



TITLE: Nurse Staffing

DEPARTMENT: Provision of Care, Treatment and Services

POLICY NO: 4000.100.004

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ISSUE DATE: 4/10

NEXT REVIEW: 9/23

APPLICABLE CODES AND STANDARDS: Code of Colorado Regulations (6 CCR 1011-1 Chapter 4)

POLICY: Aspen Valley Hospital employs licensed Registered Nurses and Patient Care Technicians/Medical Assistants to provide safe and effective nursing care to patients in a variety of settings. The staffing needs of each nursing care area are evaluated every shift and the department Director and/or the House Supervisor has the authority to increase or decrease the number of nurses based on patient needs. Annually, the Nursing Staff Committee reviews the nursing staffing plan and makes recommendations for modifications as needed.

PURPOSE

To provide continuous nursing care that is appropriate to the clinical needs of every patient, based on nationally recognized standards and guidelines. The goal is to promote the health, safety, welfare of employees and patients.

DEFINITIONS

“Staffed Bed Capacity” – total number of all staffed acute care inpatient beds. Includes ICU, PCU,. Does not include Labor/Delivery, Mom/Baby, pediatric beds. Reported in EMResource as required by the Department.

“Nursing Staffing Committee” comprised of Nursing Administration, Nursing Leadership and no less than 60% clinical nurses. This model allows the committee members and clinical nurses to raise concerns through a shared governance model.

Includes a designated leader of workplace violence prevention and reduction efforts
Written process to receive, track, resolve complaints.

At present, the committee is comprised of the following: Nursing Executive; Directors – ED, Perinatal, IP (includes PCU/ICU), Perioperative; Clinical Staff from each unit; clinical resource coordinators; and staff development nursing from each department. 16 total (5 admin, 11 staff (69%)).

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GUIDELINES

The Nursing Staffing Committee evaluates and plans the necessary staffing on an annual basis, based on expected patient volume and intensity of service. The staffing plan takes into consideration the following: type of unit, type/acuity of patient, admissions/discharges, patient outcomes, skill mix of staff, specialized qualifications and level of competency of staff. Includes as a minimum: skill mix, nursing hours/patient/day, voluntary turnover, patient falls prevalence rate, patient falls with injury, recorded incidences of violence against staff. Evidence of competency is maintained in personnel records at the hospital. This includes the staff employment application, licensure, certifications, competencies and training as required for the position in which they are employed.

1. Core Nurse staffing is established annually for expected baseline (non-seasonal) patient volumes as well as flexed up for seasonal volumes. Core and Flex Career nurses are not required to cancel shifts for low census, except on a voluntary basis. Flex Casual nurses may be cancelled for low census.
2. **Nurse Staffing Guidelines:**
 - a. Patient Care Unit (PCU)
 - i. One RN on the unit or in house on-call at all times, even if unit is closed
 - ii. Staffing is based on census and patient acuity
 - iii. Does not exceed 1:5 nurse/patient ratio unless patient acuity allows.
 - iv. Based on American Nurses Association standards for nursing staffing
 - b. Maternal-Newborn Unit
 - i. At least two qualified labor RNs in house at all times; *if unit is closed or no active labor patients, may staff with one qualified Labor RN in house and one qualified Labor RN on call at Director's discretion.*
 - ii. Follow AWHONN nurse staffing guidelines for active labor and Mother-baby couplets.
 - c. ED
 - i. Core staff is two (12 hour) RN's and one (8 hour) RN (?) is this correct?
 - ii. At least **one** RN must be present in the ED and available to see patients at all times (if an ED RN is reassigned to another department, must be able to return to ED/Trauma Room immediately)
 - iii. Based on Emergency Nurses Association standards for nurse staffing
 - d. ICU
 - i. At least one qualified ICU RN in house at all times. ICU nurse may take call if the unit is closed, but will be reassigned to the ED as a priority.

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- ii. When Unit is Open: 1 patient care tech to assist the RN as needed
 - iii. Staffing is based on census and patient acuity.
- e. Perioperative Services
- i. SDS – 2 RN’s during hours of operation for patients returning from surgery
 - ii. PACU – 2 RNs during hours of operation, may include House Supervisor or Level II as the 2nd RN.
 - iii. Intraoperative Care – 1 RN present at all times, including procedural sedation
 - iv. Based on American Operating Room Nursing (AORN) and American Society of PeriAnesthesia Nurses (ASPAN) standards for nurse staffing
- f. Outpatient Settings
- i. 1 RN or PCT/MA minimum per clinic when patients are present for services
 - ii. 2 or more staff per clinic depending on scheduled patient load
 - iii. Urgent Care settings – 1 RN and 1 tech (unit coordinator/x-ray/MA) when open
- g. Peak or “Seasonal” staffing is established for those times of the year when patient census is known to increase. Seasonal nurses may be cancelled based on the terms of their employment agreement.
- h. Consideration is given to nurse staffing if there are patients with special needs, such as; safety or elopement risk, physiologic instability, M-1 hold, and/or significant behavioral health issues. A “Safety-Attendant” may be used for special 1:1 observation that does not require skilled nursing.
- i. Staff RN’s will be reassigned (see *Nurse Staff Reassignment* policy; #4000.020.001) when necessary and possible.
- j. Nurses may be asked to be “On-Call” when the census and/or patient needs are anticipated to increase over the ensuing shift.
- k. AVH may utilize low census unpaid to downstaff if patient volumes allow.
- l. Surge Planning – Should AVH experience a surge in patient census (i.e. due to local public health emergencies, etc) AVH shall utilize the surge planning guide found in the Policies (currently Emergency Preparedness documents).

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3. Process for complaints and feedback related to nurse staffing. Any staff member may bring forth to the committee a concern related to this policy. Committee members may request CDPHE review for compliance with regs with 60% vote.

4. Review and Reporting:

a. Staffing plans will be reviewed annually by the committee and reported to the BOD on an annual basis. Annual report includes any patient and staff outcomes as developed by the Colorado Board of Health (BOH).

b. The report will be submitted to CDPHE in a format approved by the Department.

c. The Nursing Staffing Committee shall review the plan on a quarterly basis and provide results of such review to appropriate bodies as required by the State.

d. Any staff nurse, employee of the hospital or patient may request to view a copy of this policy.

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Attachments:

Approved By:

Nursing Administration: 4/10, 8/22

Nursing Leadership: 4/15, 4/16, 8/17, 5/18, 4/19, 1/20, 11/20, 8/21,8/22

Board of Directors: 9/22

Reviewed Dates: 4/10, 4/15, 4/16, 8/17, 5/18, 4/19, 1/20, 11/20, 8/21, 8/22