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Nurse Staffing Plan

Facility: Sky Lakes Medical Center
Received Date: June 3, 2024
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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

SKY LAKES MEDICAL CENTER

Sky Lakes Medical Center Nurse Staffing Plan		
Department: ACD		
Approval Date: 05/22/2024		
Effective Date: 06/01/2024		
UNIT DETAILS	**STAFFING**	**STANDARDS**
Unit Description The Ambulatory Care Department (ACD) is open Monday through Friday 0545-1815. ACD is a 10-bed outpatient unit that primarily provides pre and post procedural care for Interventional Radiology and Cardiology patients, however, does care for outpatients that need infusions, foley catheter exchanges, trach changes, etc. The 10-bed unit includes the following room types: 10 private rooms. There is one negative pressure room. Refer to Ambulatory Care Department Structure Standards. **Patient Population/Diagnoses** • Alcoholic cirrhosis • Thyroid nodule • Atherosclerotic heart disease • Other ascites • Pleural effusion • Nontoxic multinodular goiter • Vascular device insertion • Aortic stenosis • Small B cell lymphoma	**Staffing Summary** Please see attached staffing grid. If CNA staffing is not available per the staffing grid, assignments shall be adjusted, and additional RN resources shall be made available. Patient acuity and intensity shall be taken into consideration. The charge nurse is counted in core staffing and shall take patients per the staffing grid. The charge nurse shall determine the number of staff needed for the oncoming shift and throughout the shift to ensure the number of staff and appropriate skill mix are available to ensure safe patient care. Charge nurses, in collaboration with Hospital Supervisor/Bed Coordinator, track ADT data throughout the shift and this data is used to plan for adequate staff to care for expected admissions, transfers, and discharges. Census and acuity fluctuations are managed by bringing in nursing staff to care for the number of patients present and expected. These staff can be core ACD nursing staff, nursing staff from other departments who are cross-trained and/or otherwise qualified, or Flex Team staff. ACD RN's admit patients for same-day discharge procedures, including IV starts, admissions, assessments, telemetry monitoring and pre-procedure medication administration. When recovering patients post procedure, RNs assess/monitor every 15-30 minutes until discharge as well as provide education to patients and family. RN's for ACD can also be used to monitor MRI pacemaker patients and support general anesthesia cases in diagnostic imaging department if staffing allows. The ACD staff will have a plan for staffing and bed capacity for the first and second shift admission. **Minimum Staffing** ACD must be staffed with at least one RN and one other licensed nursing personnel when one or more patients are present.	**Qualifications and Competencies** Please refer to the Ambulatory Care Department Unit Qualifications and Competencies spreadsheet for details. **Orientation and Annual Competency** All nurses in the Ambulatory Care Department are oriented and trained upon hire to the unit to demonstrate competency in direct care of the aggregate patient population served. Skills checklists, continuing education and competencies are documented in the organization's electronic learning management system (LMS). Each nursing staff member receives annual skills training and competency validation through the organization's electronic learning management system, Skills Fairs, online courses, classroom education, direct education, and policy review. This ensures the skill mix of the nursing staff in the Ambulatory Care Unit is consistent among the individual nursing staff members. Please refer to the Ambulatory Care Unit Qualifications and Competencies spreadsheet for additional details. **Nationally Recognized Standards and Guidelines** American Academy of Ambulatory Care Nursing. (2023). *Scope and standards of*

	If CNA staffing is not available per the attached grid, assignments will be adjusted, and additional RN resources will be made available to provide total patient care. Total patient care assignments will consist of no more than 3 low to medium acuity patients. Direct care registered nurse-to-patient ratio for an individual patient shall be based on a licensed independent practitioner's classification of the patient, as indicated in the patient's medical record, regardless of the unit where the patient is being cared for. **Charge Nurse** The charge nurse may take a patient assignment, including for the purpose of covering staff on meal and rest breaks. The charge nurse may take a partial assignment or no assignment dependent on the staff skill mix, acuities, intensities, and other factors that may be relevant at the time. The charge nurse shall have a plan for staffing and bed capacity for the first and second admissions. **Acuity and Intensity** Staffing for patient care on ACD considers acuity and intensity using the following criteria: • Patient volume • Nursing intensity • Complexity of patient's condition, assessment and required nursing care • Knowledge and skills required of nursing staff to provide care • Degree of supervision required of nursing staff members • Type of technology involved in patient care • Infection control and safety issues • Continuity of patient care • Patient conditions that may contribute to a higher level of intensity on the ACD Department include but are not limited to: • Active chest pain not responding to treatment • Combative/agitated patients • IV cardiac med titration • Respiratory distress; trach care • Medications or treatments every 1 hour or more frequently • Frequent VS or CBG monitoring	*practice for professional ambulatory care nursing (10th ed.).*

- Unstable patient: assessing every 15-60 minutes to monitor condition and responses/Unstable COBRA transfer/physiologically unstable with treatment or Rapid Response
- CIWA patient with high score
- Complex patient/family dynamics and communication needs
- Comfort care with hourly intervention and family support
- Complicated wound care
- Dementia/delirium
- Bariatric patient
- Post procedural sedation patients

Policy specific patient care that shall contribute to a higher level of acuity on the ACD Unit and require adjusted ratios:

- Insulin infusion

Call

The ACD does not participate in mandatory call. However, the ACD nurses cross-trained in Diagnostic Imaging must participate in mandatory call for Diagnostic Imaging. Call is assigned at the beginning of the year and rotates every 5th or 6th weekend. Nursing staff can sign up for call shifts voluntarily as mutually beneficial to the staff member and the ACD Department.

Meal and Break Relief:

Meal and break relief shall be approached in a collaborative manner between staff and Hospital Supervisor/Manager/Director. The goal is to provide a resource that ensures that caregivers receive uninterrupted rest and meal breaks while maintaining safe patient care that continues through the meal and rest periods.

Meal and break coverage resources may be provided by:

- Core ACD staff
- Flex team coverage
- Resource nurse coverage
- Hospital Supervisor/Manager

Meal break planning shall be initiated at the beginning of the shift in collaboration with the Hospital Supervisor/Manager/Director. The Charge Nurse Shift Report Form shall be used as the meal break planning tool. The charge nurse to the Hospital Supervisor/Manager/Director as soon as possible shall

	communicate any identified external meal coverage needs to help facilitate coverage. Minimum numbers of nursing staff shall be maintained during meal and rest breaks. If ACD can “flex down”, the Hospital Supervisor/Manager/Director shall assess lunch coverage and needs that can be provided prior to sending the staff member home.	

SKY LAKES MEDICAL CENTER

Sky Lakes Medical Center Nurse Staffing Plan		
Department: Cath Lab		
Approval Date: 05/22/2024		
Effective Date: 06/01/2024		
UNIT DETAILS	**STAFFING**	**STANDARDS**
Unit Description The Cardiac Cath Lab is a 2-room Diagnostic and Therapeutic Unit, which is staffed 5 days a week from 0730-1800 on Tuesday through Thursday and from 0800-1630 on Mondays, but is available 24 hours a day, 7 days a week. The 2-room unit includes the following: • 1 Large Philips FD10 room used primarily for cardiac procedures. • 1 Small Philips Azurion 7 hybrid room used for cardiac, peripheral and IR procedures. **Patient Population/Diagnoses** Cath Lab provides both emergency and diagnostic care for patients requiring invasive cardiovascular procedures. Our most common patient diagnoses are as follows: 1. Myocardial Infarction 2. Acute Coronary Syndromes 3. Valvular Diseases 4. Heart Blocks and/or other Electrical disease processes 5. Pulmonary Hypertension/Diseases 6. Pulmonary Embolus	**Staffing Summary** The Cath Lab will be staffed with a minimum of 1 RN and 1 RT(R), per operating room, during all operational hours, Monday through Friday 0800 0800-1630 (minus holidays) and will always have at least 1 RN and 1 RT(R) on call, with a minimum of 4 people on call at all times. In the event the Cath Lab manager is unavailable or absent, a charge nurse or tech will be assigned. The charge nurse/coordinator does not scrub cases if possible so they can be available to facilitate unit needs as needed. If there are no scheduled procedures or if scheduled procedures are completed for the day, MRO may be asked of the staff, but the minimum amount of staffing required to operate would remain on call (per the assignment of the Cath Lab manager) to cover the remainder of the shift, in order to care for emergent procedures that may arise prior to the start of the call shift. Staffing for patients in the Cath Lab will be based on collaboration between Cath Lab Manager, Nurse Supervisor/ICU Clinical Manager and/or Director of Interventional Services/Diagnostic Imaging and will take into consideration staff skill mix/experience and patient acuity. In general, the only occurrence when staffing needs to be adjusted in the Cath Lab is when a STEMI, or at times, 2 STEMIs come into the ER at once. During which time, if staffing allows, STEMIs will always take precedence over other procedures. There are times in which the room that is not being occupied may also be prepped for the incoming STEMI while the other room is occupied. In the event of 2 STEMIs coming in at the same time, if there are enough staff to operate two rooms and another physician present, then we can treat 2 STEMIs at the same time, however if there aren't enough staff that particular day or no other physician is available, it is up to the discretion of the physician which STEMI needs to be seen first and/or if a patient should be diverted for more urgent treatment. All STEMIs are being tracked in a physical logbook in the Cath Lab. Procedures such as interventions, IR, as well as STEMIs are color coded. Times in and out of	**Qualifications and Competencies** Please refer to Cath lab Qualifications and Competencies spreadsheet for details. • BLS (obtained within 2 months of hire date) • ACLS (obtained within 6 months of hire date) • Moderate Sedation (obtained within 6 months of hire date) • Basic EKG (obtained within 6 months of hire date) • Suturing competency, if applicable • Arterial Access competency, if applicable **Nationally Recognized Standards and Guidelines** Academy of Medical-Surgical Nurses-AMSN. (Updated 10/2020). Staffing Standards for Patient Care https://www.amsn.org American Nurses Association. Code of Ethics for Nurses (2015) https://www.nursingworld.org American Nurses Association. Optimal Nurse Staffing to Improve Quality of Care and Patient Outcomes: Executive Summary (September 2015) https://www.nursingworld.org/~4ae116/globalassets/practiceandpolicy/advocacy/ana_opt

SKY LAKES MEDICAL CENTER

	the lab are also recorded along with comments to show representation of acuity and intensity. **Call** The Cath Lab is a 24-hour, seven-day department and so requires that RNs and RT(R)'s be on call a set amount of time. Currently, that requires each staff member in the Cath Lab to take call two days per week for two weeks and one weekend every 3rd week. Call begins at 1630 Monday through Friday and ends at 0800 the following morning during the week and is 24 hours per day on weekends. This can result in mandatory overtime, based on the fact that Stand-by is a requirement of the position. Each call team is comprised of four individuals, with at least one RN and one RT(R), and a combination of the two to round out the team. **Assignments:** The Cath Lab Manager or acting lead will determine room and role assignments for each procedure for the day, assuring that each procedure consists of at least one RN and one RT(R). All invasive procedures in which moderate sedation is being administered requires that a circulator has no additional duties other than administering medications and monitoring the patient. In the instance that other duties are required to complete the procedure an additional circulator is assigned to the procedure along with a scrub tech and monitor tech. These procedures require a 4 staff member team, and roles are assigned based on staff qualifications, experience, and where the best fit is to provide the best and safest care possible. **Meal and Break Relief:** Meal and break relief shall be approached in a collaborative manner between staff and Cath Lab Manager. The goal is for each staff member to receive two 15-minute breaks, and a 30-minute lunch, depending on the acuity of our patients at the time. Staff members are responsible for relieving teammates for lunch, assuring that at least one RN and one RT(R) are involved in a procedure at any given time. Meal and Break coverage resources may be provided by: • Teammates free of any direct duties	imal-nurse-staffing_white-paper-es_2015sep.pdf Responsibilities of a Cath Lab RN by Luanne Kelchner, updated by Dr. Kelly S. Meier (September 10, 2020) http://work.chron.com/responsibilities-cath-lab-rn-18933.html STEMI Interventions: Searching for the Key to D2B by Dan Scharbach, Regional Director, Invasive Cardiovascular Services Providence Health System, Portland Service Area, Portland, Oregon (January 2008) https://www.hmpgloballearningnetwork.com/site/cathlab/articles/stemi-interventions-searching-key-d2b

	• Cath Lab Manager • A break between cases, which the physicians are aware of All staff are responsible for the following: • Be prepared to take break when coverage is available • Give a brief report to the staff member relieving you for break or lunch. • Highlight the list of tasks that need to be completed during break; being mindful of the tasks that can reasonably be completed during the break period. The patient's experience should be seamless. • Return punctually In the event of a missed meal break, the staff member should promptly report it on their paper timecard with reason, so it can be reflected in Kronos and the staff member paid for their missed time.	

SKY LAKES MEDICAL CENTER

Sky Lakes Medical Center Nurse Staffing Plan		
Department: Diagnostic Imaging		
Approval Date: 05/22/2024		
Effective Date: 06/01/2024		
UNIT DETAILS	**STAFFING**	**STANDARDS**
Unit Description The Interventional Services/Diagnostic Imaging (DI) nursing staff provide care to patients receiving interventional radiological evaluation in the Sky Lakes Medical Center Interventional services/DI Department. Diagnostic Imaging is open 830-1700 Monday through Friday. The DI Nurse provides care for patients in the following rooms: 1-MRI Suite, 2-CT-Suites, 2-Ultrasound Suite, 1-Mammography Suite, and 2-Special Procedures Suites The DI nurse can provide moderate sedation throughout the hospital. **Patient Population/Diagnoses** DI patients include patients needing interventional radiological procedures required for assessment, diagnosis, and treatment of many disease processes. Diagnostic imaging interventional radiology patients include but are not limited to biopsies, drain placements, paracentesis, abscess drainages, lumbar punctures, port-a-cath placements, thoracenteses, myelograms and other I.R. procedures. **Call** On-call DI Nurse coverage is mandatory for DI procedures from 0700-1900 on weekends	**Staffing Summary** There is one full-time RN, one part-time RN and one supplemental RN who share a workspace. Staffing will be adjusted by the charge nurse when there is an emergent add-on patient, sudden staff illness, etc., by requesting help from the Clinical Manager, hospital supervisor or the resource nurse. The DI nurse skill mix is equal among all DI nurses. **Nurse Staffing Ratios** 1:1 Regardless of acuity Minimum staffing is 1-RN and one additional staff member classified as a Radiology Tech, EKG Tech, Respiratory Therapist, Ultrasound Tech or a CT Tech per patient procedure. **CNA Staffing Ratios** There are no CNA's in Diagnostic Imaging **Total Patient Care** DI nurses provide total patient care during the procedure. Post procedure, patients return to ACD nursing unit. **Charge Nurse** At the beginning of shift the charge nurse assigns patients to themselves and the second nurse. This is a collaborative effort between nurses to ensure teamwork. **Assignments:** Assignments are based on scheduled procedures. The DI Nurse can review patient records prior to patient presentation. In the event an emergency procedure is required during business hours the nurse will have an appropriate amount of time to review the medical record. Assignments are shared among	**Qualifications and Competencies** All nurses in the Interventional Services/Diagnostic Imaging are oriented and trained upon hire to the unit to demonstrate competence in direct care of the aggregate patient population served. Upon hire to the organization, the DI nurse will complete the SLMC Initial RN Checklist and the Diagnostic Imaging RN Checklist. The skills checklist will be validated by the precepting nurse and the unit Director, Unit Manager or other qualified designer within the first 90 days of employment in the unit. Skill's checklists, continuing education and competencies are documented in the organization 's electronic Learning Management System (LMS). Each nursing staff member receives continuing education, annual skills training and competency validation through a variety of platforms including but not limited to the organization's electronic LMS, Skills Fairs, online courses, classroom courses, and direct observation. This ensures the skill mix of the nursing staff in Diagnostic Imaging is consistent among the individual nursing staff members. **Nationally Recognized Standards and Guidelines** • Association For Radiological & Imaging Nurses, (Association & Ana, 2013).

and holidays. Call coverage is assigned at the beginning of the year rotated on every 5th weekend. If there is a vacant weekend, the Clinical Nurse Manager will assign call or be on call. On-call tracking is achieved by the call calendar located in the DI nurse office and is evaluated monthly to determine appropriateness of nurse coverage.	both nurses, each taking turns working in all modalities. **Meal and Break Relief:** Meal and break planning are done at the beginning of the shift with both nurses evaluating the day's schedule and making plans for meals and breaks. In the event a patient requires an emergent procedure during the dedicated mealtime notification of the DI Nurse Manager/Director will be utilized to provide additional staffing resources to ensure meal breaks.	• www.arinursing.org/ARIN/assets/File/public/practice-guidelines/2018_10_28_Staffing_Paper_Position_Statement.pdf

SKY LAKES MEDICAL CENTER

Sky Lakes Medical Center Nurse Staffing Plan

Department: ED

Approval Date: 05/30/2024

Effective Date: 06/01/2024

UNIT DETAILS

Unit Description

The Emergency Department (ED) is a 24-hour, 7 days a week, 26 bed unit that provides emergency nursing care for any person regardless of age. The 26 bed unit is defined as the following room types: 18 private rooms, which include one negative pressure room, five fast track rooms and one obstetrics and gynecology room; two psychiatric hold rooms; one ear/nose/throat room and one large bay with accommodations for up to five patients.

Patient Population/Diagnoses

The ED delivers care to patients ranging from non-urgent to life threatening and includes, but not limited to medical illness, trauma care, pediatric care, gerontological care, injury prevention, women's health, mental health issues, and life and limb-saving measures.

Unique to ED nursing practice is the application of the nursing process to health care consumers with a variety of illnesses or injuries in all ages and populations requiring triage and prioritization, stabilization, resuscitation, crisis intervention, and/or emergency preparedness. In addition, all care is delivered in accordance with the Emergency Medical Treatment and Active Labor Act (EMTALA).

STAFFING

Staffing Summary

The Emergency Department provides direct care registered nurses, along with Emergency Medical Technicians as support staff to deliver patient care and carry out unit operations.

Nurse Staffing Ratio

- A direct care registered nurse is assigned to no more than one full-activation trauma patient. The ratio for trauma patients is based on full-trauma activations only.
- The ratio of direct care registered nurses to patients averages no more than one to four over a 12-hour shift, and a single direct care registered nurse may not be assigned more than five patients at one time. With the exception to fast-track patients of Emergency Severity Index levels 4 and 5 a direct care registered nurse may not be assigned to more than six patients at one time.

Charge Nurse

The charge nurse may take assignments, including patient assignments for the purpose of covering staff who are on meal breaks or rest breaks. The charge nurse shall use the Charge Nurse Shift Report Form as the meal and rest break planning tool or other hospital approved form.

Assignments:

The charge nurse will determine assignments based on staff skill mix, acuities, intensities, and bed availability. The charge nurse will collaborate with the Hospital Supervisor to monitor Admission/Discharge/Transfer (ADT).

Meal and Break Relief:

A "meal" is defined by the Medical Center as one thirty-minute unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties. A "break" refers to a period of not less than fifteen minutes of paid time for every four hours worked; three breaks per

STANDARDS

Qualifications and Competencies

All nurses in the ED are oriented and trained upon hire to the unit to demonstrate competency in direct care of the aggregate patient population served.

Skills checklists, continuing education and competencies are documented in the organization's electronic learning management system (LMS). Each nursing staff member receives continuing education, annual skills training and competency validation through a variety of platforms including but not limited to the organization's electronic learning management system, skills Fairs, online courses, classroom courses, policy review, and direct observation. This ensures the skill mix of the nursing staff in the Emergency Department is consistent among the individual nursing staff members.

Nationally Recognized Standards and Guidelines

Standards or guidelines used to develop the Emergency Department's staffing plan are defined by the Emergency Nurses Association (ENA). http://www.ena.org 2023
Board of Certification for Emergency Nursing (BCEN) available and encouraged through ENA.

	12-hour shift. The Charge Nurse Shift Report Form shall be used as the meal and rest break planning tool. Any identified external meal coverage needs shall be communicated by the charge nurse to the Hospital Supervisor/Resource Nurse/Manager/Director as soon as possible to help facilitate coverage. External meal coverage resources must have the minimum qualifications and competencies to provide safe, effective and seamless patient care.	

SKY LAKES MEDICAL CENTER

Sky Lakes Medical Center Nurse Staffing Plan

Department: FBC

Approval Date: 05/22/2024

Effective Date: 06/01/2024

UNIT DETAILS

Unit Description

The Family Birth Center (FBC) is a 24-hour, 7 day a week, 20 bed acute care unit that provides direct nursing care for obstetric and neonate patients. The unit is comprised of the following room types: 12 birthing suites, 1 semi-private obstetric triage room (2 beds), 2 private antepartum/gynecologic rooms, one free standing operating suite for cesarean sections, and 3 special care nursery (SCN) beds for ill/transitioning infants (one private nursery room for infants who require isolation). Refer to Scope of Service / Structure Standards, Maternal Child Health.

Patient Population/Diagnoses

FBC patients include obstetric (antepartum, intrapartum, and postpartum), neonate, stable non-infectious pediatric patients, including pediatric surgical patients and gynecological patients. Refer to FBC Qualifications and Competencies attachment for list of most common patient diagnoses.

STAFFING

Staffing Summary

The FBC provides RNs to deliver patient care and carry out unit operations. Certified Nursing Assistants (CNAs) are not routinely staffed but at times, they may be used to. LPNs may work as OB Techs. LPNs take postpartum or gynecological patient assignments and perform direct patient care as assigned and supervised by RNs.

The FBC charge RN utilizes the Staffing Acuity Sheet (see attachment) to assess patient acuity and intensity every four hours and as needed. Nursing daily staffing shall be adjusted based on changes in patient acuity/intensity. Assignments shall be based on staff skill mix, patient acuity/ intensity, and bed availability.

Minimum Staffing

The Family Birth Center shall be staffed with a minimum of four RNs (two of whom are labor experienced as defined in Scope of Service/ Structure Standards, Maternal Child Health) for each shift. Of these four, two core RNs should be on FBC for each shift to be able to open SCN at any moment necessary. The two core RNs can be charge and one other core RN or if travel nurse is charge must have 2 other core staff on unit. OB Tech is also to be scheduled for every shift. If OB tech only available in house and not working on the floor and no secretary is scheduled for that shift then 1 extra RN or a CNA should be added to minimum staffing to help with phones, doors, turning over triage, stocking rooms, and running Quality Controls.

Nursing Intensity

Patient conditions that may contribute to a higher level of intensity in the FBC include but are not limited to:

- Family social dynamics
- Complications of pregnancy requiring increased observation/intervention
- Complications of newborn status requiring increased observation/intervention
- Complications related to surgical procedures
- Lack of maternal support system

STANDARDS

Qualifications and Competencies

All FBC RNs are oriented and trained upon hire to the unit to demonstrate competence in direct care of the aggregate patient population served. Each nursing staff member receives continuing education, annual skills training and competency validation through a variety of platforms including but not limited to the organization's LMS, Skills Fairs, online courses, classroom courses, direct observation and policy review. This ensures the skill mix of the nursing staff on FBC is consistent among the individual nursing staff members. Please refer to the FBC Qualifications and Competencies attachment for additional details.

Nationally Recognized Standards and Guidelines

The 2010 Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) Guidelines for Professional Registered Nurse Staffing for Perinatal Units and the Academy of Medical-Surgical Nurses (AMSN) Staffing Standards for Patient Care were used to develop the FBC's staffing plan.

	• Maternal developmental status **Nurse Staffing Ratios** In FBC, a direct care registered nurse is assigned to no more than: • Two patients if the patients are not in active labor or experiencing complications; or • One patient if the patient is in active labor or if the patient is at any stage of labor and is experiencing complications. • No more than six patients, counting mother and baby each as separate patients; postpartum, antepartum and wellbaby nursery. • No more than eight patients, counting mother and baby each as separate patients, In a mother-baby unit with a Certified nurse assistant. **CNA Staffing Ratios** A CNA may not be assigned to more than seven patients at a time during a day shift or to more than 11 patients during a night shift. (441.768) **Charge Nurse** The charge nurse may take assignments; including patient assignments for the purpose of covering staff who are on meal breaks or rest breaks. The charge nurse is responsible for determining patient assignments, number of staff needed and assisting with breaks when able. **Assignments:** The FBC charge nurse shall determine assignments based on staff skill mix, acuities, and intensities. **Meal and Break Relief:** Meal and rest break relief shall be approached in a collaborative manner between the Charge nurse, Hospital Supervisor, and Resource Nurse. Meal break planning shall be initiated at the beginning of the shift to allow for proactive planning and resource allocation. Meal and rest break coverage may be provided by the following: • Charge nurse, assuming that staffing ratios are maintained • Core unit staff on shift, assuming that staffing ratios are maintained • Core unit staff who voluntarily sign up to provide meal and rest	

	break coverage • Break nurse • Flex nurse • Resource nurse • Hospital Supervisor/Manager Nursing staff are responsible for the following: • Sign up for and know scheduled break periods • Be prepared to take break when coverage is available • Give a brief report, understanding that most information can be obtained from EMR • Highlight the list of tasks that need to be completed during break; being mindful of the tasks that can reasonably be completed during the break period. The patient's experience should be seamless. • Return punctually	

SKY LAKES
MEDICAL CENTER

FBC Staffing Acuity Sheet - 2024

Section	Patient Acuity Level	0600/1800 Census		RN Required	1000/2200 Census		RN Required	1400/0200 Census		RN Required
	Charge Nurse		1	1		1	1		1	
Triage	Triage - Initial 20 minutes (AWHONN 1:1)		x1			x1			x1	
Triage	Triage - Maternal Fetal Status Stable (AWHONN 1:2)		x.5			x.5			x.5	
Triage	Triage - Nonstress testing (AWHONN 1:3)		x.33			x.33			x.33	
Triage	TOTAL APU									
APU	Antepartum - Unstable Patients (HTN crisis, active bleeding, etc.) (AWHONN 1:1)		x1			x1			x1	
APU	Antepartum - Magnesium Sulfate gtt (AWHONN 1:2)		x.5			x.5			x.5	
APU	Antepartum - Stable Patients (AWHONN 1:3)		x.33			x.33			x.33	
APU	TOTAL APU									
APU	Post Gyn Unstable/Complicated (1:2)		x.5			x.5			x.5	
APU	Post Gyn Stable (1:3)		x.33			x.33			x.33	
APU	PP readmit on Mag (1:2)		x.5			x.5			x.5	
APU	TOTAL APU									
Labor and Delivery	Early Labor without Medical / OB Complications (cervical ripening, Cook Balloon, Gestational HTN, **NO OXYTOXIN**, etc.) (AWHONN 1:2)		x.5			x.5			x.5	
Labor and Delivery	**Patient Assignments Including:** (AWHONN 1:1) Active Labor (re-occurring UC with cervical change) Epidural in place Oxytocin in use Magnesium Sulfate in use Labor (any stage with Medical / OB complications. IUFD, Preeclampsia, Diabetes, obesity, pulmonary or cardiac disease)		x1			x1			x1	
Labor and Delivery	OR (C-Section: Singleton) (AWHONN 2:1)		x1			x1			x1	
Labor and Delivery	OR (C-Section: Multiple Gestation, PPH)		x2			x2			x2	
Labor and Delivery	Other Procedures (Cerclage, PPTL, Version)		x1			x1			x1	
Labor and Delivery	PACU / Recovery (2 hours after delivery)		x1			x1			x1	
Labor and Delivery	Newborn Recovery (2 hours after delivery) if no patient currently pushing 1:2		x1			x1			x1	
Labor and Delivery	TOTAL LDR									
Mother-Baby	Normal, healthy mother-baby couplets (1:3)		x.33			x.33			x.33	
Mother-Baby	Border Babies/Moms (1:3)		x.33			x.33			x.33	
Mother-Baby	PP Magnesium Sulfate Couplet (1:2)		x.5			x.5			x.5	
Mother-Baby	PP C/S on immediate post-op day (1:2)		x.5			x.5			x.5	
Mother-Baby	Complicated Newborn (1:2) IV antibiotics Phototherapy Twins Frequent CBGs		x.5			x.5			x.5	
Mother-Baby	Unstable couplet (PPH, HTN Crisis, etc...) (1:1)		x1			x1			x1	
Mother-Baby	TOTAL MOTHER-BABY									
[illegible]	Stable post-operative pt.		x.29			x.29			x.29	
[illegible]	Stable SI/attempted OD with sitter (w/o sitter 1:1)		x.5			x.5			x.5	
[illegible]	Re-admit phototherapy		x.33			x.33			x.33	
	TOTAL Family Birth Center									
	Number of Nurses on Staff									
	Variance									
	Transfer back from outside NICU									
	Newborns requiring intermediate Care (1:2) IVAB, Temperature Stabilizations, Phototherapy		x.5			x.5			x.5	
	Newborns requiring intensive care (1:1) Respiratory Support, CPAP		x1			x1			x1	
	Newborn requiring complex critical care (2:1) <35wks gest, transport to higher level of care		x2			x2			x2	
	TOTAL SCN									

Notes:

Actions Taken

Minimum Staffing Required: Charge RN, Triage RN, Nursery RN, One other RN, OBT

Date:

Shift:

Charge:

Updated 5/6/24

SKY LAKES MEDICAL CENTER

Sky Lakes Medical Center Nurse Staffing Plan

Department: ICU

Approval Date: 05/22/2024

Effective Date: 06/01/2024

UNIT DETAILS

Unit Description

The Intensive Care Unit (ICU) is a 24-hour, 7 day a week mixed acuity unit with 10 ICU and 4 Progressive Care (PCU) overflow beds. The ICU specializes in caring for critically ill medical and surgical patients and provides step-down care. The fourteen-bed unit includes the following room types: Ten private ICU rooms (including one negative pressure room with anteroom) and four private overflow rooms. During times of high critical care census, the 4 PCU overflow beds may be used for to care for ICU patients.

Patient Population/Diagnoses

Critical Care patients include but are not limited to cardiac care, general surgery, gastroenterology, urology, respiratory, stroke, and palliative.

STAFFING

Staffing Summary

The Intensive Care Unit provides registered nurses to deliver patient care and carry out unit operations. Certified Nursing Assistants (CNA) are staffed dependent on the intensity of nursing care and number of overflow patients.

Staffing for patient care on the Intensive Care Unit considers acuity and intensity using the following criteria:

- Patient Volume
- Nursing Intensity
- Complexity of patient's condition, assessment and required nursing care
- Knowledge and skills required of nursing staff members
- Type of technology involved in patient care
- Infection Control and Safety issues
- Continuity of patient care

Pediatric Care

Staffing for pediatric patients in the ICU shall be based on collaboration between Hospital Supervisor, ICU Charge Nurse, ICU leadership, PEDS Charge Nurse and Peds leadership, and will consider staff skill mix/experience and patient acuity. In the event a pediatric patient needs intensive care support, please refer to the PEDS Patient to Higher Level of Care Flow Diagram (Rev 2.11.22).

Nurse Staffing Ratios

In the intensive care unit, a direct care registered nurse is assigned to no more than two ICU patients at any one time.

Overflow Patient Care

ICU may provide care for overflow PCU and Medical/Surgical patients.

Patient acuity and nursing intensity in the mixed assignment are evaluated and assigned by the charge nurse with consideration for skill mix, acuities,

STANDARDS

Qualifications and Competencies

All ICU RNs are oriented and trained upon hire to the unit to demonstrate competence in direct care of the aggregate patient population served.

Skills checklists, continuing education, and competencies are documented in the organization's electronic learning management system (LMS). Each nursing staff member receives continuing education, annual skills training, and competency validation through a variety of platforms including but not limited to the organization's LMS, Skills Fairs, online courses, classroom courses, direct observation, and policy review. Please refer to the Pediatric Unit Qualifications and Competencies attachment for additional details.

Nationally Recognized Standards and Guidelines

Standards or guidelines used to develop the Intensive Care Unit's staffing plan include:

- AACN Procedure Manual for High Acuity, Progressive Care, and Critical Care. 7th edition: 2016.
- American Association of Critical Care Nurses http://www.aacn.org 2023

	intensities, bed availability and continuity as appropriate. An ICU nurse with a mixed assignment (ICU/PCU/MS) will be as follows: • 1 ICU patient + 2 PCU/MS mix, requires a CNA to be staffed in the unit • 1 ICU patient and 1 PCU/MS mix, if no CNA is staffed in the unit • 0 ICU patient + 3 PCU/MS mix, if no CNA is staffed in the unit • 0 ICU patient + 4 PCU/MS mix, requires a CNA to be staffed in the unit **CNA Staffing Ratios** Certified Nursing Assistants (CNA) are not routinely staffed in the ICU. A CNA may be staffed dependent on the intensity of nursing care and number of overflow patients in the unit. When a CNA is present in the unit, they may not be assigned to more than seven patients at a time during a day shift or to more than 11 patients during a night shift. A CNA shall be provided in the following scenarios: • When there are more than 5 non-ICU patients in the unit • When any one nurse has 4 or more patients • When determined necessary by the charge nurse based on staffing skills set, patient acuity, nursing intensity and other relevant factors. **Charge Nurse** The charge nurse may take a patient assignment, including for the purpose of covering staff on meal and rest breaks. The charge nurse may take a partial assignment or no assignment dependent on the staff skill mix, acuities, intensities, and other factors that may be relevant at the time. The need for a dedicated charge nurse for the next shift will be decided each shift by the off going charge nurse. The need for a designated charge will be based on staffing skill set, patient acuity, nursing intensity, patient procedures and need for off floor imaging. The charge nurse will communicate needs and collaborate with the hospital supervisor to prepare for the oncoming shift. The need for a CNA for the next shift will be decided each shift by the off going charge nurse. The need for a CNA will be based on staffing skill set, patient acuity, nursing intensity, and other relevant factors. The charge nurse shall determine the number of staff needed for the oncoming shift and throughout the shift to ensure the number of staff and appropriate	

	skill mix are available to ensure safe patient care, including the need for a dedicated charge and/or CNA. The charge nurse, in collaboration with Hospital Supervisor, track ADT data throughout the shift and this data is used to plan for adequate staff to care for expected admissions, transfers, and discharges. The charge nurse shall have a plan for staffing and bed capacity for the first and second admissions, transfers, and downgrades. **Assignments:** The charge nurse shall determine assignments based on staff skill mix, acuities, intensities, bed availability, and continuity as appropriate. In the case of overflow patients and the need for mixed assignments, the charge nurse shall make assignments in consideration of available resources and the need to plan for first and second admissions, transfers and downgrades. The charge nurse shall collaborate with the Hospital Supervisor to monitor Admission/Discharge/Transfer (ADT). **Meal and Break Relief:** Meal break planning shall be initiated at the beginning of the shift in collaboration with the Hospital Supervisor/Manager/Director/Designee. Any identified external meal coverage needs shall be communicated by the charge nurse to the Hospital Supervisor/Manager/Director/Designee as soon as possible to help facilitate coverage. External meal and rest break coverage resources must possess the minimum qualifications and competencies to provide safe, effective, and seamless patient care. Meal and break coverage resources may be provided by the following: • Charge nurse, assuming that minimum staffing is maintained • Core unit staff on shift, assuming that minimum staffing is maintained • Core unit staff who voluntarily sign up to provide meal coverage • Flex team nurse • Resource nurse Nursing Staff are responsible for the following: • Be prepared to take break when coverage is available • Give a brief report, understanding that most information can be obtained from EMR • Highlight list of tasks that need to be completed during break; being mindful of the tasks that can reasonably be completed during the break period • Return punctually	

Sky Lakes Medical Center Nurse Staffing Plan

Department: Infusion Clinic

Approval Date: 05/22/2024

Effective Date: 06/01/2024

UNIT DETAILS

Unit Description

The Sky Lakes Infusion Clinic (SLIC) is an outpatient department that provides vascular access services to all Sky Lakes Medical Center outpatients on an appointment and insurance approval basis. Providers are responsible for obtaining prior authorization. Depending on individual patient circumstances, inpatient services can be provided.

The department is staffed seven days per week for 10 hours daily 0730-1800.

SLIC includes one semi-private bay with 2 chairs; one non-private 5 chair bay; two private rooms with 1 chair each; and one private bedroom with one hospital bed and chair.

Depending on patient appointments and scheduling, nursing can MRO after 1700 on weekdays and when all patients have been seen on holidays and weekends.

Patient Population

The SLIC provides nursing care to patients of all ages who are in need of vascular access services including, but not limited to:

- Peripherally Inserted Central Line

STAFFING

Staffing Summary

Typical RN staffing includes 3-4 RNs during weekdays and 2-3 RNs during weekends and holidays. RN staff will flex up and down depending on census and patient care needs. RN staff may MRO as needed throughout a shift, at 1700 on weekdays, and when patient care is completed on weekends and holidays.

Nurse Staffing Ratios

Staffing grid below provides typical ratios but are subject to change based on census and staff availability.

Shift	# of RNs	Patient load
Weekdays	3	16-28 patients*
Weekdays	4	>28 patients*
Weekends and Holidays	2	1-15 patients*

*Based on # of patients and acuity, additional RNs will be utilized to accommodate patient needs and safety. For example, 3 RNs on a weekend

CNA Staffing Ratios

When present in the unit, CNAs may not be assigned to no more than seven patients at a time during a day or evening shift or to more than 11 patients at a time during a night shift.

Charge Nurse

The charge nurse role is not utilized in SLIC.

Assignments:

Patient acuity, intensity, and appropriateness to receive care at SLIC will be triaged by SLIC nursing staff over the phone with ordering providers. If nursing cannot determine appropriateness and/or questions arise, SLIC manager and/or

STANDARDS

Qualifications and Competencies

Refer to the Infusion Clinic Qualifications and Competencies attachment for details.

Annual, biennial, and additional competencies will be completed and maintained by hired RNs through courses, Learning Management System (LMS), SLMC Skills Fairs, observations/demonstrations, trainings, and policy review.

Nationally Recognized Standards and Guidelines

Infusion Nurses Society (INS) standards and guidelines are implemented at SLIC. The 2016 Policies and Procedures for Infusion Therapy, 5th edition provide the current reference.

(PICC), port-a-cath, vascath, and central venous catheter (CVC) care to include occlusion management • Laboratory draws via access devices, IV starts, and peripheral sticks. • Peripheral IV starts • Medication, chemotherapy, and blood product infusion on an outpatient basis • Management of home CADD infusion pumps, including set up, monitoring, and discontinuation • SQ/IM injections • Medtronic pain pump refills, evaluation, and programming • Patient/family education. • Psychosocial care and support • Coordination of patient care and collaboration with support services	director will make final decisions on accepting patients. Appropriateness, acuity, and intensity of patients and the number of nursing staff required will be reviewed daily by SLIC RNs for the next day's schedule. If additional nursing staff are required, SLIC RNs will flex to accommodate staffing needs while notifying SLIC manager and/or director. **<u>Meal and Break Relief:</u>** Meal break planning shall be initiated at the beginning of the shift in collaboration with the scheduled RNs present. During meal and rest breaks, a minimum of 2 RNs will remain present for patient care. Any identified meal coverage needs shall be communicated by the nursing staff to the manager/director/ hospital supervisor. SLIC utilizes appointments which are made in a manner allowing for nursing meal breaks.	

Sky Lakes Medical Center Nurse Staffing Plan

Department: MED/SURG

Approval Date: 05/22/2024

Effective Date: 06/01/2024

UNIT DETAILS

Unit Description

The Medical-Surgical Unit is a 24-hour, 7 day-a-week, 41-bed acute care unit that provides direct care nursing for general medical and surgical patients (15 years and older). The 41-bed unit includes the following room types: Twenty-three private rooms (10 in "A-module", nine in "B-module" and four in "C-module"), nine semi-private rooms (18 beds total with two in A-module, eight in B-module and eight in C-module). A-module and C-module both house one positive pressure and one negative pressure room while B-module houses one negative pressure room. B-module is also equipped with two ceiling lifts—one rated for 600 pounds and one rated for 1000 pounds. In addition, there are five private rooms throughout the unit equipped with 1000-pound capable toilets.

Patient Population/Diagnoses

Medical and surgical patients include orthopedic, neurologic, gynecologic, urologic, general surgeries, gastroenterology, medical w/telemetry, stroke care, end of life, and other MedSurg entities.

STAFFING

Staffing Summary

The MedSurg Unit provides registered nurses, and CNAs to deliver patient care and carry out unit operations.

Staffing for patient care on the MedSurg Unit considers acuity and intensity using the following criteria:

- Patient volume
- Nursing intensity
- Complexity of patient's condition, assessment and required nursing care
- Knowledge and skills required of nursing staff to provide care
- Degree of supervision required of nursing staff members
- Type of technology involved in patient care
- Infection control and safety issues
- Continuity of patient care

Patient conditions that may contribute to a higher level of intensity on the MedSurg Unit include but are not limited to:

- Any surgical patient the day/night of surgery
- Maximum assist or stand lift/Hoyer lift for transfers
- Patients with behavioral disturbances/agitation/uncooperative
- Complex patient/family dynamics, communication barriers and/or emotional needs currently impacting delivery of care
- End of life patient whose family is not coping, including post-mortem care
- Complex wound care
- Complex admission, transfer and/or discharge including new diagnosis and education

Patient care that may contribute to a higher level of acuity on the MedSurg Unit and require adjusted ratios:

- Allergic reaction with respiratory distress
- Active seizures

STANDARDS

Qualifications and Competencies

For RNs:

Obtain and maintain BLS within 2 months of hire through RQI
Obtain and maintain ACLS within 6 months of hire through RQI
Total Joint training: New hire and annually
Top unit diagnoses: New hire and biennial

For CNAs:

Obtain and maintain Responder CPR within 2 months of hire
Total Joint training: New hire and annually
Top unit diagnoses (as pertinent to role): New hire and biennial

Nationally Recognized Standards and Guidelines

Standards or guidelines used to develop the MedSurg Unit's staffing plan are derived from the following organizations, websites accessed April 2024:

- Academy of Medical-Surgical Nurses (AMSN)
- National Association of Orthopedic Nurse (NAON)
- Oregon Health Authority (OHA)
- National Hospice and Palliative Care Organization (NHPCO)
- Medical-Surgical Certification available through AMSN and ANCC

Orthopedic certification available through NAON

- Multiple complex drains requiring frequent interventions
- Non-violent restraints
- Patients requiring multiple staff for basic care interventions
- PCA, epidural, insulin drip and/or heparin drip requiring frequent adjustments, interventions, and/or assessments
- Sitter indicated but not available
- Uncontrolled pain and/or nausea despite interventions
- Unstable patient requiring STAT medications, tests, etc.
- Combative patients
- Multiple drains/lines/intense wound care management
- Contact precautions requiring a minimum of hourly interventions
- CIWA/RASS with active withdrawals
- Comfort care requiring a minimum of hourly interventions

Policy specific patient care that contributes to a higher level of intensity and/or acuity and require adjusted ratios include:

- Insulin Infusion
- Violent Restraints
- Moderate Sedation

Nurse Staffing Ratios

A direct care registered nurse is assigned to no more than five patients. (441.765). RNs will take a maximum of 3 fresh surgeries (surgeries returning on said shift), one additional surgery may be placed and taken at the staff nurses' discretion.

Staffing will be based upon current census, acuity and intensities of patient and surgical admissions whose scheduled OR out time is 10:00 or earlier.

A & B Mod RN Ratios

Patient #	0	1	2	3	4	5	6	7	8	9	10
RN #	0	1	1	1	1	1	2	2	2	2	2
Designated Charge	0	0	0	0	0	0	0	0	0	0	0

Patient #	11	12	13	14	15	16	17	18	19	20
RN #	3	3	3	3	3	4	4	4	4	4
Designated Charge	0	0	0	1	1	1	1	1	1	1

Patient #	21	22	23	24	25	26	27	28	29
RN #	5	5	5	5	5	6	6	6	6
Designated Charge	1	1	1	1	1	1	1	1	1

C Mod RN Ratios

Patient #	0	1	2	3	4	5	6	7	8	9	10	11	12
RN #	0	1	1	1	1	1	2	2	2	2	2	3	3

CNA Staffing Ratios

A CNA may not be assigned to more than seven patients at a time during a day shift or no more than 9 patients during a night shift. (441.768) CNAs will take a maximum of 5 fresh surgeries (surgeries returning on said shift), one additional surgery may be placed and taken at the CNA's discretion.

Secretary is not included in the CNA ratios.

Dayshift A & B Mod CNA Ratios

Patient #	0	1	2	3	4	5	6	7	8	9	10
CNA #	0	1	1	1	1	1	1	1	2	2	2

Patient #	11	12	13	14	15	16	17	18	19	20
CNA #	2	2	2	2	3	3	3	3	3	3

Patient #	21	22	23	24	25	26	27	28	29
CNA #	3	4	4	4	4	4	4	4	5

Dayshift C Mod CNA Ratios

Patient #	0	1	2	3	4	5	6	7	8	9	10	11	12
CNA #	0	1	1	1	1	1	1	1	2	2	2	2	2

Nightshift A & B Mod CNA Ratios

Patient #	0	1	2	3	4	5	6	7	8	9	10
CNA #	0	1	1	1	1	1	1	1	1	1	2

Patient #	11	12	13	14	15	16	17	18	19	20
CNA #	2	2	2	2	2	2	2	2	3	3

Patient #	21	22	23	24	25	26	27	28	29
CNA #	3	3	3	3	3	3	3	4	4

Nightshift C Mod CNA Ratios

Patient #	0	1	2	3	4	5	6	7	8	9	10	11	12
CNA #	0	1	1	1	1	1	1	1	1	1	2	2	2

Total Patient Care

If CNA staffing is not available per the above grid, assignments shall be adjusted, and additional RN resources shall be made available to provide total patient care. Patient acuity, nurse intensity, staff skill mix, and other relevant factors shall be taken into consideration when making these assignments.

Total patient care assignments will consist of no more than 3 low to medium acuity patients with no charge nurse duties.

If the charge nurse determines that mixed assignments (TPC and non-TPC) are necessary, the primary RN will determine which patient (s) are most appropriate for TPC in the assigned patient group.
The following guidelines are used in determining mixed assignment.

- 3 non-TPC and 1 TPC
- More than 1 TPC in grouping, mixed assignment will be limited to 3 patients.

Charge Nurse
The charge nurse may take patient assignments as follows:

- For the for the purpose of covering staff who are on meal or rest breaks
- For the purpose of covering staff who need to accompany a patient off the floor for a test or procedure
- When all staffing options have been exhausted and no other qualified nursing staff are available to take patient assignments
- Under any other circumstances that the charge nurse deems appropriate

It is with the utmost intent to maintain a charge RN who does not take a patient assignment as the primary RN. If staffing availability does not allow for such an assignment, the charge nurse maximum shall be no greater than 3 patients.

The charge nurse shall determine the number of staff needed for the oncoming shift and throughout the shift to ensure the number of staff and appropriate skill mix are available to ensure safe patient care. Charge nurses, in collaboration with Hospital Supervisor, track ADT data throughout the shift and this data is used to plan for adequate staff to care for expected admissions, transfers, and discharges.

The charge nurse shall have a plan for staffing and bed capacity for the first and second shift admission.

Assignments:
The charge nurse shall determine assignments based on staff skill mix, acuities, intensities, and bed availability. Geographic location assignments shall be a lower priority than the above criteria. The charge nurse shall collaborate with the Hospital Supervisor to monitor Admission/Discharge/Transfer (ADT).

Sky Lakes Medical Center

Sky Lakes Medical Center Nurse Staffing Plan

Department: Operating Room

Approval Date: 05/22/2024

Effective Date: 06/01/2024

UNIT DETAILS

Unit Description

The Operating Room (OR) is a twenty-four hour, seven days a week, eight-room unit that provides surgical care for patients requiring surgical intervention. Patient populations served are adults, geriatrics, and pediatrics. The eight-room unit includes the following room types:

Six OR suites (currently only staff 4 rooms)

Hours of operation are:

- 0740-1700 for 4 rooms;
  - 1 of 4 rooms is the “late room” and will handle add-on cases until 1900
  - 1 of 4 rooms is the “call room” and will take call cases 24 hours a day every day of the year

Two procedural rooms (currently only staff 1 room)

Hours of operation are:

- 0740-1500 for 1 room

STAFFING

Staffing Summary

Weekday staffing is planned around the OR Block schedule allows for one operating room crew consisting of a RN circulator, a surgical technician, and an Operating Room Assistant (ORA) per room. ORAs are assigned to no more than two rooms at a time. Weekday staffing will also include a charge RN, resource RN and a resource surgical technician. Staff schedules are developed by the OR clinical manager and cover the surgery blocks created and approved by the Surgical Services Executive Committee. As surgeon blocks change, staffing changes shift accordingly.

Nurse Staffing Ratios

Surgical patients are a minimum of one-to-one care with an RN.

Charge Nurse

Charge Nurses (one per shift) manage personnel and flow of the surgery schedule for the day. Charge nurses may take an assignment and/or take patients for the purpose of covering meal and rest breaks. They function as staff in times of high census, high acuity/intensity, and throughput of patients when necessary. If the Charge RN is moved to staff, the unit manager or department educator will fill the charge RN role. Nurses who fill this role do not need any special training concerning patient care, credentialing, or competencies to hold the position. The only skill necessary is the willingness to take on additional tasks to include statistical gathering and operating room staffing assignments.

Meal and Break Relief:

The Charge RN coordinates lunches and breaks with the assistance of resource staff. If the resource staff are not able to complete these duties due to the high volume of surgical cases, the surgical educator, charge RN and Clinical manager

STANDARDS

Qualifications and Competencies

Refer to Surgical Services Operating Room RN Qualifications and Competencies for additional information.

- Current unencumbered Oregon RN license
- BLS (obtained within two months of hire date)
- ACLS (obtained within six months of hire date)
- CNOR (preferred after two years of OR experience) Two years of OR Nursing is required prior to the OR RN sitting for their CNOR Certification Exam.

Because of the specialized nature of OR Nursing, no staff from outside the OR ever “float” into the unit.

Nationally Recognized Standards and Guidelines

Standards or guidelines used to develop the Operating Room’s staffing plan include:

Association of Perioperative Registered Nurses (AORN) - 2023 Edition Guidelines Perioperative Practice (New copy located on

Patient Population/Diagnoses Surgical patients include general surgery, gastroenterology, orthopedic spine, obstetric, pulmonary, orthopedic, gynecology, ear, nose and throat, podiatry, ophthalmic, urology and oncology.	will ensure breaks and lunches are completed. Minimum numbers of nursing staff shall be maintained during meal and rest breaks.	the unit for ease of reference.)

SKY LAKES MEDICAL CENTER

Sky Lakes Medical Center Nurse Staffing Plan

Department: Progressive Care Unit

Approval Date: 05/22/2024

Effective Date: 06/01/2024

UNIT DETAILS

Unit Description

The Progressive Care Unit (PCU) is referred to as a "progressive care" but does not currently reflect the provided level of care. PCU provides cardiac telemetry level nursing care for stable medical and surgical patients through direct nursing care. PCU is a 24-hour, 7 day a week, adult acute care unit consisting of 17 beds. PCU has 9 private rooms (which include 2 positive pressure rooms and 1 negative pressure room) and 4 semiprivate rooms (8 beds).

Patient Population/Diagnoses

Progressive Care patients include cardiac care, general surgery, gastroenterology, urology, respiratory, stroke, palliative, and a variety of other Med/Surg diagnoses.

Overflow patients may be cared for in PCU and adjacent patient care areas including 3A (ICU) and 3C.

STAFFING

Staffing Summary

The Progressive Care Unit provides registered nurses and C.N.A.'s, to deliver patient care and carry out unit operations.

Staffing adjustments are made dynamically to meet the needs of the patient population using the following:

- Patient volume
- Patient acuity
- Nursing intensity
- Knowledge and skills required of nursing staff to provide care
- Degree of supervision required of nursing staff members
- Type of technology involved in patient care
- Infection control and safety issues
- Continuity of patient care

Nurse Staffing Ratios

In the PCU a direct care registered nurse will be assigned to no more than four patients.

CNA Staffing Ratios

A CNA will be assigned to no more than seven patients during a day shift and to no more than nine patients during a night shift.

Day Shift					Night Shift			
3B					3B			
Patient	Direct Care RN	CNA	Dedicated Charge RN		Patient	Direct Care RN	CNA	Dedicated Charge RN
1	1	1	0		1	1	1	0
2	1	1	0		2	1	1	0
3	1	1	0		3	1	1	0

STANDARDS

Qualifications and Competencies

Nursing staff working in the Progressive Care Unit must maintain qualifications and competencies that align with the needs of a complex patient population.

Skills checklists, continuing education and competencies are documented in the organization's electronic learning management system (LMS). Each nursing staff member receives annual skills training and competency validation through the organization's electronic learning management system, Skills Fairs, online courses, classroom education, direct education, and policy review.

Critical Thinking and Decision-Making:

- Ability to assess and prioritize patient needs based on acuity, vital signs, laboratory results, and clinical data.
- Proficiency in making rapid and sound clinical judgments, especially in emergency situations or when managing unstable patients.

Communication Skills:

- Excellent interpersonal and communication skills to interact effectively with patients, families, and interdisciplinary team members.

SKY LAKES MEDICAL CENTER

4	1	1	0		4	1	1	0
5	2	1	0		5	2	1	0
6	2	1	0		6	2	1	0
7	2	1	0		7	2	1	0
8	2	2	1		8	2	1	1
9	3	2	1		9	3	1	1
10	3	2	1		10	3	2	1
11	3	2	1		11	3	2	1
12	3	2	1		12	3	2	1
13	4	2	1		13	4	2	1
14	4	2	1		14	4	2	1
15	4	3	1		15	4	2	1
16	4	3	1		16	4	2	1
17	5	3	1		17	5	2	1

Total Patient Care

In the event that CNA staffing is not available per the above grid, assignments shall be adjusted, and additional RN resources shall be made available to provide total patient care (TPC). Patient acuity, nurse intensity, staff skill mixes and other relevant factors shall be taken into consideration when making these assignments. A direct care registered nurse will take no more than three patients for TPC if no CNA help is available on facility wide staffing. The Acuity level of patients taken for TPC is dictated by Charge nurse. Assignments for TPC will not be mixed with the standard direct care ratios (ex. having one total patient care and three non-total patient care).

Charge Nurse

The charge nurse will evaluate the available staffing resources, patient acuity, and staff skill mix to determine the most appropriate patient assignments.

The charge nurse may take patient assignments, including for the purpose of covering rest and meal breaks. When the charge nurse is in the role as dedicated charge, the charge nurse will not be a primary nurse to a patient assignment but may take patient assignments for the purpose of covering staff who are on meal breaks, rest breaks, or transporting patients to other units or imaging. The dedicated charge nurse may also take patients assignments for the purpose of covering staff that have been called into

- Ability to convey complex medical information in a clear and understandable manner.

Teamwork and Collaboration:

- Demonstrated ability to work collaboratively as part of a multidisciplinary team, fostering a culture of mutual respect and cooperation.
- Willingness to support colleagues and share knowledge and expertise to achieve common goals.

Technical Proficiency:

- Competency in utilizing electronic health records (EHR) and clinical documentation systems to accurately record patient assessments, interventions, and outcomes.
- Familiarity with medical equipment and technology used in progressive care settings

Clinical Skills:

- Proficiency in cardiac monitoring and the interpretation of cardiac rhythms. Performing advanced nursing procedures such as titration of vasoactive medications and management of invasive lines. Management of complex medical conditions.

Continuous Learning and Professional Development:

- Commitment to ongoing professional development through participation in continuing education programs, conferences, and advanced

	shift. Once the direct care registered nurse arrives, they will then assume care from the charge nurse. When the unit has seven or less patients, the charge nurse may take a patient assignment and continue duties of charge. Once the unit reaches eight patients, an additional direct care registered nurse will be assigned to the unit to assume care of charge nurse's patient assignment. The charge nurse will then become dedicated charge. The charge nurse shall determine the number of staff needed for the oncoming shift and throughout the shift to ensure the number of staff and appropriate skill mix are available to ensure safe patient care. Charge nurses, in collaboration with Hospital Supervisor/Bed Coordinator, track ADT data throughout the shift and this data is used to plan for adequate staff to care for expected admissions, transfers, and discharges. The charge nurse shall have a plan for staffing and bed capacity for the first and second shift admission. **Assignments** The charge nurse will determine assignments based on staff skill mix, acuities and bed availability. Geographic location assignments shall be a lower priority than the above criteria. The charge nurse will collaborate with the Hospital Supervisor/Bed Coordinator to monitor ADT. **Meal and Break Relief** Meal break planning shall be initiated at the beginning of the shift to allow for proactive planning and resource allocation. Meal and rest break coverage will be predominantly accomplished by the dedicated charge nurse, assuming staffing ratios are maintained. In the event the dedicated charge nurse needed assistance with meal and rest break coverage, they may be provided by the following: • Resource nurse • Core unit staff on shift, assuming that staffing ratios are maintained • Core unit staff who voluntarily sign up to provide meal and rest break coverage • Flex team staff • Hospital Supervisor/Manager	certifications. • Engagement in evidence-based practice initiatives to enhance clinical knowledge and improve patient outcomes. Cultural Competence and Patient Advocacy: • Sensitivity to cultural, ethnic, and socioeconomic diversity among patient populations, with a focus on providing culturally competent care. • Advocacy for patients' rights, preferences, and needs, ensuring that care delivery is patient-centered and respectful of individual values and beliefs. **Nationally Recognized Standards and Guidelines** List nationally recognized standards and guidelines used in the development of the unit staffing plan and used in the care of the patient population. Standards or guidelines used to develop the Progressive Care Unit's staffing plan include: • AACN Procedure Manual for High Acuity, Progressive Care, and Critical Care. 7th edition: 2016 American Association of Critical Care Nurses http://www.aacn.org 2023

	Nursing staff are responsible for the following: • Sign up for and know scheduled break periods • Be prepared to take break when coverage is available • Give a brief report, understanding that most information can be obtained from EMR • Highlight the list of tasks that need to be completed during break; being mindful of the tasks that can reasonably be completed during the break period. The patient's experience should be seamless. • Return punctually	

Sky Lakes Medical Center Nurse Staffing Plan

Department: Pediatrics

Approval Date: 05/22/2024

Effective Date: 06/01/2024

UNIT DETAILS

Unit Description

The Pediatrics Unit is a 24-hour, 7 day a week, 6-bed acute care unit that provides direct nursing care for general medical and surgical patients 17-years of age and younger. The unit is comprised of six private rooms and one procedure room. Refer to Scope of Service / Structure Standards, Maternal Child Health.

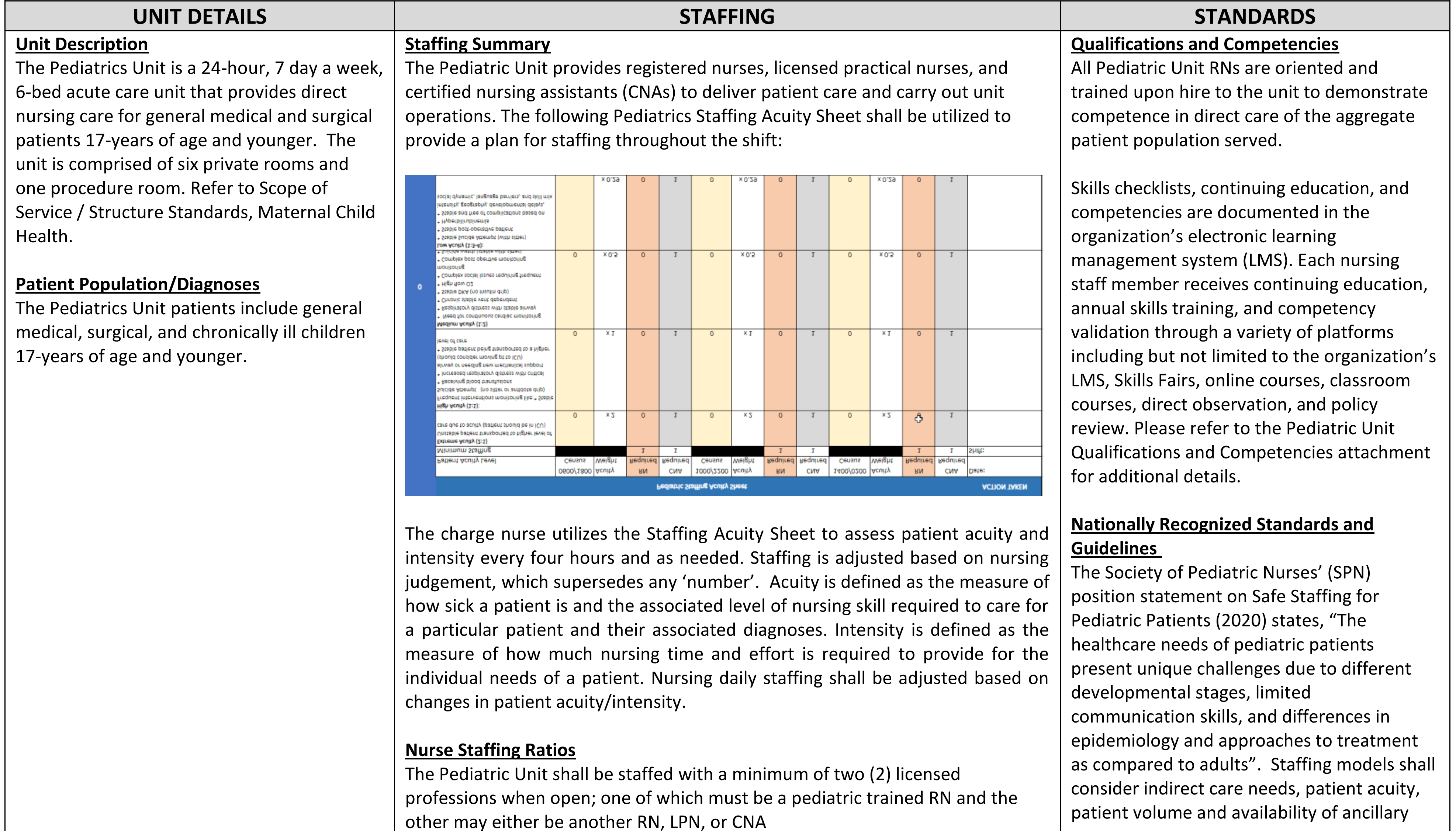
Patient Population/Diagnoses

The Pediatrics Unit patients include general medical, surgical, and chronically ill children 17-years of age and younger.

STAFFING

Staffing Summary

The Pediatric Unit provides registered nurses, licensed practical nurses, and certified nursing assistants (CNAs) to deliver patient care and carry out unit operations. The following Pediatrics Staffing Acuity Sheet shall be utilized to provide a plan for staffing throughout the shift:



The charge nurse utilizes the Staffing Acuity Sheet to assess patient acuity and intensity every four hours and as needed. Staffing is adjusted based on nursing judgement, which supersedes any ‘number’. Acuity is defined as the measure of how sick a patient is and the associated level of nursing skill required to care for a particular patient and their associated diagnoses. Intensity is defined as the measure of how much nursing time and effort is required to provide for the individual needs of a patient. Nursing daily staffing shall be adjusted based on changes in patient acuity/intensity.

Nurse Staffing Ratios

The Pediatric Unit shall be staffed with a minimum of two (2) licensed professions when open; one of which must be a pediatric trained RN and the other may either be another RN, LPN, or CNA

STANDARDS

Qualifications and Competencies

All Pediatric Unit RNs are oriented and trained upon hire to the unit to demonstrate competence in direct care of the aggregate patient population served.

Skills checklists, continuing education, and competencies are documented in the organization’s electronic learning management system (LMS). Each nursing staff member receives continuing education, annual skills training, and competency validation through a variety of platforms including but not limited to the organization’s LMS, Skills Fairs, online courses, classroom courses, direct observation, and policy review. Please refer to the Pediatric Unit Qualifications and Competencies attachment for additional details.

Nationally Recognized Standards and Guidelines

The Society of Pediatric Nurses’ (SPN) position statement on Safe Staffing for Pediatric Patients (2020) states, “The healthcare needs of pediatric patients present unique challenges due to different developmental stages, limited communication skills, and differences in epidemiology and approaches to treatment as compared to adults”. Staffing models shall consider indirect care needs, patient acuity, patient volume and availability of ancillary

	Staffing levels reflect differences in patient populations relative to age, severity of illness, and complexity of care with a maximum nurse to patient ration of 1:4. **CNA Staffing Ratios** A CNA may not be assigned to more than seven patients at a time during a day shift or to more than 11 patients during a night shift. **Charge Nurse** The charge nurse may take a patient assignment, including for the purpose of covering staff on meal and rest breaks. The charge nurse, in collaboration with the Hospital Supervisor, track ADT data throughout the shift and this data is used to plan for adequate staff to care for expected admissions, discharges and transfers. The charge nurse shall have a plan for staffing and bed capacity for the first and second admissions, transfers, and downgrades. **Assignments:** Assignments shall be based on staff skill mix, patient acuity/ intensity, and bed availability. Patient conditions that may contribute to a higher level of intensity in the Pediatric Unit include but are not limited to: • Family social dynamics • Complications requiring increased observation/intervention • Oxygen titration • Involvement with investigation/agencies • Communication barriers or congenital behavior/emotional issues that impede care delivery • Parent not at the bedside In the event when a pediatric patient needs intensive care support, please refer to the PEDS Patient to Higher Level of Care Flow Diagram (Rev 2.11.22). **Meal and Break Relief:** Meal break planning shall be initiated at the beginning of the shift by the Family Birthing Center Charge Nurse in collaboration with the Hospital Supervisor/Manager/Director/Designee. Any identified external meal coverage	services and resources in the development of staffing models.

SKY LAKES MEDICAL CENTER

needs shall be communicated by the charge nurse to the Hospital Supervisor/ Manager/Director/Designee as soon as possible in order to help facilitate coverage.

Minimum numbers of nursing staff shall be maintained during meal and rest breaks. Meal and break coverage resources may be provided by:

- Core unit staff that voluntarily provides meal coverage
- Flex team
- Resource nurse
- Hospital Supervisor/Manager/Director

Nursing staff shall be responsible for the following:

- Sign up for and know scheduled break periods
- Be prepared to take break when coverage is made available
- Give a brief report, understanding that most information can be obtained from EMR
- Highlight the list of tasks that need to be completed during break; being mindful of the tasks that can reasonably be completed during the break period. The patient's experience should be seamless.
- Return punctually

<u>Call</u>

All nursing staff are required to take mandatory call to provide appropriately trained core staffing and to maintain safe patient care. For further details related to the call procedure, refer to Call, Maternal Child Health Policy.

SKY LAKES MEDICAL CENTER

Sky Lakes Medical Center Nurse Staffing Plan

Department: Phase 3 Recovery

Approval Date: 05/22/2024

Effective Date: 06/01/2024

UNIT DETAILS

Unit Description

Phase III is an Outpatient unit.

- Type/level of care:
  Outpatient Same Day Surgery/Phase III Recovery (Extended Care)
- Hours/days of service:
  0930-2200 Mon-Thurs
- Number of beds:
  Variable 1-9
- Types of beds:
  Outpatient

Patient Population

Patient populations include adults and geriatrics, and occasionally, pediatric patients over 8 years of age.

Phase III cares for outpatient postsurgical patients who require extended observation/intervention after discharge from Phase I or Phase II. The expectation is that these patients will discharge home on the same day as their surgery.

The procedures most seen in Phase III include:

- Diagnostic Laparoscopy
- Hemithyroidectomy
- Laparoscopic Appendectomy
- Laparoscopic Cholecystectomy
- Laparoscopic Hysterectomy
- Open or Laparoscopic Hernia repair

STAFFING

Staffing Summary

Two competent personnel, one of whom is an RN possessing competence appropriate to the patient population, are in the same room/unit where the patient is receiving extended care. (ASPAN, 2022, p. 52). The second staff member must be BLS certified but is not necessarily an RN. The need for additional RNs and support staff is dependent on patient acuity, patient census, and physical facility.

The following tool measures patient acuity and intensity and has been calibrated to the Phase III unit: Phase III Acuity/Staffing/Guidelines.docx

Nurse Staffing Ratios

This is an outpatient unit. Staffing patterns reflect ASPAN's Patient Classification/Staffing Recommendations for Phase II and extended care. Generally, a 1:3 nurse patient ratio allows for appropriate assessment, planning, implementing care and evaluation for discharge and increased efficiency and flow of patients through the unit (ASPAN, 2022, p. 51).

CNA Staffing Ratios

This is an outpatient unit. Phase III RNs are assigned total patient care. CNAs are not utilized in the unit except when necessary to meet the requirement that two staff members be in the same unit where the patient is receiving care.

Total Patient Care

Total patient care is the standard of care in the unit.

Charge Nurse

Though not required, a charge nurse may be utilized. The charge nurse will take patient assignments. The charge nurse will coordinate patient care responsibilities among nurses, manage lunch and break schedules, and provide guidance and support to colleagues. The charge nurse will also perform indirect care duties as assigned.

STANDARDS

Qualifications and Competencies

All nurses working Phase III are required to maintain their BLS and comply with annual training requirements for the Orthopedic Service Line. Core staff also complete selected PeriAnesthesia competencies which are maintained via ASPAN guidelines. Proof of compliance is kept in the Perioperative Educator's office, orthopedic service line records, and approved hospital provided computer-based training (CBT). CBT provides additional hospital approved and required employee training.

Refer to Phase III Recovery RN Qualifications and Competencies for additional information.

Nationally Recognized Standards and Guidelines

The Phase III source material is the nationally recognized American Society of PeriAnesthesia Nurses (ASPAN). Examples of the standards can be referenced in the following document: *2022-2023 PeriAnesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* kept in Phase II for ease of reference.

• Open Reduction Internal Fixation • Shoulder Arthroscopy • Total Shoulder Arthroplasty Unilateral Mastectomy	**Assignments:** Assignments consider staff skill mix, acuities, intensities, and bed availability. When a charge nurse is being utilized, the charge nurse will make assignments. If a charge nurse is not being utilized, assignments are made by mutual agreement of on-duty nurses. **Meal and Break Relief:** A "meal" is defined by the Medical Center as a thirty-minute unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties. A "break" refers to a period of not less than fifteen minutes of paid time for every four hours worked (BOLI). Meal break planning shall be initiated at the beginning of the shift in collaboration with the Manager/Hospital Supervisor/Director/Designee. The staff nurse(s) on duty shall identify any external meal coverage needs and communicate that to the Manager/Hospital Supervisor/Director/Designee as soon as possible to help facilitate coverage. Meal and break coverage resources may be provided by: • Periods of downtime without patients which are sufficient in length (preferred) • Unit staff who will not be put over the 1:3 ratio (preferred) • Unit staff who voluntarily sign up to provide meal coverage • Clinical Manager • Phase I/Phase II staff • Resource nurse or flex team coverage • Hospital Supervisor/Director/Designee Nursing staff shall be responsible for the following: • Identify external meal coverage needs and know planned break periods. • Be prepared to take a break when coverage is made available. • Give a brief report, understanding that most information can be obtained from the electronic medical record. • Highlight the list of tasks that need to be completed during break. The patient's experience should be seamless. • Return punctually.	

Phase III Acuity/Intensity Staffing Guidelines

Patients should meet minimum standards for Phase II level of care prior to transfer into Phase III.

Level 1 - (1:3 nurse patient ratio) Patient requires routine post anesthesia care and may experience slight post-anesthesia/post-operative complications

- Standard monitoring of vital signs. Q30 –60 minutes including admit and discharge or per destination unit standard if holding for inpatient bed
- Vital signs stable or returning to baseline
- Routine oxygen administration and pulse oximetry
- Pediatric patient 8-14 years with family present
- Pain or nausea requiring up to 2 medications each
- Bladder scanning/placement of catheter

Level 2 - (1:2)

- Pediatric patient 8-14 years without family present
- Total Joint replacement
- Pain or nausea requiring 3 or more interventions
- Mechanical lift for transfers
- Behavior disturbances/agitation/uncooperative
- Complex patient/family dynamics, communication barriers and/or emotional needs currently impacting delivery of care
- Complex wound care
- Complex discharge including new diagnosis and education
- Blood administration 1 unit
- Fluid bolus for blood pressure x 1

Level 3 - (1:1) Strongly consider returning the patient to Phase I. If return to Phase I indicated, consult Phase I manager or charge nurse. Contact supervisor or manager for assistance

- Hemodynamic instability requiring any of the following: > 1 unit of blood, more than 1 fluid bolus, or administration of blood pressure medications that the patient does not take at baseline.
- Uncontrolled pain and/or nausea despite interventions
- Return to OR due to significant/unstable post-op complications
- Significant allergic reaction
- Sitter indicated but not available
- Unstable patient requiring STAT medications, tests, etc.
- Combative patients

Level 4/ Level 5 - (2:1 or greater) Call for rapid response or code blue as indicated. Plan for imminent transfer of patient to higher level of care (Phase I or ICU). Contact supervisor or Phase I/Phase III managers.

- Loss of airway
- Rapidly deteriorating patient condition (respiratory or cardiac arrest, significant post-op blood loss)
- Malignant Hyperthermia
- Unstable neuro status (for example signs and symptoms of CVA, seizures or withdrawal)

SKY LAKES MEDICAL CENTER

Sky Lakes Medical Center Nurse Staffing Plan		
Department: Recovery		
Approval Date: 05/22/2024		
Effective Date: 06/01/2024		
UNIT DETAILS	**STAFFING**	**STANDARDS**
Unit Description Monday through Friday 0730-1900, or until all surgeries are done, then operation of the Operating Room (OR) changes to the call schedule and personnel. Recovery Room Consists of Three Distinct Environments Surgical Admissions (SA) Wing. There are nine patient care areas for pre-anesthesia care and surgical evaluation only. Each bay is equipped with a monitor that can be used continuously when necessary to increase capability. Phase 1 (PACU). The Phase 1 area is an open bay with seven patient care areas. Each area is telemetry equipped, including invasive monitoring. One of the seven bays is designed as an isolation room with negative air flow. Phase 2 (DSU (Day Surgery Unit)). The Phase 2 area is telemetry equipped with 12 patient care areas. The Recovery Room team consists of Certified Nursing Assistants (CNA) and Nurses (RN). The Clinical Manager acts as staff in times of high census, high acuity/intensity and manages personnel and throughput of patients when necessary. The manager supports and facilitates the needs of the Recovery Room team and other	**Staffing Summary** The recovery room is made up of the following staff: registered nurses (RN) and certified nursing assistants (CNA). The recovery room conducts primary nursing care with 2 CNA who facilitate the primary nursing care by being delegated to simple tasks and administrative duties. Additionally, the recovery room has designated charge nurses with relief charge nurses as necessary. **Staffing of Surgical Admissions (SA), PACU & DSU** The staffing schedule is created and managed by the unit's Charge RN with significant input from the frontline staff. The schedule is then reviewed and approved by Management no later than 15 days (about 2 weeks) before the due date defined in the Nursing Contract. Staffing patterns reflect ASPAN's Patient Classification/Recommended Staffing Guidelines. Staffing of the SA, PACU, and DSU is based on several elements. The number of OR rooms running dictates the number of SA, PACU and DSU nurses required each day. In SA, during the initial assessment and interview the patient to nurse ratio is 1:1. After patient/s initial assessment and interview, the minimum patient to nurse ratio is changed to no more than 5:1, with two nursing staff in the unit, with patients, always. In general, a maximum patient to nurse ratio of 2:1 in PACU allows for appropriate assessment, planning, implementation of care, and evaluation for discharge as well as increased efficiency and flow of patients through the PACU area (American Society of Peri-Anesthesia Nurses, 2020, p. 48-53). Use of the acuity/intensity tracking found in the Electronic Medical Record (EMR) facilitates assessment and continued reassessment of patient condition and intensity and facilitates real-time staffing adjustments (see acuity and intensity). In general, the patient-to-nurse ratio is 3:1 in DSU, which best allows for appropriate assessment, planning, implementation of care and evaluation for discharge and increased efficiency and flow of patients through the unit (ASPAN, 2023, p. 48-53). Use of the AITF facilitates assessment and continued reassessment of patient condition and intensity and dictates the following	**Qualifications and Competencies** Refer to Surgical Services Operating Room RN's Qualifications and Competencies for additional information. **Phase 1 (PACU), Phase 2 (DSU) and Surgical Admissions** All nurses working PACU, DSU and Surgical Admissions are required to maintain their BLS, ACLS and PALS. Peri-Anesthesia approved competencies are maintained via ASPAN guidelines. Proof of compliance of competencies are kept in the Surgery Department Educator's office and approved hospital provided Computer Based Training (CBT). CBT provides additional hospital approved and required employee training. **Nationally Recognized Standards and Guidelines** Recovery Room source material is the nationally recognized American Society of Peri-Anesthesia Nurses (ASPAN). Examples of the standards can be referenced in the following document: 2023-2024 Peri-Anesthesia Nursing Standards, Practice Recommendations and Interpretive Statements kept in the unit for ease of reference.

management duties as indicated. Designated Charge Nurses work as staff in times of high census, high acuity/intensity, otherwise they control throughput of patients when necessary and direct duties of staff. The Charge Nurses also are responsible for developing the monthly schedule and providing it to management no later than 15 days (about 2 weeks) before approval and posting. Nurses who fill this role do not need any special training, credentialing, or competencies to hold the position. The only skill necessary is the willingness to take on additional tasks as delegated by management. All Float Personnel are required to complete competencies for Peri-Anesthesia care, complete an orientation to the Recovery Room environment and have BLS (Basic Life Support), ACLS (Advanced Cardiac Life Support) and PALS (Pediatric Advanced Life Support) credentials. Float Personnel are called in times of high census and high acuity/intensity. This resource is accessed weeks in advance and on occasion as needed, via the nurse staffing office, or staff volunteers contacted by Management or Charge Nurses. **Patient Population/Diagnoses** Any patient recovering from anesthesia and surgical intervention, including but not limited to adults, geriatrics, pediatrics, developmentally delayed adults, children, pregnant, and post-partum women. ***Diagnoses include, but are not limited to***	staffing adjustments. **Note.** Class I and II patients may fast track directly from the OR. Additionally, Class III from endoscopy or patients that deteriorate in the Phase 2 area may be transferred into Phase 1 area, if necessary, to facilitate throughput in the Phase 2 area. Any class IV or V is not suitable for post op care or boarding in Phase 2 as they require 2 or more nurses per patient and will be transferred into Phase 1 area. **Surgical Admissions** At least one nurse and one other nursing staff member (RN, CNA) on the unit while patients are present. Staffing is dependent on the number of OR rooms that are running that day. Staffing also depends on the acuity of the patients boarded in the admit department. High acuity patients will be boarded in the PACU secondary to acuity/intensity and the telemetry capabilities of the PACU. However, they can be boarded in the Admit Department with proper monitoring capabilities, supplies, and staff. Approximate patient volume per month from fiscal year, available upon request. **Post Anesthesia Care Unit: Phase 1** Two registered nurses, one of whom is an RN competent in Phase 1 Post-Anesthesia nursing, are in the same room/unit where the patient is receiving Phase 1 level of care (ASPAN, 2023, p. 48-53). Staffing reflects patient acuity/intensity, patient census, and the physical facility. Phase 1 nurses continuously re-evaluate the patient's acuity and intensity using the Recovery Room Acuity/Intensity Tracking via EPR. Then utilizing the Resource Nurse/Charge Nurse/Clinical Manager as needed to maintain proper staffing. In general, a 1:1, or 2:1 patient-to-nurse ratio allows for appropriate assessment, planning, implementing care, and evaluation for transfer and increasing efficiency and flow of patients through the Phase 1 area (ASPAN, 2023, p. 48-53). The Peri-Anesthesia registered nurse maintains appropriate staffing recommendations when planning for transport of patients in and out of the unit. Approximate patient volume per month from fiscal year, available upon request. **Post Anesthesia Care Unit: Phase 2** Two competent personnel, one of whom is an RN competent in Phase 2 post anesthesia nursing, are in the same room/ unit where the patient is receiving Phase 2 level of care. Two RNs are always in the Phase 2 DSU area while a patient is present (ASPAN, 2023, p. 48-53). Phase 2, or DSU is not utilized “on	

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(ICD 10 Code)
Admission Screening
○ Cardiovascular Disorders (Z13.6)
○ Diabetes Mellitus (Z13.1)
○ Dental Disorders (Z13.89)
○ Behavioral Disorders (Z13.89)
○ Respiratory Disorders (Z13.83)
○ Infections and parasitic disease, unspecified (Z11.9)
○ Counseling, unspecified (Z71.9)
○ Aftercare following explanation of
▪ Shoulder joint prosthesis (Z47.31)
▪ Hip joint prosthesis (Z47.32)
▪ Knee joint prosthesis (Z47.33)
○ Contact with and (suspected) exposure to
▪ Unspecified communicable disease (Z20.9)
▪ Pediculosis, ascariasis, and other infestations (Z20.7)
Phase 1 and Phase 2
○ Aftercare following surgery: (Z48)
○ Surgical aftercare following, orthopedic (Z47)
▪ Drain (Z48.03)
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call". In a very uncommon instance, the patient is going to be discharged from the Recovery Room, the Phase 1 RN works in the capacity of a Phase 2 RN. Staffing reflects patient acuity and the complexity of patient care. In general, a 3:1 patient-to-nurse ratio allows for appropriate assessment, planning, implementation of care, and evaluation for discharge and increasing efficiency and flow of patients through the Phase 2 area (ASPAN, 2023, p. 48-53). The Recovery Room nurses continuously re-evaluate the patient's acuity and intensity using the Recovery Room Acuity/Intensity Tracking via the EMR. Approximate patient volume per month from fiscal year, available upon request.

Acuity and Intensity
Acuity is defined as the degree of a patient's "sickness" or "physical state" before and after surgery. The American Society of Anesthesiologists (ASA) Physical Status Classification System (American Society of Anesthesiologist, 2023, December 13) will be used to quantify acuity. Staffing is adjusted to support high or low ASA patients. ASA Rating is used to clarify acuity in the OR environment.
Intensity is defined as the number of resources, both physical environment and FTE (staff) count needed to safely care for a patient. In the Recovery Room, the Recovery Room Acuity /Intensity Tracking tool, via the EMR, is used exclusively by frontline staff and is being tracked on every patient. The data compiled is used concordantly with the Analytic Tracking Tool (for example, see Appendix A).
These tools provide us with the information necessary to predict the appropriate number of staff effectively and accurately for any given day. This data is supported by the IBM Action IO benchmarking database. The Recovery Room Acuity /Intensity Tracking via the EMR, tool is a "living document" and is reviewed and modified as needed by staff regularly and approved by management, to better reflect the ever-changing conditions of the patient populations. Data recorded by staff is entered into Epic via the patient's EMR.

Acuity/Intensity by Class
Class I. Patients are suitable for a 3:1 patient to nurse ratio. In most of these cases the patient meets fast tracking criteria. Fast tracking is defined as having a patient bypass Phase 1 level of care and go directly to Phase 2. The patient must meet Phase 1 discharge criteria prior to leaving the OR. (ASPAN, 2023, p. 50-53).
Class II. Patients are suitable for a 2:1 patient to nurse ratio. In most of these cases the patient also meets fast tracking criteria.
Class III. Patients are suitable for a 1:1 patient to nurse ratio. These patients
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▪ Surgical wound dressing (Z48.01) ▪ Sutures (Z48.02) ○ Surgical aftercare following, orthopedic (Z47) ○ Surgical aftercare following surgery on the Genitourinary system (Z48.816) ○ Surgical aftercare following surgery on the teeth or oral cavity (Z48.814) ○ Surgical aftercare following surgery on the Respiratory system (Z48.813) ○ Surgical aftercare following surgery on the Digestive system (Z48.815) ○ Surgical aftercare following surgery on the Spine (Z48.89) ○ Encounter for Sterilization (Z30.2) ○ Other Acute Post Procedural Pain (G89.18) ▪ Postoperative pain ▪ Post procedural pain ○ Unspecified Nausea & Vomiting (R11.2) ○ Laryngospasm (J.38.5) ○ Insufficient or Poor Respirations (R06.89) ○ Acute post procedural respiratory failure (J95.821) ○ Post Procedural (Post-Operative) Delirium (F05)	require additional care and assessment and require an RN to be within a few steps "present" (ASPAN, 2023, pg. 49) of patient until they have recovered enough from anesthesia to be downgraded to a lower-level acuity. **Class IV or V.** Patients are suitable for 1:2 (1:2 or more) patient to nurse ratio. These patients require 2 or more nurses at the bedside and need constant monitoring and/or intervention. They often require significant respiratory, cardiovascular and/or emotional support for an extended period. **Note**. There are two RN at the bedside for every pediatric patient in Phase 1. **<u>CNA Staffing Ratios</u>** CNAs are not assigned a patient load in the Recovery Room. **<u>Charge Nurse Responsibilities</u>**: The charge nurse may take patient assignments, including for the purpose of providing meal and rest breaks. Managing workflow/Facilitating patient throughput, communicating with the other charge nurses to help keep flow for the day between Admit -> OR -> PACU/DSU. Reevaluating staffing and assignments throughout the day based off the OR board changes. Anticipating schedule challenges/problems and making the necessary adjustments to keep the day moving forward (I.e., Nuclear Med, Mag seed placement, IR interventions, etc.) • Supporting Staff • Lunch relief • Break relief • Random admits or Call cases • Procedure support (I.e. medication administration, IV placement, lab collection, etc.) • Sudden increase in patient acuity • Communicating with house supervisor and other units about bed admit needs. • Product support/expertise • Managing doctors • Clarify or get orders • Present the staff's concern to MD and work together to create a better solution for the patient • Facilitating doctor's workflow • Administration • MRO management • Schedule creation and management • Assignments	

○ Malignant hyperthermia due to anesthesia (T88.3) ○ Hypothermia following anesthesia (T88.51) ○ Other complications of anesthesia (T88.59) ▪ Arrhythmia ▪ Hypo/Hypertension ▪ Pseudocholinesterase Deficiency ○ Post-procedural hemorrhage of a circulatory system organ or structure following procedure (I97.620) ○ Infection following a procedure (T81.44) ○ Other intraoperative and post procedural complications and disorders or the digestive system (K91.8) ○ Other intraoperative complications of genitourinary system (N99.81)	• Analytics • Dealing with complaints/concerns of patients and families • Deescalating difficult patients/families • Weekly meetings for unit development and improvement Relief Charge Nurses do not have any of the administrative duties the Designated Charge Nurses do. **Assignments:** Staff assignments are made as early as one week in advance and posted in the units for all staff to reference when they come to work. They can be changed by the Charge RN, or Management, depending on unit need. They give details on what environment a staff member is to be assigned to any day. Recovery Room is one department, made up of three units (Surgical Admissions, DSU, and PACU). In the DSU and PACU patients are assigned to an available nurse as they [patient] enter the environment, as opposed to being "assigned" a patient in the traditional scene of the word. Note that the nurses in the Recovery room have all been cross-trained and will be moved to different sections of the unit as needed. CNA assignments are not managed in the traditional sense. The CNA in Recovery works in concert with the RN to facilitate patient care (bedding, VS, turnover, snacks, water, ambulating to and from bathrooms and so on), but are not "assigned" patients, or a patient load. They are also responsible for some minor administrative duties as assigned to them by the leadership. **Meal and Break Relief:** Everyone in the Recovery Room works more than 7 hours/day. Because of team nursing and resource nursing, the nursing staff gets 15 min breaks as expected and staff takes a 30min break sometime between the 3rd and the 6th hour, or 9th hour if over a 10-hour day. Most days there is a "Resource Nurse," who is a Recovery Room RN and is of the same caliber and competency as their colleagues. This "Resource Nurse" will be responsible for helping the team meet their lunch and break responsibilities. It should be noted that on most days the ebb and flow of the OR makes lunches and breaks possible. However, on those days that this "ebb and flow" does not accommodate lunches and breaks, the Resource RN, Charge RN and/or the Recovery Room Manager help to cover patient load so lunches and breaks can be managed.	

SKY LAKES MEDICAL CENTER

Sky Lakes Medical Center Nurse Staffing Plan		
Department: Stress Lab		
Approval Date: 05/22/2024		
Effective Date: 06/01/2024		
UNIT DETAILS	**STAFFING**	**STANDARDS**
Unit Description The Cardiac Stress Lab is an 8 hour per day, 5 days a week (Monday-Friday) outpatient unit for patients requiring a stress test. The Cardiac Stress lab is comprised of a single room with one bed, monitoring equipment, and a treadmill. Cardiac stress lab patients include standard EKG treadmill stress tests, EKG treadmill with cardiolite, nuclear stress tests, echo stress treadmill/bike, and echo stress dobutamine tests. **Patient Population/Diagnoses** The nurse cares for patients across the lifespan, except pediatric patients. The top diagnoses are cardiovascular disease and chest pain. **Call** The cardiac stress lab does not participate in mandatory call.	**Staffing Summary** There is one full time RN scheduled in Stress Lab daily. There is one EKG tech assigned to work with the RN. **Nurse Staffing Ratios** The RN to patient ratio is 1:1. The cardiac stress lab is staffed by one RN and an EKG tech. When there are patients scheduled for a stress test, an RN must be present for the test to take place. The process for determining the ability for the Cardiac Stress Nurse to take procedures is initiated with consideration for the current scheduled procedures. This is determined based on the overall workload of the day with respect to patient procedures and from the primary Stress Lab nurse's judgement on whether they are able to deliver safe patient care. **CNA Staffing Ratios** There are no CNA's in stress lab. **Total Patient Care** The stress lab RN performs total patient care. **Charge Nurse** The charge nurse is the only RN working in the unit and assumes assignment of patients in the department. **Assignments:** The cardiac stress lab nurse cares for one patient at a time and is responsible for all patients scheduled in the stress lab during the weekdays. If a patient becomes high acuity, the Stress lab RN may cancel and/or postpone cases. In case of staffing issues that are problematic, the nurse has a chain of	**Nationally Recognized Standards and Guidelines** The Cardiac Stress Lab Staffing Plan will be reviewed and approved annually by the Nurse Staffing Committee; and then submitted to Senior Management Team. See annual department staffing plan review. Standards or guidelines used to develop the Stress Lab's staffing plan include: • Alliance of Cardiovascular Professionals (ACP) Fourth Edition

	command to follow: Cath Lab/Stress Lab Manager-- Interventional Services Director--- Hospital Supervisor → CNO/Admin on call. The Cardiac Stress Lab works mostly with outpatients and a few inpatients. The nurse is responsible for looking the patient up the day before to assess for patient's ability to complete the scheduled test. For inpatients, the RN calls and gets a brief report before the patient is brought to the stress lab and then calls the floor back to give a brief report before sending the patient back to the floor. **Meal and Break Relief:** Meal and break relief shall be approached jointly between staff and Hospital Supervisor/Manager/Director. There is a break in the schedule from 12-12:30 where the RN and EKG tech take their lunch break. The Cardiac Stress Lab recognizes 12:00-12:30 as a dedicated mealtime for staff. The Cardiac Stress Lab Nurse will utilize time frame between procedures to ensure breaks are achieved which, includes but is not limited to, delaying next procedure start or rescheduling of procedure to another day.	