

## **NURSE STAFFING PLAN PURPOSE**

This plan was developed for the management of scheduling and provision of daily staffing needs for the hospital, and to define a process that ensures the availability of qualified nursing staff to provide safe, reliable and effective care to our patients. This plan applies to all parts of the hospital licensed under RCW 70.41.

## **STAFFING PLAN PRINCIPLES**

The following principles guide staffing at MultiCare Good Samaritan Hospital:

- At all times, each patient admitted to the hospital is assigned a registered nurse (RN) who is accountable for the patient's care. This responsibility includes making assessments, creating and carrying out a plan of care, teaching, seeking consultations, communicating problems to the medical team, and evaluating the effectiveness of care.
- The optimal staffing plans represent a partnership between nursing leadership and direct care staff.
- All staffing plans are designed to minimize the risk of unplanned overtime (OT).
- Staffing plans include allocation for direct patient care.

These principles correspond to The American Nursing Association Principles of Safe Staffing and are implemented as follows:

### **Unit-Related**

***Appropriate staffing levels for a patient care unit reflect analysis of individual and aggregate patient needs.***

The budget allocation of direct nursing resources at Good Samaritan Hospital is determined annually. Multiple factors are analyzed and considered:

- benchmark data
- census
- acuity
- staff qualifications
- turnover
- patient safety outcomes
- new technology
- throughput outcomes
- trends for seasonality and time of day when patients present for service
- anticipated needs of new or changing patients
- meal and rest breaks for staff

Each department/unit confirms their numbers of nurses to schedule for each 6-week schedule in the upcoming 6 months. These targets are based on the factors stated above, as well as historical sick use, and more current patient care and safety considerations of resources anticipated.

Schedule targets are also adjusted based on seasonal patterns and trends in acuity and patient volume. Good Samaritan can see considerable variation in census across winter viral season and summer surgical season.

To cover staffing shortfalls during unpredictable times of high census, we utilize our float pools, implement voluntary on call systems and may hire traveling RNs for temporary assignments. The goal is to care for the patients and families who present themselves to us.

Staff meal and rest breaks are in accordance with WSNA and Good Samaritan bargaining agreement and Washington State laws. Charge RNs partner with clinical staff to identify and schedule appropriate times for staff to take their meal and rest breaks. Staff use their identified chain of command to escalate real-time barriers so that appropriate coverage can be obtained for the break/meal period.

Unit functions necessary to support delivery of quality patient care must also be considered in determining staffing levels.

Good Samaritan maintains a hospital wide Nurse Staffing Committee that develops the nurse staffing plan and partners with nursing and hospital leadership in assuring safe staffing for all patients. Units shall be invited to present to the house-wide staffing committee twice each year.

# UNIT DESCRIPTORS AND SUMMARY OF STAFFING

## Inpatient Nursing Units

Inpatient Nursing Units consist of the following units:

- Medical Palliative
- Medical Oncology
- Post-Surgical
- Observation Unit
- Cardiac Care
- Progressive Care
- Intensive Care
- Inpatient Trauma and Neuro Rehabilitation Unit

Each department has included a more detailed description of the type of care provided in their area below. All nursing care includes assessment, problem identification, planning, implementation, and evaluation of the delivery of care and the patient's response to medical and nursing therapy.

The staffing grid is the goal for staff scheduling per day and shift based on average daily census and budgeted hours of care. Direct hours per unit of service reported below include RN, PTCA, HUC, and Sitter direct productive hours divided by budgeted daily census. Average daily census in the tables under each unit is the 2022 budgeted average daily census for the unit.

For daily staffing needs, the Charge RN determines the number of staff needed based on a calculation of the unit census and budgeted hours of nursing care. The Charge RN then reviews any additional factors such as acuity, admissions, discharges, and transfers, geography, and skill mix needs in order to determine the total number of staff needed to safely care for the patients. Units also have a huddle structure that can be used to inform the CN and potentially make necessary adjustments to patient assignments. Staffing needs are reviewed in four-hour blocks and adjustments made for areas that are open 24 hours a day. The majority of inpatient staff work 12-hour shifts, but staff can be scheduled into 4, 8, or 12-hour shifts depending on their FTE and other indirect time. Shifts start at 7am, 11am, 3pm, 7pm, or 11pm unless otherwise indicated.

Good Samaritan has a centralized staffing office that coordinates the staffing needs of the inpatient areas and assure the staffing needed to support their staffing plans. Inpatient nursing units also use staff within a float pool that are deployed through a centralized staffing office to the areas that identify staffing needs. Unit based staff may also float to another department who has a staffing need in accordance with union contract

Patient placement within the hospital is coordinated through the Hospital Supervisor and is in accordance with admission, discharge, and transfer criteria. Staff use the following chain of command for staffing concerns or issues, Charge Nurse, Unit Nurse Manager or Assistant Nurse Manager, House Supervisor, Unit Director, Chief Nurse Executive.

## Medical Palliative

This unit supports 56 adult care beds, 32 beds on the 4 River floor, and 24 beds on the 3 River floor. This department specializes in palliative care-end of life care- CMO (Comfort Measures Only), medical management of complex and high acuity medical patients, long-term and total care patients, difficult to place patients, and general medical patients.

In general, RNs on the unit are assigned five to six patients. The assigned Charge RN shares responsibility for 4 River and 3 River units and responds to needs in both locations. PTCA will be staffed as patient observers (sitters) as needed and are either staffed by the unit or from the central float pool.

### Medical Palliative

Number of beds	56
Average daily census	53
Direct hours per patient day	9.76
Average patients/RN	5

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	2	2	2	2	2	2	2
	Night	2	2	2	2	2	2	2
RN	Day	11	11	11	11	11	11	11
	Night	11	11	11	11	11	11	11
PTCA	Day	5	5	5	5	5	5	5
	Night	5	5	5	5	5	5	5
Other	PTCA (Sitter) Day	1.75	1.75	1.75	1.75	1.75	1.75	1.75
	PTCA (Sitter) Night	1.75	1.75	1.75	1.75	1.75	1.75	1.75
	HUC Day	2	2	2	2	2	2	2

## Medical Oncology

42 bed adult care located on the 6<sup>th</sup> floor of the Dally Tower, 2 negative pressure rooms, 14 ceiling lift rooms, 25 rooms with dialysis capability, 4 bed constant observation room. All rooms have the capability for remote telemetry monitoring. This unit in inpatient oncology patients, medical management of complex and high acuity medical patients, long-term and total care patients, difficult to place patients, and general medical patients.

In general, RNs on the unit are assigned four to five patients. PTCA will be staffed as patient observers (sitters) as needed and are either staffed by the unit or from the central float pool.

### Medical Oncology

<b>Number of beds</b>	42
<b>Average daily census</b>	41
<b>Direct hours per patient day</b>	10.39
<b>Average patients/RN</b>	4-5

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
RN	Day	9	9	9	9	9	9	9
	Night	9	9	9	9	9	9	9
PTCA	Day	4	4	4	4	4	4	4
	Night	4	4	4	4	4	4	4
Other	PTCA (Sitter) Day	2.25	2.25	2.25	2.25	2.25	2.25	2.25
	PTCA (Sitter) Night	2.25	2.25	2.25	2.25	2.25	2.25	2.25
	HUC Day	1	1	1	1	1	1	1



## Transitional Observation Unit

This is a 29-bed unit located on the 2nd floor of the River Pavilion, split between a north and south locations directly across from each other. On north side is 18 shared and private patient beds and, on the south, there are 11 shared and private patient beds. All rooms have bedside Philips cardiac monitors with the ability to monitor telemetry remotely from the telemetry suite. The unit specializes in observation patient care, cardiac care, and medical management of complex and high acuity patients. Observation unit also has an overflow unit on 1 Dally, located in the Emergency Department.

### Observation

<b>Number of beds</b>	River Pavilion: 29 1 Dally Overflow: 12+
<b>Average daily census</b>	25
<b>Direct hours per patient day</b>	10.67
<b>Average patients/RN</b>	3-5

### River Pavilion

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
RN	Day	9	9	9	9	9	9	9
	Night	9	9	9	9	9	9	9
PTCA	Day	4	4	4	4	4	4	4
	Night	4	4	4	4	4	4	4
Other	HUC Day	1	1	1	1	1	1	1

### 1 Dally Overflow\*

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
RN	Day	3	3	3	3	3	3	3
	Night	3	3	3	3	3	3	3
PTCA	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
Other	HUC Day	1	1	1	1	1	1	1

\*Note census of 12 represented here.





## Intensive Care Unit

This is a 40-bed unit located on the 5th floor of the Dally Tower. All units providing care 24/7/365, specializing in, patients with severe and life-threatening illnesses and injuries, patients requiring continuous and immediate nursing interventions, patients requiring support from specialized equipment and medications which required highly trained staff, patients requiring intensive and critical care levels of care. PTCA will be staffed as patient observers (sitters) as needed and are either staffed by the unit or from the central float pool. Note: Resource Nurse allocated for busier times and reported in other care hours.

### Intensive Care Unit

Number of beds	40
Average daily census	38
Direct hours per patient day	15.79
Average patients/RN	ICU: 1-2 PCU: 3-4

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
RN	Day	18	18	18	18	18	18	18
	Night	18	18	18	18	18	18	18
PTCA	Day	4	4	4	4	4	4	4
	Night	4	4	4	4	4	4	4
Other	PTCA (Sitter) Day	1	1	1	1	1	1	1
	PTCA (Sitter) Night	1	1	1	1	1	1	1
	HUC Day	1	1	1	1	1	1	1
	HUC Night	1	1	1	1	1	1	1



## Cardiac Care Unit

This unit is comprised of a total of 39 beds with 22 ICU beds (14 beds on 2 Meadow, and 8 beds on 2 Forrest) and 17 PCU beds (8 beds on 2 Forest and 9 beds on 4 Forest). 8 of the rooms can surge to double rooms, if needed. All rooms have bedside Philips cardiac monitors with the ability to monitor telemetry remotely from the telemetry suite.

Care to the CVICU and CCU patient is provided in accordance with the American Association of Critical Care Nurses (AACN) Scope & Standards for Acute and Critical Care Nursing Practice. PTCA will be staffed as patient observers (sitters) and are staffed from the central float pool.

### CCU

The following patient conditions allow for admission or transfer to the CCU may include, but are not limited to NSTEMI, MI not requiring Thrombolytic therapy and/or invasive hemodynamic monitoring, dysrhythmia needing observation and telemetry monitoring, pre and post cardiac cath lab intervention, pre and post cardiac cath lab diagnostic procedural patients requiring telemetry and/or non-invasive hemodynamic monitoring, post cardiovascular surgical patients, post endovascular TCAR and carotid endarterectomy, EKOS, pe- and post-op permanent pacemaker implantation/lead replacement, cardioversion, initiation of sotalol therapy, CHF, endocarditis, pericarditis, syncope, CVA without tPa administration as indicated, conditions requiring telemetry monitoring and/or acuity considerations, conditions requiring telemetry monitoring and/or acuity considerations,

### CVICU

The following patient conditions allow for admission or transfer to the CVICU may include, but are not limited to: acute myocardial infarction, cardiogenic shock, acute congestive heart failure with respiratory failure and/or requiring hemodynamic support, unstable angina, particularly with arrhythmias, hemodynamic instability, or persistent chest pain, status post cardiac arrest, hypothermia protocol status post cardiac arrest, post endovascular TCAR and carotid endarterectomy with arterial monitoring, EKOS-Pulm, pre and post-op temporary pacemaker, cardioversion, single modality pressure line management (arterial, CVP) and Swan Ganz for right heart failure medication, vital signs, neuro or vascular check monitoring every 2 hours or less for > 1 hr, vasoactive and anti-arrhythmia drip management, continuous BiPAP support, paralytic agents, acute respiratory failure ventilator support, IABP, CRRT.

### Cardiac Critical Care Unit

Number of beds	39
Average daily census*	34.4
Direct hours per patient day	16.3
Average patients/RN	CCU: 3-4 ICU: 1-2

*Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
RN	Day	14	14	14	14	14	14	14
	Night	14	14	14	14	14	14	14
PTCA	Day	4	4	4	4	4	4	4
	Night	4	4	4	4	4	4	4
LPN	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
HUC	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1

## Family Birth Center

Family Birth Center is a unit providing care 24/7/365 days a year. The unit is comprised of labor and delivery, Level II NICU, Mother Baby (postpartum), and Chemical Dependency Unit for pregnant women. The Family Birth Center provides care for the following groups: Pregnant women, Postpartum Mothers and their Newborns, Gynecological patients meeting criteria for a mother-baby unit, and Neonates who are at least 32 weeks estimated gestational age and not critically ill but who require extra support.

There are 2 assigned daytime charge nurses and 1 nighttime clinical assistant nurse manager for Family Birth Center. The Labor Charge RN is responsible for Labor & Delivery. The Mother Baby Unit Charge RN is responsible for MBU, Chemical Dependency Unit, and the Level II NICU units. Both collaborate to coordinate nursing care. The four departments work together throughout their shifts to best utilize the RN resources to meet current and anticipated patient needs, including ensuring a receiver RN is present when required. Staffing levels are determined by number of patients and patient acuity, based on AWHONN/NANN, and AAP guidelines.

### Labor and Delivery

L&D has 9 Labor beds, 2 Operating Rooms, 2 OB PACU beds, and 3 OBED triage rooms. Following AWHONN guidelines, 1 RN to 1-2 patients, assignment to be based on AWHONN Guidelines. Staffing numbers will be adjusted based on patient needs. Available staff will be placed on-call as appropriate to account for the quickly changing needs of the L&D patient population.

#### Labor and Delivery

Number of beds	9 LDRS, 2 OB OR, 3 Bed OB Triage, 2 OB PACU
Average daily census	8 Deliveries
Direct Prod Hours Per Patient Day	27.50
Average patients/RN	1-2

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
RN	Day	7	7	7	7	7	7	7
	Night	7	7	7	7	7	7	7
Surg Tech	Day	0.33	0.33	0.33	0.33	0.33	0	0
	Night	0.33	0.33	0.33	0.33	0.33	0	0
HUC	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1

## Neonatal Intensive Care Unit

The Neonatal Intensive Care unit is an 11 bed Level II NICU (includes 2 isolation rooms) with central monitor capability. The GSH Level II NICU provides a comprehensive, coordinated and multidisciplinary approach to the continued assessment, diagnosis and management of neonates > 32 weeks of gestation. These infants are stable and can be managed with the nursing and medical care provided by a Level II NICU, as defined by the Washington State Perinatal Level of Care (LOC) Guidelines, 2017.

Staffing levels are determined by number of patients and patient acuity, based on NANN, and AAP guidelines. A 3rd NICU RN may be assigned within the department and/or placed on call dependent on the unit needs based on the needs of the patients. Infants on CPAP will have a ratio of 1 RN:2 infants. HHF is not CPAP.

Acuity and care involved through a conversation with the Charge RN influences the staffing ratio. When there are 1 or 2 infants: a PtCA or other personnel may be substituted as needed for a period of time in the NICU. A PtCA may be added to the unit based on increased acuity through a conversation with the Charge.

### Neonatal Intensive Care Unit

Number of Beds	11
Budgeted Average Daily Census	6
Direct Prod Hours Per Patient Day	8.00
Average patients/RN	1-3

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
RN	Day	2	2	2	2	2	2	2
	Night	2	2	2	2	2	2	2

## Mother Baby Unit

A 24 single Mother-Baby unit (MBU) rooms, located within MBU with rooms 120-124, 138-144 equipped with fetal monitoring capability. Patients cared for include transitional and postpartum care of mother/baby dyad and appropriate antepartum patients.

### Mother Baby Unit

<b>Number of beds</b>	24
<b>Average daily census</b>	20
<b>RN hours per patient day</b>	7.80
<b>Average patients/RN</b>	3-4 couplets

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
RN	Day	4	4	4	4	4	4	4
	Night	4	4	4	4	4	4	4
PTCA	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
HUC	Day	1	1	1	1	1	1	1

## Chemical Dependency Unit

A 18 bed unit providing medication management and recover support program for pregnant women over the age of 18 without significant behavior health issues. There are 2 nurses staffed to the Chemical Dependency Unit at all times.

### Mother Baby Unit

Number of beds	18
Average daily census	6
RN hours per patient day	7.20
Average patients/RN	4-6

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
RN	Day	2	2	2	2	2	2	2
	Night	2	2	2	2	2	2	2
PTCA/HUC	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1

# Other Resources for Acute Care

## RN Float Pool

The Float Pool consists of RNs who provide coverage for unexpected absences and peaks in census. The staffing assignment mirrors that of the unit to which they are deployed.

### Float Pool

Number of beds	NA
Average daily census	NA
RN hours per patient day	Depends on Unit
Average patients/RN	Depends on Unit

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
RN	Day	16	16	16	16	16	16	16
	Night	16	16	16	16	16	16	16

## Certified Nursing Assistant Float Pool

The Certified Nursing Assistant Float Pool consists of CNAs who provide coverage for unexpected absences, peaks in census, and patient watch. They may be deployed to the inpatient areas. The staffing assignment mirrors that of the unit to which they are deployed.

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
PTCA	Day	12	12	12	12	12	12	12
	Night	12	12	12	12	12	12	12



## Other Divisions

### Emergency Department

Level III designated Trauma Center with 64 patient care spaces providing care 24/7/365. The 64 spaces are divided into 44 ED beds, 4 Triage beds, and 16 alternative care areas for lower acuity patients. The ED specializes in full range emergency services to individuals from newborn to geriatric, including resuscitation, stabilization, and disposition of the seriously ill or injured and treatment/referral of those with non-life-threatening conditions, Level 3 Trauma Response and Resuscitation, stroke stabilization, and cardiac resuscitation and stabilization.

Medical care is provided around the clock by in-house, Board Certified Emergency Physicians and Providers. Nursing care is provided by Registered Nurses (RN) using a Primary Care Model. RN's typically care for 3-4 patients, assigned based on area and acuity. There is seasonal variation to staffing and by time of day to correlate with predicted arrival patterns. Census is tracked daily, weekly, and monthly to watch for trends and adjust staffing needs as appropriate. An on-call system is in place with standard criteria for the Charge RN to call-in staff for response to a surge in patient volumes. PTCA will be staffed as patient observers (sitters) and are staffed from the central float pool or by ED Technicians. Emergency care is provided to patients following Emergency Nurses Association (ENA) Scope & Standards for Emergency Nursing Practice.

#### Emergency Department

<b>Number of beds</b>	44 Rooms 4 Triage Rooms 16 Alternative Care Areas
<b>Average patients/caregiver</b>	3-4
<b>Average # patient visits/day</b>	180

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
RN	Day	15	15	15	15	15	15	15
	Night	15	15	15	15	15	15	15
	Swing (11am, 12 hrs)	7	7	7	7	7	7	7
	Swing (3pm, 12 hrs)	4	4	4	4	4	4	4
Tech	Day	8	8	8	8	8	8	8
	Night	8	8	8	8	8	8	8
	Swing (11am, 12 hrs)	4	4	4	4	4	4	4
	Swing (3pm, 12 hrs)	2	2	2	2	2	2	2
HUC	Day	1	1	1	1	1	1	1
	Night	1	1	1	1	1	1	1
	Swing (11am, 8 hrs)	1	1	1	1	1	1	1
	Swing (7p, 8 hrs)	1	1	1	1	1	1	1

# Perioperative Services Division

Perioperative Services is a collaborative network of departments responsive for overseeing and delivering care to patients from the time surgery is scheduled through the operative period to full recovery and includes the following: Pre-Anesthesia Clinic, Pre-Op/PACU, Operating Room, GI/Special Procedures, and Sterile Processing.

## Pre-Anesthesia Clinic

The assigned Charge Nurse provides oversight of patient care in the Pre-Anesthesia Clinic. Every pre-scheduled surgery patient, and GI/SPU outpatients requiring an Anesthesiologist for their procedure are scheduled for a Pre-Anesthesia appointment as either for a clinic visit or telephone interview. Hours of operation are Monday through Friday, 7:00 am to 5:30 pm. Staffing levels are determined by number of patients scheduled for interviews. Charge Nurse makes assignments based on acuity.

### Pre-Anesthesia

Appointments/Day	50-60
Average patients/RN	3-4 RNs

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	7-5:30p	1	1	1	1	1	0	0
RN	7-5:30p	6	6	6	6	6	0	0
C.N.A	7:30-4:00p	1	1	1	1	1	0	0
Scheduler	9-3:30p	1	1	1	1	1	0	0
HUC	8:30-5:00p	1	1	1	1	1	0	0

## Pre-Op/PACU

Located on 2 Dally and 2 Meadow. The unit includes 27 bays/rooms in 2 Dally and 12 pre-op bays/rooms in 2 Meadow. Procedures include, Blood Patch & Baclofen Trial, placement of arterial lines and central line monitoring, and regional anesthetic block & pain block placement

The assigned Charge Nurses provide oversight of patient care in the Pre-Operative PACU units, responsible for Admission, Pre-Operative preparation, and Recovery of surgery patients. Regular hours of operation are 5:00 am to 10:30 pm, Monday through Friday and 6:00 am to 5 pm, Saturday through Sunday. Call team members are available during all non-staffed hours and holidays. Following ASPAN, American Society of PeriAnesthesia Nurses guidelines the Pre-Op/PACU department is responsible for admission, pre-operative preparation and Recovery of all surgery patients.

### PACU

<b>Number of beds</b>	Pre-Op: 12 bays/rooms PACU: 27 bays/rooms
<b>Average patients/RN</b>	Pre-Op: 1- 2 PACU Phase I: 1-2 PACU Phase 2: 1-3

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	2	2	2	2	2	2	2
	Eve	1	1	1	1	1	1	1
RN	Day	14	14	14	14	14	3	3
	Eve	8	8	8	8	8	3	3
CNA	Day	4	4	4	4	4	1	1
	Eve	4	4	4	4	4	1	1
HUC	Day	1	1	1	1	1	1	1
	Eve	0	0	0	0	0	0	0

## Operating Room

Located on 2 Dally and 2 Meadow. The unit includes 6 OR rooms on 2 Dally and 4 OR rooms on 2 Meadow. Specialties include ENT, general surgery, gynecology, oral, ophthalmology, orthopedics, plastics, podiatry, urology, vascular, robotics.

Staff On Site 24/7/365. Additional staff on-call 10:30pm – 6:30am Mon-Fri, 24hrs weekends and holidays. Shift length varies. Adhere to AORN, Association of Peri-Operative Registered Nurses, guidelines.

### Operating Room

<b>Number of rooms</b>	6 Operating Rooms (2 Dally) 4 Operating Rooms (2 Meadow)
<b>Avg Surgeries/Month</b>	750
<b>Average patients/RN</b> <b>Average patients/surgical tech</b>	1:1 1:1 2:1 in robotics procedures/when 2MDs

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	2	2	2	2	2	1	1
	Eve	1	1	1	1	1	0	0
	Night	0	0	0	0	0	0	0
RN	Day	15	15	15	15	15	2	2
	Eve	7	7	7	7	7	1	1
	Night	1	1	1	1	1	1	1
Surgical Tech	Day	14	14	14	14	14	3	3
	Eve	5	5	5	5	5	1	1
	Night	1	1	1	1	1	1	1
Anesthesia Tech/PST	Day	5	5	5	5	5	1	1
	Eve	1	1	1	1	1	0	0
	Night	0	0	0	0	0	0	0
Other	HUC (6am - 230pm)	1	1	1	1	1	1	1
	HUC (12 - 2030pm)	1	1	1	1	1	0	0

## GI/Special Procedures

The unit includes 3 procedure Rooms/Endo/BMA; 1 Bronchoscopy Negative Airflow; 1 pain management suite; 2 admit/recovery areas. One bay recovery area for up to 12 patients. Procedures include endoscopy, pain management, bone marrow aspiration, bronchoscopy, pain procedures, and post anesthesia recovery.

Unit leadership and nursing work collaboratively to address staffing issues, in consideration of workload and number of cases scheduled. The assigned Charge Nurse provides oversight of patient care in the GI/Special procedures unit. Regular hours of operation are 7:00 am to 5:30 pm, Monday through Friday and 10:00 am to 6:30 pm, Saturday. Call team members available during all non-staffed hours and holidays. In accordance with SGNA, Society of Gastroenterology Nurses and Associates, practice guidelines the GI/Special Procedures Unit is a self-contained department providing pre-pp, procedural, and recovery care of patients undergoing bone marrow biopsy, bronchoscopy, pain management, and GI endoscopy procedures.

### GI/Procedure

<b>Number of rooms</b>	5 Rooms 2 Admit/Recovery Areas 1 Bay Recovery Area
<b>Average patients/RN</b>	Pain/Bone marrow Aspiration/Bronch: 1:1 Conscious sedation/general anesthetic: 2:1 PACU Phase II: 1:3

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	Day	1	1	1	1	1	1	1
	Eve	0	0	0	0	0	0	0
Staff RN	Day	11	11	11	11	11	3	3
	Eve	0	0	0	0	0	0	0
CNA	Day	3	3	3	3	3	0	0
	Eve	0	0	0	0	0	0	0
HUC	Day	1	1	1	1	1	0	0
	Eve	0	0	0	0	0	0	0

# Cardiac Cath Lab and Cardiovascular Interventional Radiology

The unit includes 2 Cath Labs, 2 private rooms in CVIR, and 7 patient care bays. The following patient conditions are frequently encountered in CVIR and CCL: STEMI patients, diagnostic right and left heart catheterizations, PCI, Peripheral vascular cases, PE Ekos, temporary and permanent pacemakers, Loop recorder insertions and removals, TEE, CV, Cardiac CTA, Fluoroscopy guided LP and myelogram, Port implants and occasional removals, Nephrostomy tube placement, G-tube placement, percutaneous biopsy, UFE, CTACE, Y-90 mapping and treatment, Ekos treatment for PE, dialysis catheter placements, biopsies

These departments are staffed Monday – Friday 6:00 am – 1730 specializing in, patients presenting for elective procedures as well as critically ill patients needing life-saving IR procedures such as PE Ekos and embolization of GI bleed. A call team is available 24/7/365 for emergent cases. The CCL takes care of pts with vascular insufficiency, renal failure, CHF, MI, chest pain, arrhythmia and includes the care of the critically ill patient requiring IABP. The CVIR takes care of a wide range of patients presenting for elective procedures as well as critically ill patients needing life-saving IR procedures such as PE Ekos and embolization of GI bleed. The CVIR also assists with the nursing needs of other imaging modalities such as CT and MRI. CVIR nurses make pre-procedure and post-procedure phone calls and assist with obtaining pre-procedure clearance of blood thinning medication when needed.

## Cardiovascular Interventional Radiology and Cardiac Cath Lab

<b>Number of rooms</b>	2 Cath Labs 2 CVIR Rooms 7 Patient Care Bay
<b>Average patients/RN</b>	Procedural sedation in IR, CVIR, and CCL: 1:1 CVIR Admit Recovery: 1:1

Direct Caregiver	Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Charge RN	06-1630	1	1	1	1	1	0	0
Staff RN	6am-1630	5	6	5	6	6	0	0
	7am-1730	2	2	2	2	2	0	0
Tech Charge	06-1630	1	1	1	1	1	0	0
Tech	07-1730	4	4	4	4	4	0	0

# Minimum Requirements for Positions

Registered Nurses must maintain BLS certification in addition to current in nursing service identified competencies, specific to the organization and individual department.

Department	Specific Requirements	Nurses are encouraged to obtain at least one industry recognized specialty certification in:
<b>Labor and Delivery</b>	L&D nurses: ACLS trained RNs: NRP certification Pediatric RNs: PALS certified.	<ul style="list-style-type: none"> <li>• Obstetrics Nursing</li> <li>• Pediatrics Nursing</li> <li>• Low Risk and/or HighRisk Neonatal Nursing</li> <li>• Fetal Monitoring</li> <li>• Lactation Consultant (IBCLC)</li> </ul>
<b>Medical Palliative</b>		<ul style="list-style-type: none"> <li>• Medical Surgical Nursing</li> <li>• Palliative Nursing</li> <li>• Geriatric Nursing</li> </ul>
<b>Medical Oncology</b>		<ul style="list-style-type: none"> <li>• Medical Surgical Nursing</li> <li>• Oncology Nursing</li> <li>• Geriatric Nursing</li> </ul>
<b>Post Surgical</b>		<ul style="list-style-type: none"> <li>• Medical Surgical Nursing</li> <li>• Orthopedic Nursing</li> </ul>
<b>Emergency Department</b>	Registered Nurses: ACLS, PALS, TNCC, NIHSS	<ul style="list-style-type: none"> <li>• Certified Emergency Nurse</li> <li>• Certified Pediatric Emergency Nurse</li> <li>• Certified Trauma Nurse</li> </ul>
<b>Cardiac Care Unit</b>	Advanced Cardiac Life Support	<ul style="list-style-type: none"> <li>• CCRN</li> <li>• PCCN</li> <li>• NIH</li> </ul>
<b>CCL/CVIR</b>	RCIS (Tech's only) ACLS everyone required	<ul style="list-style-type: none"> <li>• CCRN (Critical Care Registered Nurse)</li> <li>• CRN (Certified Radiology Nurse)</li> <li>• CVNC (Cardiac Vascular Nursing Certification)</li> </ul>
<b>Trauma and Neuro Rehabilitation Unit</b>		<ul style="list-style-type: none"> <li>• Rehabilitation</li> <li>• Medical Surgical Nursing</li> </ul>
<b>Observation</b>		<ul style="list-style-type: none"> <li>• Specialty certification as a Progressive Care Certified Nurse (PCCN) from the American Association of Critical Care Nurses (AACN).</li> </ul>
<b>Progressive Care Unit</b>		<ul style="list-style-type: none"> <li>• Nurses are encouraged to obtain specialty certification as a Progressive Care Certified Nurse (PCCN) from the American Association of Critical Care Nurses (AACN).</li> </ul>
<b>Intensive Care Unit</b>	ACLS	<ul style="list-style-type: none"> <li>• Nurses are encouraged to obtain specialty certification as a Certified Critical Care Registered Nurse (CCRN) from the American Association of Critical Care Nurses (AACN).</li> </ul>
<b>Perioperative Services</b>	Pre-Op/PACU nurses: PALS and ACLS certification. GI RNs: ACLS certified	<ul style="list-style-type: none"> <li>• RNs are encouraged to maintain specialty certifications including CAPA, CPAN, CNOR, CGRN.</li> </ul>