staff Qualifications and Competencies</b>	<p><b>Qualifications:</b></p> <p><b>Education:</b> Graduation from accredited nursing program, Bachelor of Science in Nursing preferred</p> <p><b>Experience:</b> One-year registered nursing experience or completion of either the Legacy Health RN Residency program or a nursing program that is equivalent in content, curriculum, and duration.</p> <p><b>Licensure:</b> Current applicable state Registered Nurse (RN) license required. American Heart Association Basic Life Support for Healthcare Providers.</p> <p><b>Competency:</b></p> <p><b>On hire:</b> RNs complete the specialty Emergency Department (ED) competency validation tool. For those nurses who have worked in a unit before the specialty validation tool was implemented evidence of daily work provides the demonstration of competency.</p> <p>RNs with less than 1 year experience hired since September 2010 participate in the Legacy RN residency program, which includes general and specialty curriculum. These nurses complete the specialty competency validation tool. (Feb 2017 Silverton, August 2017 Unity)</p> <p><b>On-going competency:</b> Competency and specialty requirements and content is provided based on the unit or specialty professional development plan.</p>	
<b>Acuity and Nursing Intensity</b>	ED arrivals, departures, and acuity by the hour and day of the week are reviewed (See attached graph page 4). The minimum number of RNs per day and shift start times are determined based on this data and nursing intensity. The average nursing time required for admits, discharges, and transfers, along with acuity, helps determine intensity.	

Legacy Silverton Medical Center Nurse Staffing Plan – Emergency Department		Additional
Date of Review: May 29, 2024, Date Approved: May 29, 2024, Effective Date: May 29, 2024		Details/Law Requirements
	<p>Decisions regarding real time staffing are made by the charge nurse on duty who can account for variations in census, intensity, acuity, and staff skill mix. The typical nurse to patient ratio is one RN to four patients (1:4). The ratio is modified based upon patient acuity and required level of care (intensity). Patients requiring critical care or closer observation will necessitate a lower ratio while those requiring fewer resources can be managed at a higher ratio. The dynamic environment and changing patient care needs within the emergency department are managed through real-time assignment modifications by the charge nurse. In general, but not always, patient needs are reflected through the Emergency Severity Index (ESI).</p> <p>ESI is an evidence-based triage acuity tool used in emergency services (AHRQ, 2012). Based on the Emergency Severity Index (ESI) model, patients presenting to the ED are assessed by the RN and the patient is assigned an ESI score. This score is used to triage patients, based on acuity, to determine the allocation of resources, e.g., order with which patients should be seen and treated. Patients with a lower ESI score (higher acuity) should be prioritized to receive lifesaving resources first.</p> <ul style="list-style-type: none"> <li>• <b>LEVEL 1 - Resuscitation:</b> Patient exhibits signs and symptoms that are life or limb threatening or will result in permanent physical impairment if not treated immediately. Patient is taken to the treatment area immediately for continuous assessment. (e.g. cardiac arrest, respiratory arrest, critically injured trauma patients who presents unresponsive, overdose with a respiratory rate of 6)</li> <li>• <b>Level 2- Emergent:</b> Prompt attention within 30 minutes for treatment. Elevated risk situations, requiring multiple resources (e.g. chest pain, seizures, diabetic ketoacidosis, change in mental status, speech deficits, motor weakness)</li> <li>• <b>Level 3- Urgent:</b> Patients with significant illness or injuries requiring attention within 2 hours. Uses two or more resources to manage care. (e.g. abdominal pain).</li> <li>• <b>Level 4 – Non-Urgent:</b> Patients with minor injuries or illness. Attention would be delayed for up to 4 hours without harm to the patient. Requiring one resource. (e.g. dysuria, simple laceration)</li> </ul>	

<b>Legacy Silverton Medical Center Nurse Staffing Plan – Emergency Department</b>		<b>Additional Details/Law Requirements</b>
<b>Date of Review:</b> May 29, 2024, <b>Date Approved:</b> May 29, 2024, <b>Effective Date:</b> May 29, 2024		
	<ul style="list-style-type: none"> <li>• <b>Level 5 – No Resources:</b> Patients that require no resources or interventions needed. (e.g. rash, prescription refill).</li> </ul> <p>At shift change and throughout the shift, the Charge RN reviews the unit matrix to determine staffing assignments in addition to using the Nursing Staffing Plan for minimum ratios. In addition, the charge RN works with direct care staff RNs to understand acuity and intensity of care being provided.</p> <ul style="list-style-type: none"> <li>• Direct care staff RNs will be trained in specific guidelines to escalate patient acuity and patient concerns to charge RN throughout shift.</li> <li>• Charge RN will escalate a plan to support a change in acuity.</li> </ul>	
<b>Admissions, Discharges, Transfers</b>	<p><b>Admissions, Discharges, Transfers Per Shift:</b></p> <p>ADT levels vary widely requiring fluctuations in staffing guided by patient and staff safety.</p> <p>Average times for 5/2023 to 5/2024 based on data derived from Slicer Dicer in Epic:</p> <ul style="list-style-type: none"> <li>• Admission Time – average of 404 minutes</li> <li>• Discharge Time – average of 396 minutes</li> <li>• Transfer Time – average of 487 minutes</li> </ul>	

**Productive Time Standard**

Productive Time Standard: 2.270



**Unit Staffing**

The Emergency Department staffs with RNs and Paramedics/ED Techs. Current staffing patterns specifically shift start times and number of nurses and Paramedics/ED Techs scheduled are determined by referencing historical volumes as represented by the ED Arrival Times with consideration of historical acuity (ESI score) and the nursing intensity of those arrivals.

Based on the historical data of arrival times and acuity, the following table (page 5) is used to determine the number of nursing staff to schedule by hour of day. The daily unit RN staffing allows for adequate nursing coverage in the ED, including during meal and rest periods without falling below department prescribed minimums. Depending on actual volume experienced, Legacy does utilize flexing, delayed start or cancellation processes when indicated.

<b>Daily Unit RN Staffing</b>	<b>Daily Unit RN Staffing</b>			
		<b>RN</b>	<b>Charge RN</b>	
	<b>0000</b>	5	1	
	<b>0100</b>	4	1	
	<b>0200</b>	4	1	
	<b>0300</b>	3	1	
	<b>0400</b>	3	1	
	<b>0500</b>	3	1	
	<b>0600</b>	3	1	
	<b>0700</b>	3	1	
	<b>0800</b>	3	1	
	<b>0900</b>	3	1	
	<b>1000</b>	3	1	
	<b>1100</b>	4	1	
	<b>1200</b>	5	1	
	<b>1300</b>	6	1	
	<b>1400</b>	6	1	
	<b>1500</b>	7	1	
	<b>1600</b>	7	1	
	<b>1700</b>	7	1	
	<b>1800</b>	7	1	
	<b>1900</b>	7	1	
	<b>2000</b>	7	1	
<b>2100</b>	7	1		
<b>2200</b>	7	1		
<b>2300</b>	6	1		
<b>Break and Lunch coverage plan</b>	<p>Charge RNs will be aware of and managing the flow of meals/breaks. RNs will be relieved of their assignments during their meals/breaks by a designated coverage plan which may be specific by unit, division or site.</p> <p>If meal/break coverage is unavailable for this shift, the unit will follow the following general escalation pathway:</p>			



	<ol style="list-style-type: none"> <li>1) Charge RN works with frontline RN to evaluate what options are available in-unit or in-division for resolution.</li> <li>2) Charge RN recruits additional staff per the standard staff recruitment processes.</li> <li>3) Charge RN notifies the unit manager or House Nursing Supervisor for awareness or assistance they may be able to provide.</li> <li>4) If applicable and if unable to resolve, Nurse House Supervisor notifies Administrator on Duty of need to close beds to admission and/or go on divert.</li> <li>5) In the event of a patient surge, the Chief Nursing Officer may approve the use of Contingency Staffing Standards.</li> </ol> <p><b>Provision of meal and rest periods</b></p> <p>The following are strategies used to facilitate rest and meal periods:</p> <ul style="list-style-type: none"> <li>• Staff RNs will provide coverage for each other's breaks and lunch relief.</li> <li>• A mid shift RN is assigned to start lunch relief.</li> <li>• Charge Nurse also provides breaks and lunches.</li> <li>• The manager and assistant manager will also cover breaks and lunches as needed.</li> </ul>	
<p><b>National Standards - Governing Body Staffing Recommendations</b></p>	<p>Per Oregon statute the minimum number of RNs required to be in the department if a single patient is present is two RNs. The standard at Legacy Silverton Medical Center, expanded beyond both the Oregon statute and ENA staffing guideline minimum of two (ENA, 2012), is that a minimum of three RNs be present in the department, including during prescribed meal and rest periods.</p> <p>Real time staffing is based on predications from historical data and expertise of the charge nurse. The charge nurse is empowered to determine the number of staff needed based on the current flow of patients, acuity, and intensity in the ED if the three-nurse minimum is met, including during prescribed meal and rest periods. During their shift, the charge nurse makes the decision based on expert knowledge, low patient census and low acuity to send staff home or request that staff start the shift later than scheduled. The unit staffs a mix of RNs and Paramedics/ED Techs to provide a safe skill mix for patients. Consideration is taken upon hiring RNs and Paramedics/ED Techs to maintain a balance of novice to expert skill mix.</p>	
<p><b>Divert</b></p>	<p>Divert status is a temporary diversion of ambulance traffic via the HOSCAP communication system. HOSCAPS communicates to the local emergency medical services agencies that the department is at capacity (either physical bed capacity or resource capacity due to acuity).</p> <p><b>Management of patient flow and divert:</b></p>	

	<ol style="list-style-type: none"> <li>1. The unit charge nurse in consultation with the direct care nursing staff determines if staffing adjustments need to be made outside the normal staffing patterns, these adjustments are made within the context of the unit staffing plan.</li> <li>2. If a direct care staff member finds that the patient care needs of the unit exceed the current staffing resources, they need to notify the charge nurse.</li> <li>3. The charge nurse will work with the unit managers, nursing leadership or hospital supervisor to control admissions, facilitate transfers or recruit additional staff.</li> </ol> <p>If any nursing staff member finds that the patient care needs of the unit exceed the current staffing resources, they may start the diversion process by notifying the charge nurse. The charge nurse will work with the manager or assistant nurse manager, hospital supervisor, or nursing leadership to control admissions, facilitate transfers or recruit additional staff.</p>	
<b>Environmental Factors</b>	<b>Unit Size:</b> The Emergency Department is a twenty-bed unit with two Triage rooms	Level IV Trauma Center Designation
<b>Vacation Considerations</b>	Vacations and APL days exceeding the two-week period during prime time, require managers approval. Prime time is defined as June through September, the week of Thanksgiving, the last two weeks of December and Spring break. Two RNs may be on vacation at the same time if skill mix and appropriate staffing is maintained with managers or ANM approval. [OBJ]	

Resource Documents

Legacy Health Policy – 900.4913 DAILY STAFFING: Simplicity Guidelines – Daily Staffing (May 2024)

Legacy Health Policy – 900.4912 DAILY STAFFING: Simplicity Guidelines – Scheduling (May 2024)

Legacy Health Policy – 900.3012 Nurse Staffing Policy (May 2021)

**Legacy Health Silverton HNSC Staffing Plan – Surgical Services**

<b>Legacy Silverton Medical Center Nurse Staffing Plan – SURGICAL SERVICES</b>		<b>Additional Details/Law Requirements</b>
<b>Date of Review: June 3, 2024      Date Approved: June 10, 2024      Effective Date: June 10, 2024</b>		
<p>The primary goal of the committee shall be to ensure that the hospital is staffed sufficiently to meet the health care needs of the patients in the hospital.</p>		
<b>Patient Population</b>	<input checked="" type="checkbox"/> Adult/Geriatric <input checked="" type="checkbox"/> Pediatric <input type="checkbox"/> Neonate <input checked="" type="checkbox"/> Women’s & Newborn  <input type="checkbox"/> Cardiac Telemetry <input type="checkbox"/> Critical Care <input type="checkbox"/> Emergency <input type="checkbox"/> Medical Surgical <input type="checkbox"/> NICU <input type="checkbox"/> Step-down  <p>The patient population served by the Surgical Services Department consists of pediatric, (≥ 5 years of age), adolescent, adult and geriatric patients with a diagnosis that require surgical or endoscopic services.                      The Surgical Services Department encompasses the Operating Room, Post Anesthesia Care Unit (PACU), Surgical Day Care (Short Stay) and the Endoscopy Lab.                      Scope of Services for Surgical Services include general, ENT, ophthalmic, urological, orthopedic, podiatry, GI, OB/GYN, Endoscopy, vascular and plastic surgery.</p>	
<b>Specialized Staff Qualifications and Competencies</b>	<p><b>Qualifications:</b>  <b>Education:</b> Graduate from an accredited Nursing Program, BSN preferred  <b>Experience:</b> One-year registered nursing experience or completion of either the Legacy Health RN Residency program or a nursing program that is equivalent in content, curriculum, and duration.  <b>Licensure:</b> Current applicable state RN license required. AHA BLS for Healthcare Providers.  <b>Competency:</b></p>	<p><b><u>Additional Requirements</u></b></p> <p><b><u>Short Stay and PACU</u></b></p> <ul style="list-style-type: none"> <li>• ACLS, PALS, BLS</li> </ul>

Legacy Silverton Medical Center Nurse Staffing Plan – <b>SURGICAL SERVICES</b>		Additional Details/Law Requirements
<b>Date of Review: June 3, 2024      Date Approved: June 10, 2024      Effective Date: June 10, 2024</b>		
	<p><b>On hire:</b> RNs complete the perioperative competency validation tool. For those nurses who have worked in the unit before the specialty validation tool was implemented evidence of daily work provides the demonstration of competency. RNs with less than 1-year experience hired since February 2017 participate in the Legacy RN peri-operative residency program, which includes AORN specialty curriculum. These nurses complete the specialty competency validation tool.</p> <p><b>On-going competency:</b> Competency and specialty requirements and content is provided based on the unit or specialty professional development plan.</p>	<p><b><u>Endoscopy &amp; Operating Room RN</u></b></p> <ul style="list-style-type: none"> <li>• BLS, ACLS</li> </ul>
<b>Diagnoses and Procedures</b>	<p>Surgical Services provides a wide range of surgeries and procedures. This list includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Laparoscopic and Open Cholecystectomy</li> <li>• Laparoscopic and Open Appendectomy</li> <li>• Laparoscopic and Open Herniorrhaphy</li> <li>• Colon Surgery</li> <li>• Breast Biopsy/Mastectomy/Lumpectomy</li> <li>• Cystoscopy</li> <li>• TURP/TURBT</li> <li>• Ureteral Stent Placement</li> <li>• Arthroscopy of knees and shoulders</li> <li>• Total Joint Replacements of Hips/Knees/Shoulders</li> <li>• Carpal Tunnel Repair</li> <li>• Hysterectomy</li> <li>• Hysteroscopy</li> <li>• Laparoscopic GYN</li> </ul>	

Legacy Silverton Medical Center Nurse Staffing Plan – <b>SURGICAL SERVICES</b>		Additional Details/Law Requirements
Date of Review: June 3, 2024      Date Approved: June 10, 2024      Effective Date: June 10, 2024		
<b>Acuity and Intensity Factors</b>	<p>Procedural volumes vary, day to day and hour to hour (due to patient or procedure complexity, block schedule and unpredictability of patient population and timeliness of surgery schedule) the decisions regarding real time staffing level is determined by the Charge Nurses utilizing AORN, ASPAN, SGNA standards and patient safety.</p> <p>Procedures may be delayed or postponed based on unit activity/acuity, staffing, Patient ASA Status/Patient Acuity, staffing and bed availability. Factors considered for staffing include:</p> <ul style="list-style-type: none"> <li>○ Complexity of Procedure (Surgeon’s Assessment, Isolation Cases, Nurse Monitoring)</li> <li>○ Surgeon Preference (Surgical Assistants, Number of Scrub Personnel)</li> <li>○ Equipment Operation/Complex Technology Needs (Laser Operation, Minimally Invasive Surgery)</li> <li>○ Patient acuity, accompanying diagnoses i.e. RN patient monitoring, critical care support, transfusion needs, trauma level</li> <li>○ RN/Surgical Technologist (ST) skill levels and competency Skill level</li> <li>○ Surgical blocks and rooms available</li> </ul>	
<b>Acuity and Intensity Factors cont.</b>	<p>Acuity in the Surgical Services Department is based on the ASA levels. Anticipated staffing requirements for each case may change based on patient evaluation related to acuity (see ASA levels below) and their response to surgical intervention. The more complex the surgical or invasive procedure the more intense the required nursing care during admission, transfer, and discharge.</p> <p><b>ASA I</b> Healthy patient.  <b>ASA II</b> Patient with mild systemic disease; no functional limitation- i.e. smoker with well controlled HTN.  <b>ASA III</b> Patient with severe systemic disease; definite functional impairment i.e. DM and angina with relatively stable disease but requiring therapy.</p>	

Legacy Silverton Medical Center Nurse Staffing Plan – SURGICAL SERVICES			Additional Details/Law Requirements
Date of Review: June 3, 2024	Date Approved: June 10, 2024	Effective Date: June 10, 2024	
	<p><b>ASA IV</b> Patient with severe systemic disease that is a constant threat to life- i.e. DM and angina and CHF; patients have dyspnea on mild exertion and chest pain.</p> <p><b>ASA V</b> Unstable moribund patient who is not expected to survive 24 hours with or without the operation.</p> <p><b>ASA VI</b> Brain-dead patient whose organs are removed for donation to another.</p> <p><b>E</b> Emergency operation of any type, which is added to any of the 6 above categories,</p> <p>Anticipated staffing requirements can be altered by patient intensity which may be determined by, but not limited to the following factors: limited mobility; BMI; physical limitation (i.e. decreased joint flexibility). These factors may necessitate additional staff needs for positioning; transfers; and any other patient care needs required.</p>		
<b>OR Volumes/ Admissions/ Transfers/ Discharges</b>	<p>The Operating Room volume is dictated by the surgical block schedule (see attachment A) and number of procedures to be completed in the pre-determined block time. Additional procedures are accommodated in the open urgent/emergent room or placed at the end of the elective surgery schedule as an add-on procedure. Emergent procedures that need to be performed more expeditiously are accommodated by bumping an elective scheduled procedure if no other room or team is available. The bumping of cases is a surgeon to surgeon decision.</p> <p>Unit census varies by case complexity, surgical volume, and length of procedure. The unit is staffed based on historical volumes of day of the week and hour of day and adjusted for the actual activity in the department.</p> <p>Admission times vary by the type of procedure to be performed, and patient acuity. The average admit times, differentiated by type are as follows:</p> <ul style="list-style-type: none"> <li>• Endoscopy patients approximately 30 minutes.</li> <li>• Surgical patients approximately 60 minutes.</li> <li>• Total Joint patients approximately 90 minutes.</li> </ul> <p>The average PACU recovery time is 45 minutes, dependent on the type of anesthesia administered for procedure. The PACU patient is then transferred to SDC for Discharge or transferred to Med-Surg or ICU.</p>		<p>Average Annual Historical Volumes: Surgery procedures 2,500 Endoscopy 2,000</p>

**Legacy Silverton Medical Center Nurse Staffing Plan – SURGICAL SERVICES**

**Date of Review: June 3, 2024**

**Date Approved: June 10, 2024**

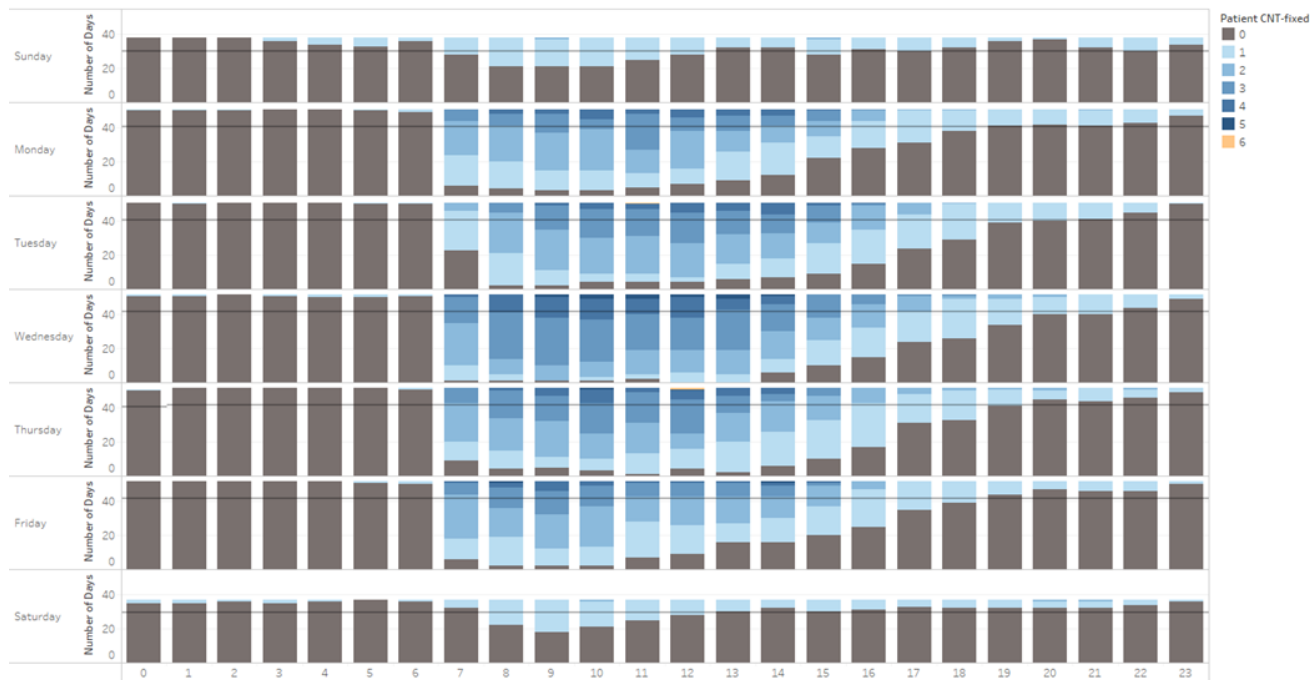
**Effective Date: June 10, 2024**

**Additional  
Details/Law  
Requirements**

The average discharge time from SDC for patient to leave hospital setting is approximately 60 minutes.

From admit discharging the average patient is cared for by one SDC RN + one OR/Endo RN & one Scrub Tech + one PACU RN to equal 3 RNs to equal a total of 3 RNs minimum.

Patients in LSH SURGERY by Weekday and Hour  
FY24



Distinct count of Merge\_DATE for each Merge\_DATE Hour broken down by Merge\_DATE Weekday. Color shows details about sum of Patient CNT-fixed. Details are shown for Merge\_DATE and Until Hour Hour. The context is filtered on Date (DateTime), which ranges from 4/1/2023 to 3/31/2024. The data is filtered on LOC\_NAME, which keeps LSH SURGERY. The view is filtered on Merge\_DATE Weekday, which keeps multiple members.

**Unit Hours per  
Patient Day**

Normal business hours:

- Short Stay is regularly staffed from 0530 to 1900 based on patient census. The operating room elective block schedule is open 0715 to 1700 .

Legacy Silverton Medical Center Nurse Staffing Plan – <b>SURGICAL SERVICES</b>		Additional Details/Law Requirements
Date of Review: June 3, 2024      Date Approved: June 10, 2024      Effective Date: June 10, 2024		
	<ul style="list-style-type: none"> <li>• PACU is open from 0700 until 1900.</li> <li>• Endoscopy is open 0700 - 1700.</li> </ul> After hours, weekends and holidays are staffed through call coverage	
<b>Unit Minimum Staffing</b>	<p>The Operating Room staffs with RNs in circulating roles and a combination of RNs/STs in scrub roles.</p> <p>Minimum staffing in the OR – 1RN per patient and 1 RN/Scrub per patient            Minimum core staffing after hours and weekends consists of the on-call team of 1 RN and 1 Scrub and 1 First Assist, and 1RN for PACU.</p> <p>Minimum staffing for the PACU Phase I - 1RN:2 patients    Phase II – 1RN:3 patients</p>	
<b>Unit Target Staffing</b>	<p>The target staffing ratio are not designed to reflect the minimum staffing required but the target for average patient workload (ADT, acuity, intensity, etc.) and surgical blocks. It is not uncommon for actual staffing to fluctuate based on these factors. The number of nurses for which lunch coverage is required is always considered.</p> <p>Additional staff: If the core RN staffing number or skill mix is unable to safely provide care for patients in the unit, the following are employed:</p> <ul style="list-style-type: none"> <li>• Recruitment of Surgical Services staff (Regular &amp; On Call) volunteers for partial or full shifts to cover needs.</li> <li>• Overtime and LSI may be used in accordance to policy.</li> <li>• Travel nurse assignments for long term deficiencies (i.e. extended FMLA)</li> <li>• Administrative RN's will take a patient load</li> </ul> <p>Minimum staffing if census is 0 (after hours, holidays and weekends):            1RN, 1 Surgical Technician on call and available within 30 minutes. 1 First Assistant (as needed) and 1 PACU RN on call and available within 1 hour. The OR RN, ICU RN or house supervisor may serve as the PACU 2nd RN after hours.</p>	<p>At least 1 RN and 1 Surgical Tech is on duty in the operating room when a patient is present.            At least 2 RN's are present in PACU Phase I or Phase II when a patient is present.</p> <p>At least 1 RN and 1 Surgical Tech is on duty in the Endoscopy suite when a</p>



<b>Legacy Silverton Medical Center Nurse Staffing Plan – SURGICAL SERVICES</b>			<b>Additional Details/Law Requirements</b>
<b>Date of Review: June 3, 2024</b>	<b>Date Approved: June 10, 2024</b>	<b>Effective Date: June 10, 2024</b>	

<b>Unit Target Staffing Continued</b>	<p><b><u>Operating Room</u></b>  <b>Target staffing 1 RN and 1 Surgical Technician per Operating Room</b></p> <p><b><u>Preoperative Holding</u></b>  <b>Target staffing 1 RN: 1-3 patients</b>  Staffing in the Pre-Op holding is based on but not limited to, the following criteria:</p> <ul style="list-style-type: none"> <li>• Number of patients</li> <li>• Number of operating room/ procedure rooms</li> <li>• Types of procedures</li> <li>• Average time in patient preparation (i.e., education, testing)</li> <li>• Patient acuity and complexity/intensity of care requirements (i.e., insertion of invasive lines, procedures, medication administration, preps)</li> <li>• Patient age specific needs</li> <li>• Average time to complete tasks</li> </ul> <p><b><u>PACU - Phase I Level of Care:</u></b>  <b>Class 1:1 - One nurse to one patient</b></p> <ul style="list-style-type: none"> <li>• At the time of admission, until the critical elements are met</li> <li>• Airway and/or hemodynamic instability <ul style="list-style-type: none"> <li>○ Examples of unstable airway include, but are not limited to the following: <ul style="list-style-type: none"> <li>▪ Requiring active interventions to maintain patency such as manual jaw lift or chin lift or oral airway</li> <li>▪ Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing etc.</li> <li>▪ Symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, cyanosis, etc.</li> </ul> </li> </ul> </li> <li>• Any unconscious patient 18 years of age and under</li> <li>• A second nurse must be available to assist as necessary</li> </ul>	patient is present.
<b>Unit Target Staffing Continued</b>	<p><b>Class 1:2 - One nurse to two patients</b></p>	

**Legacy Silverton Medical Center Nurse Staffing Plan – SURGICAL SERVICES**

**Date of Review: June 3, 2024      Date Approved: June 10, 2024      Effective Date: June 10, 2024**

**Additional  
Details/Law  
Requirements**

**Unit Target  
Staffing Continued**

- Two conscious patients, stable free of complications, but not yet meeting discharge criteria
  - Two conscious patients, stable, eight years of age and under, with family or competent support staff present, but not yet meeting discharge criteria
  - One unconscious patient, hemodynamically stable, with stable airway, over the age of eight years and one conscious patient, stable and free of complications
- Class 2:1 - Two nurses to one patient:**
- One critically ill, unstable, complicated patient.
- Phase II Level of Care:**  
Acuity is based on procedure performed, reason for admission, age, risk factors, blood loss, complexity of care and co-morbidities.
- Staffing should reflect patient acuity and complexity of care. In general, a 1:3 Three nurse patient ratio allows for appropriate assessment, planning, implementing care and evaluation for discharge as well as increasing efficiency and flow of patients through the Phase II area.
- Class 1:3 - One nurse to three patients**
- Over 18 years of age
  - 18 years of age and under with family present
- Class 1:2 - One nurse to two patients:**
- Initial admission of patient post procedure
  - Eighteen years and under without family or support staff present
- Class 1:1 - One nurse to one patient**
- unstable patient of any age requiring transfer to higher level of care
  - 5 years of age and under without family or support staff present

<b>Legacy Silverton Medical Center Nurse Staffing Plan – SURGICAL SERVICES</b>		<b>Additional Details/Law Requirements</b>
<b>Date of Review: June 3, 2024      Date Approved: June 10, 2024      Effective Date: June 10, 2024</b>		
	<p><b><u>Extended Level of Care</u></b>            Class 1:3/5 - Examples of patients that may be cared for in this phase include but are not limited to:</p> <ul style="list-style-type: none"> <li>• patients awaiting transportation home</li> <li>• patients with no care giver</li> <li>• Patients who have had procedures requiring extended observation/interventions (i.e., potential risk for bleeding, pain management, PONV, etc.)</li> <li>• Patients being held for inpatient bed</li> </ul>	
<b>Break and Lunch Coverage Plan</b>	<p>Provision of meal and rest periods: The following are strategies used to facilitate rest and meal periods as well as assist during emergencies:</p> <ul style="list-style-type: none"> <li>• Staff will provide coverage for each other per planning with the Charge Nurse ensuring an adequate number of staff remain to provide safe patient care.</li> <li>• In the OR the charge nurse assigns a break and lunch team.</li> <li>• Charge Nurse provides or assists with break and lunch coverage</li> </ul>	
<b>Environmental Factors</b>	<b>Unit Size</b> – 4 Operating Rooms, 2 Endoscopy Suites, 16 Short Stay beds, 5 PACU Phase I recovery beds	
<b>National Standards - Governing Body Staffing Recommendations</b>	American Society of Peri-Anesthesia Nursing Standards, Practice Recommendations, and Interpretive Statements 2015-2017	
<b>Divert and Closed to Admissions</b>	<p>Diversion: Surgical Services recognizes that census can fluctuate greatly due to available beds in the hospital and available beds in the community. Every effort will be made to maintain an available OR unless it is in use. The decision to go on divert is a house supervisor and/or medical staff decision based upon OR availability, patient acuity, available beds and/or the services provided by the facility.</p>	

<b>Legacy Silverton Medical Center Nurse Staffing Plan – SURGICAL SERVICES</b>		<b>Additional Details/Law Requirements</b>
<b>Date of Review: June 3, 2024      Date Approved: June 10, 2024      Effective Date: June 10, 2024</b>		
	<p>If any nursing staff member finds that the patient care needs of the unit exceed the current staffing resources, they may start the diversion process by notifying the charge nurse.</p> <p>The charge nurse will work with the manager or assistant nurse manager, hospital supervisor, or nursing leadership to control admissions, facilitate transfers or recruit additional staff.</p>	
<b>Vacation Considerations</b>	Vacations and APL days: Vacations are limited to a two-week period total during prime time. Prime time is defined as June through September and the week of Thanksgiving, last two weeks of December and Spring break.	

Resource Documents

Legacy Health Policy – 900.4913 DAILY STAFFING: Simplicity Guidelines – Daily Staffing (May 2024)

Legacy Health Policy – 900.4912 DAILY STAFFING: Simplicity Guidelines – Scheduling (May 2024)

Legacy Health Policy – 900.3012 Nurse Staffing Policy (May 2021)

**Legacy Health Silverton HNSC Staffing Plan STEPS**

<p><b>Nursing Staffing Plan Silverton Medical Center Nursing Staffing Plan – STEPS-Specialized Technical Expanded Patient Services a Department of Legacy Silverton Medical Center</b></p> <p><b>Date of Review: June 3, 2024      Date approved: June 10, 2024      Effective Date: June 10, 2024</b></p>		<p><b>Additional Details/Law Requirements</b></p>
<p>The primary goal of the committee shall be to ensure that the hospital is staffed sufficiently to meet the health care needs of the patients in the hospital.</p>		
<p><b>Patient Population</b></p>	<p>X Adult/Geriatric      x Adolescents 12 years old and older</p> <p>STEPS is an ambulatory outpatient department dedicated to the good health of the patients treated within it. Services provided include the administration of intravenous fluids, medications, medication injections, wound care, anticoagulation management, Central line care, urinary catheter care.</p>	
<p><b>Specialized Staff Qualifications and Competencies</b></p>	<p><b>Qualifications:</b></p> <p><b>Skills/Certification Requirements:</b> All Nursing Staff – AHA BLS for Healthcare Providers</p> <p><b>Registered Nurse:</b></p> <p><b>Education:</b> Graduation from accredited nursing program, BSN preferred</p>	

Nursing Staffing Plan Silverton Medical Center Nursing Staffing Plan – STEPS-Specialized Technical Expanded Patient Services a Department of Legacy Silverton Medical Center		Additional Details/Law Requirements
<p><b>Date of Review: June 3, 2024      Date approved: June 10, 2024      Effective Date: June 10, 2024</b></p>		
	<p><b>Experience:</b> One-year registered nursing experience or completion of either the Legacy Health RN Residency program or a nursing program that is equivalent in content, curriculum, and duration.</p> <p><b>Licensure:</b> Current applicable state RN license required.</p> <p><b>Competency:</b></p> <p><b>On Hire:</b> RNs complete the STEPS competency validation tool. For those nurses who have worked in a unit before the specialty validation tool was implemented, evidence of daily work provides the demonstration of competency.</p> <p><b>On-going competency:</b> Yearly hospital wide Skills Fair with STEPS specific competencies and ongoing Education as needed.</p> <p><b>CNAII:</b></p> <p><b>Qualifications:</b></p> <p><b>Education:</b> Graduation from accredited CNAII program</p> <p><b>Experience:</b> 1-year acute care experience preferred.</p> <p><b>Licensure:</b> Current applicable state CNAII license required.</p> <p><b>Competency:</b></p> <p><b>On Hire:</b> CNAII's complete the STEPS competency validation tool. For those CNAII's who have worked in a unit before the specialty validation tool was implemented, evidence of daily work provides the demonstration of competency.</p> <p><b>On-going competency:</b> Yearly hospital wide Skills Fair with STEPS specific competencies and ongoing Education as needed.</p>	
<b>Acuity and Nursing Intensity</b>	<p><b>Acuity:</b> <input type="checkbox"/> High <input checked="" type="checkbox"/> Average <input checked="" type="checkbox"/> Low (Based on Case Mix Index if available)</p> <p><b>Nursing Intensity:</b> <input type="checkbox"/> High <input checked="" type="checkbox"/> Average <input checked="" type="checkbox"/> Low</p> <p>Current staffing patterns are determined by daily schedules and historical data.</p> <ul style="list-style-type: none"> <li>At end of day Charge RN reviews the unit schedule and using STEPS acuity tool for next day to determine staffing assignments. In addition, the charge RN works with direct care staff RN to understand acuity and intensity of care being provided.</li> </ul>	<p>Acuity tool reviewed by STEPS Collaborative Practice group annually and as needed.</p> <p>Nursing care intensity is driven by the level of patient acuity as well as workload generated by care/services provided.</p>

Nursing Staffing Plan Silverton Medical Center Nursing Staffing Plan – STEPS-Specialized Technical Expanded Patient Services a Department of Legacy Silverton Medical Center		Additional Details/Law Requirements																																																
Date of Review: June 3, 2024      Date approved: June 10, 2024      Effective Date: June 10, 2024																																																		
	<ul style="list-style-type: none"> <li>The expectation of the bedside RN will be trained in specific guidelines to escalate patient acuity and patient concerns to charge RN throughout shift.</li> <li>Charge RN will escalate a plan to support a change in acuity.</li> </ul>																																																	
<b>Unit Minimum Staffing</b>	<table border="1"> <thead> <tr> <th></th> <th>Sunday</th> <th>Monday</th> <th>Tuesday</th> <th>Wednesday</th> <th>Thursday</th> <th>Friday</th> <th>Saturday</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Charge RN</td> <td>0</td> <td>1</td> <td>3</td> <td>1</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>RNs</td> <td>0</td> <td>3</td> <td>2</td> <td>3</td> <td>2</td> <td>3</td> <td>0</td> </tr> <tr> <td>CNA II</td> <td>0</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>RN to Silverton</td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>The STEPS Unit is staffed Monday-Friday from 7:30am - 6:00pm. Closed Weekends and some Holidays.</p> <p>Minimum staffing is 2 Nursing staff when there is a patient in the clinic.</p> <p><b>STEPS Core Staffing:</b> Consists of- RN's and CNA II's</p> <p>Every other Tuesday there is an extra RN on Tuesdays in Woodburn.</p> <p><b>Tuesdays 1 RN To Silverton for specialty medications.</b></p>		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Manager	0	0	0	0	0	0	0	Charge RN	0	1	3	1	1	1	0	RNs	0	3	2	3	2	3	0	CNA II	0	1	1	1	1	1	0	RN to Silverton		1						At least one staff RN and one other staff nursing member is on duty in the unit when a patient is present, this applies when patient census is less than minimum staffing ratio. Minimum staffing levels may vary day to night shift due to changes in nursing intensity with admissions/transfers and discharges.
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday																																											
Manager	0	0	0	0	0	0	0																																											
Charge RN	0	1	3	1	1	1	0																																											
RNs	0	3	2	3	2	3	0																																											
CNA II	0	1	1	1	1	1	0																																											
RN to Silverton		1																																																
<b>Break and Lunch coverage plan</b>	Patients are not scheduled between 12 and 1 pm to allow time for charting and meal breaks. Staff will provide coverage for each other's rest and meal breaks. The charge nurse and or Manager or designee may also provide rest and meal breaks.																																																	
<b>National Standards - Governing Body Staffing Recommendations</b>	There are no evidence-based staffing standards or guidelines to follow for outpatient services such as STEPS.																																																	

<b>Nursing Staffing Plan Silverton Medical Center Nursing Staffing Plan – STEPS-Specialized Technical Expanded Patient Services a Department of Legacy Silverton Medical Center</b>		<b>Additional Details/Law Requirements</b>
<b>Date of Review: June 3, 2024      Date approved: June 10, 2024      Effective Date: June 10, 2024</b>		
<b>Divert and Closed to Admissions</b>	<p><b>Divert and Patient Surges:</b></p> <p>Divert status is a temporary diversion of scheduled patients. Charge Nurse will notify Manager, House Supervisor (or Representative) that the department is at capacity (either physical chair capacity, or resource capacity due to acuity and or staffing. The department may go on divert if it is necessary for patients and staff safety.</p> <p>Management of patient flow and divert:</p> <ol style="list-style-type: none"> <li>a. The unit charge nurse in consultation with the direct care nursing staff</li> <li>b. determines if staffing adjustments need to be made outside the normal staffing patterns, these adjustments are made within the context of the unit staffing plan.</li> <li>c. If a direct care staff member finds that the patient care needs of the unit exceed the current staffing resources, they need to notify the charge nurse.</li> <li>d. The charge nurse will work with the unit manager, nursing leadership or hospital supervisor to assist in meeting the staffing plan.</li> </ol> <p>The charge nurse will work with the manager or assistant nurse manager, hospital supervisor, or nursing leadership to control admissions, facilitate transfers or recruit additional staff.</p>	

Resource Documents:

Legacy Health Policy – 900.4913 DAILY STAFFING: Simplicity Guidelines – Daily Staffing (May 2024)

Legacy Health Policy – 900.4912 DAILY STAFFING: Simplicity Guidelines – Scheduling (May 2024)

Legacy Health Policy – 900.3012 Nurse Staffing Policy (May 2021)