



Origination: 09/2009
Last Approved: 12/2018
Last Revised: 12/2018
Next Review: 12/2019
Owner: *Diane Matthews: CNO*
Policy Area: *Med/Surg*
References:

Safe Staffing and Safe Staffing Committee

Goal:

To protect patients, support greater retention of nurses and promote evidence based nurse staffing by establishing a mechanism where direct care nurses and hospital management participate in a joint process regarding decisions about nurse staffing.

Committees:

- At least one-half of membership must be made up of direct care RN's.
- Up to one-half of membership will be hospital management representatives.
- Staff nurses participating in the nurse staffing committee shall be on scheduled work time and compensated at the appropriate rate of pay.
- Nurse staffing committee members shall be relieved of all other work duties during meetings of the committee.
- Meetings are to be scheduled and no longer than one hour in duration.

Committee Functions:

- Develop and oversee implementation of an annual unit staffing plan.
- Semi-annual review of plan
- Semi-annual review of nurse sensitive outcome indicators:
 - Fall prevalence
 - Falls with injuries
 - Skill mix: based on experience and certifications

Plan development:

Certain factors, including but not limited to the following, shall be considered and included in the development of the staffing plan:

- Census, including total number of patients on the unit on each shift and activity such as discharges, admissions and transfers
- Level of intensity of all patients and nature of care to be delivered on each shift.
- Skill mix
- Level of experience and specialty certification/training or nursing staff providing care
- The need for specialized or intensive equipment
- Architecture and geography of the patient care unit, including placement of patient rooms, nurses station, medication area and equipment rooms.
- National standards on nurse staffing.

Posting Requirements:

- The nurse staffing plan must be posted in a public area in each patient care area and the nurse staffing schedule for that shift on that unit and well as the relevant clinical staffing for that shift (see current acuity/staffing sheet). Daily

posting will be on the window to the report room and in the triage room in the ER with daily acuity reported on that sheet. Available to public upon request.

Responsibilities:

- **Quality assurance:**
Include nurse staffing information on adverse events root cause analysis in order to examine the impact of nurse staffing on the adverse event. Report the number of: patients, RN's, Agency RN's, staff working beyond normal hours, the consecutive hours a nurse has worked and other clinical staff.
***Information/statistics regarding the nurse-sensitive indicators.
- **Fiscal:**
Provide a detailed budget for each nursing department for available FTE's and Skill mix variability (CNA and RN, LPN FTE).
- **Nursing Supervisor:**
Scheduling appropriate skill mix based on statistics from nurse sensitive indicators and budget.

Staffing concerns:

- Complaints/concerns regarding staffing should be sent to nursing supervisor in writing and reviewed with the CNO. Concerns will be addressed at the time of concern or brought to the attention of the safe staffing committee at the next scheduled meeting.

Staffing Procedure:

Staffing Ratios for Skyline Hospital:

Acute Care: According to ratios, based on acuity for patient need. (Example: reduced ratio for certain medication drips or patient populations (combative, agitated, etc..)).

Shift 07-1930

0-3 patients: 1 RN, 1 Unit Clerk

4-5 patients: 1 RN, 1 Unit Clerk, 1 CNA

6 patients: 2 RN, 1 Unit Clerk

7-8 patients: 2 RN, 1 Unit Clerk, 1 CNA

9-12 2 RN, 1 Unit Clerk, 2 CNA

Managers, Supervisors, float RN or OC RN to assist during times of surge or increased acuity of patients.

Noc Shift 19-0730

0-3 patients: 1 RN, 1 Unit Clerk

4-6 patients: 1 RN, 1 Unit Clerk, 1 CNA

7-10 patients: 2 RN, 1 Unit Clerk, 1 CNA

11-12 patients: 2 RN, 1 Unit Clerk, 2 CNA

Managers, Supervisors, float RN or OC RN to assist during times of surge or increased acuity of patients.

ED staffing:

24h/d X 7d/week X 365 d/year staffed with 1 RN and 1CNA/UC

Managers, Supervisors, float RN or OC RN to assist during times of surge or increased acuity of patients.

Surgery

Staffing:

Circulator-1, Pre-op/Pacu-2, Surgical Tech-1, UC/CNA-1

Surgeries/Procedures are performed

Tuesday, Wednesday and Thursday. Referrals and paperwork are done on Monday and Friday. Manager OC RN, OC Surgery Tech to assist during times of complex surgeries or increased number of patients.

Low Census is done in accordance with the contract for WSNA. Low Census on call can be done by first to request or

staff will be placed on call according to rotation by length of time since last call shift. Longest time since last on call equals the first person placed on call.

Attachments:

[Staffing Matrix-word.docx](#)

Approval Signatures

Approver	Date
Diane Matthews: CNO	12/2018