**Columbia County Health System**

**Acute Care/Emergency Department**

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**Approval:**

Angela Moore (RN, DNS), Kyle Terry (MD), Laura Stevens (Human Resources Director), Shane McGuire (CEO)

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**Subject**

**Nurse Staffing Plan**

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**PURPOSE:**

To outline the plan for management of scheduling and provision of daily staffing needs, and to define processes that ensure a sufficient number of qualified nursing staff is scheduled to meet patient care needs.

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**POLICY:**

**A. General Considerations:**

1. To ensure quality nursing care and a safe patient environment, the Nursing Department schedules staff to represent a balance between the needs of the patient, hospital, and qualifications and the needs of the employee. Working days are distributed among personnel according to the position and shift they were hired for, with time off scheduled in advance.
2. Effective nursing care for the patient is assured by providing adequate and competent nursing staff on each unit. Scheduling is also done in advance to provide continuity of patient care.
3. The staffing policy outlines practices that support the effective management of scheduling and planning for daily staffing needs, and the overall plan for staffing.
4. Columbia County Health System (CCHS) is committed to filling budgeted nursing and support staff positions in a timely manner.

**B. Nursing Director and Charge Nurses:**

1. The Nursing Director/Assistant Director of Nursing is responsible for coordinating the response to staffing demands on a shift-by-shift basis for Monday through Friday business hours, and preparing the master schedules.
2. Charge Nurses will consult with Nurse Managers as needed; they are responsible for coordinating the response to staffing demands on a shift-by-shift basis on weekends and after normal daytime business hours.
3. The Charge Nurse for each nursing unit is responsible to identify staffing needs for each shift and communicate these needs to the Nursing Director/Assistant Director of Nursing.
   a. When staff is not needed for a full shift, staff will consult with the Charge Nurse. If there are needs in other departments staff may be asked to float to departments in which they are trained for the remainder of the shift to the department in need.

4. Coordination of patient admissions, discharges, and transfers go through the department Nursing Director/Assistant Director of Nursing during daytime business hours Monday through Friday. The Charge Nurse is responsible for coordinating weekend and after-hour admissions, discharges and transfers.

C. Scheduling:
   1. A one-month schedule will be developed by the Nursing Director/Assistant Director of Nursing in collaboration with unit staff as applicable. The schedule will be completed with the core staffing needs covered and will be posted in a designated area on each unit by the 15th of the previous month. Departments are staffed with full-time, part-time, and per diem staff.
   2. Requests for time off will be submitted and processed per the staffing policy and may be submitted up to one year in advance. Requests for the following month need to be in no later than the 1st of the current month. After the schedule is approved and posted, staff members will be responsible to find coverage for their non-emergent requests. This coverage must not allow other staff members to accrue overtime.
   3. The Nursing Director/Assistant Director of Nursing will approve other schedule changes at his/her discretion. CCHS reserves the right to schedule employees for all shifts according to the needs and discretion of CCHS, as described in the Employee Handbook.

D. Shift-to-Shift Staffing:
   1. Factors affecting appropriate staffing include: number of patients, levels of intensity, location of patients, and the level of preparation and experience of those available to provide care.
   2. Schedules are designed to meet the work requirements of each nursing unit.
   3. The number of staff needed is determined two hours before the start of each shift utilizing staffing ratios and guidelines and the identified patient needs. Employees will be notified a minimum of one hour prior to being called off or placed “on-call”.
      a. If an employee is called off after arriving to work with no documented attempt by the Charge Nurse, Nursing Director/Assistant Director of Nursing to notify the employee, a minimum of two hours’ time is paid. Staff may be given work assignment during this two-hour period.
4. The Director of Nursing/Assistant Director of Nursing will be consulted for unusual staffing circumstances and needs.

E. Staffing Assignments:
1. Staff assignments are designed to match patient needs with qualifications & competence of the staff and to allow the assigned staff to function within their scope of practice.
2. The designated Charge Nurse makes staff assignments after review of the patients and their status.
3. Consideration is given to the following:
   a. Patient needs/safety
   b. Infection control issues
   c. Skills of personnel
4. Assignments may change to accommodate the staff skill mix and needs of the patients or departments.
5. Hall one in Booker Rest Home is designated under Acute Care Swing Beds. Long Term Care residents may reside in those beds and will be cared for by Booker Rest Home staff according to their schedule.
6. In the event that Booker Rest Home has an LPN scheduled to cover a shift, Booker staff will notify the Acute Care Charge Nurse and the Charge Nurse or another Acute Care staff RN will be delegated to be available for oversight for the LPN on shift if needed.

F. Extra Shifts:
1. Staff may notify the Charge Nurse and/or Nursing Director when they are available to work extra shifts. This assists in reducing the number of calls necessary when additional staff is needed.

G. On-Call:
1. Acute Care staff may be scheduled to be on call as census and/or acuity increases.
2. Acute Care staff may volunteer to be on call when the census and/or acuity are elevated.
3. Acute Care staff may be placed on call when census is low, in which case a scheduled RN would be sent home with the expectation that he/she would be on call for the remainder of the scheduled shift.
4. Acute Care staff that are on call are expected to report to work within 30 minutes of notification.
5. Staff must be available by phone when on call. A telephone response is expected within five (5) minutes.
H. Low Patient Census: (LPC)
1. Staff may be sent home and placed on call when there is a low patient census (LPC). Staff will not be required to take more than 12 hours of LPC time off per pay period.
2. Staff may use Personal Time Off (PTO) when they are required to take LPC time off.
3. Staff will not be required to take LPC time on the weekends or holidays.

I. Use of Float and Per Diem Staff:
   a. Float Staff:
      1. Floating to other departments within CCHS may be required.
      2. During low census times and/or when scheduled, staff may complete float orientation in other departments.
      3. Floating is assigned per the discretion of the Director of Nursing/Assistant Director of Nursing.
      4. Assignments for staff floating into another department are designed to minimize interruption in continuity of patient care, and to ensure nursing functions are within the nurse’s scope of practice and abilities, infection control guidelines, and patient needs.
         a. A float nurse will not be assigned to the following duties:
            i. Department Charge Nurse
            ii. Transport of patients to outside facilities
            iii. Ward clerk duties
      b. Float nurses participate in patient care report.
      c. Float nurses ensure that tasks and interventions performed throughout the shift are properly documented.
      d. Charge Nurses and Nursing Directors will maintain backup plans in the event that float nursing personnel are called back to their home department.
   b. Per Diem Staff:
      1. Per Diem staff is utilized on an as-needed basis to cover vacation requests, sick calls and peaks in census. Per Diem staff members will be expected to cover a minimum of two shifts each month.

J. Plan for Meal/Breaks:
1. Each department creates a plan for meal and breaks each shift.
   a. This plan may fluctuate depending on changes in patient care needs/status, admissions, and discharges. Each department creates a plan for meal breaks each shift.
   b. Staff members caring for the same group of patients should alternate their break times.
2. When scheduled staff members are unable to reasonably adjust their meal break plan, the following actions may be taken:
a. Contact the Charge Nurse for coverage.
b. Contact the Nursing Director/Assistant Director of Nursing for available in-house coverage.
c. If these options are not available, the Charge Nurse, Nursing Director, or Assistant Director of Nursing may contact on-call staff or unscheduled staff to assist with meal/break coverage.
d. Payment will be made for any missed meals/break coverage.

K. Department Staff Qualifications, Mix, Staffing Guidelines & Ratios:
   1. Staff Qualifications:
      a. Licensure
         AC/ED nursing staff members (nurses and nursing assistants) who provide direct patient care will maintain a current license from the Washington State Department of Health.
      b. Certification
         i. Registered Nurses (RNs) will maintain current Basic Life Support, Advanced Care Life Support, Pediatric Advanced Life Support, and Trauma Nurse Core Course certifications.
         ii. Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs) will maintain a current Basic Life Support certification.
      c. Specialties
         Staff members are encouraged to become certified in relevant specialties.
      d. Participation
         Staff members will be required to participate in:
         i. Performance improvement activities and/or improvement teams.
         ii. Ongoing in service education programs and periodic clinical skills evaluations.
         iii. Staff Meetings, Forums, and Department projects.
         iv. Assigned committees.

   2. Acute Care and Swing Bed Staff:
      a. Staff Mix:
         i. Acute Care staff consists of RNs and CNAs. The RN staff is assigned the responsibility of patient care management. The primary role of the CNA personnel is to help with tasks as directed by the RN that are within the CNA’s scope of practice.
      b. Staffing Guidelines/Ratios:
         i. Acute Care/Swing Bed is open 24 hours per day, seven days per week, with care provided by RNs and CNAs
         ii. The core staffing consists of:
             1. 4 RNs and 2 CNA’s 0645-1915
2. 3 RNs and 2 CNA 1845-0715
   iii. Additional staff is assigned on any given shift when assessed
        patient care needs warrant increased staffing.
   iv. Staff that have been given a low patient census day may also be
       placed on call in the event that patient care needs change or
       additional patients are admitted.
   v. Staff-to-patient ratio is increased for pediatric patients, patients
       in restraints, telemetry, or other high risk/acuity reasons.

3. **Emergency Room Staff:**
   a. **Staff Mix:**
      i. One Emergency Department provider is on call for the ED at
         all times.
      ii. Registered nurses provide care in the ED.
   b. **Additional Qualifications:**
      i. RNs acquire PALS and ACLS within 6 months of hire and
         TNCC within one year of hire if not previously credentialed.
         These certifications should be kept current for the duration of
         employment.
      ii. Participation in annual skills labs is mandatory and provides
          opportunity to review high risk, low volume skills.
   c. **Staffing Guidelines/Ratios:**
      i. Non-Urgent patients: 1 to 4
      ii. Urgent Patients 1 to 2
      iii. Emergent patients: 1 to 1
      iv. Active resuscitation, thrombolytic administration, and modified
          trauma team activation or other acute events, 2 to 1 ration of
          nurse to patient staffing for the duration of the acute event is
          indicated.
      v. A core of 1 RN is scheduled to cover the Emergency
         Department at all times.

**References:**

RCW 70.41.420.