Nurse Staffing Committee

PURPOSE: EARH reserves the right to protect patients, support greater retention of RN's and to 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.

POLICY: A committee will:

- Develop and oversee implementation of an annual staffing plan
- Perform an annual review of the current staffing plan
- Perform an annual review of nurse sensitive outcome indicators (i.e.: fall prevalence, falls with injury, pressure ulcer rate/prevalence, nursing care hour per patient day, skill mix)
- Respond to staffing concerns presented to the committee
- Assure hospital and LTC staffing plans, shift-based staffing and relevant clinical staffing for each shift are publicly posted

PROCEDURE:

1. The committee shall consist of at least one-half of the membership being direct care RN's and up to one-half will be hospital management representatives.

2. The committee will be selected by RN peers, with the CNO as the hospital management representative.

3. Staff nurses participating in the nurse staffing committee shall be on scheduled work time and compensated at the appropriate rate of pay.

4. Nurse staffing committee members shall be relieved of all other work duties during meetings of the committee. Flexibility will be allowed for CAH committees (i.e.: may include but not limited to having nurse staffing committees work by telephone or electronic mail).

5. The annual nurse staffing plan must be reviewed and adopted by the administrator. If this staffing plan is not adopted by the hospital, the administrator must provide a written explanation to the committee.

6. The committee shall consider certain factors in the development of the nursing plan. These factors should include, but not limited to the following:

   - Census, including total number of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers.
   - Level of acuity of all patients and nature of the care to be delivered on each shift.
   - Level of experience (i.e.: RN, NAC) and specialty certification or training of nursing personnel
- Providing care.
  - The need for specialized or intensive equipment.

All revision dates: 01/2017

Attachments: No Attachments

## Approval Signatures

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<tr>
<th>Step Description</th>
<th>Approver</th>
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<tbody>
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<td>Charles Sackmann: Physician</td>
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<td>Jennifer Pepperd: RN</td>
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East Adams Rural Hospital
Staffing Plan
2018

Public Hospital District #2 DBA East Adams Rural Healthcare is a Critical Access Hospital with 20 bed capacity. This also includes a full functioning Emergency Department with CT, Digital Radiology, Laboratory, Ultra Sound and Cardiac Monitoring. The Emergency Department has 3 beds for trauma and cardiac. One treatment/outpatient room. One mental health/lockdown room.

At all times there will be a Registered Nurse in charge. This RN is also responsible for the ER and Acute/OBS patients and a second Rn/LPN will be responsible for the care of Swing bed patients. Assisting the nurses will be 2 Nurse’s Assistants. There is always a RN that remains on call. The night shift RN takes call the 12 hours previous to the shift and the day RN takes call the 12 hours after the shift. This coverage is 24/7.

At times of heavy volume or acuity, the charge nurse has the capability to call in on call RN or Per Diem staff. The choice of the staff, RN vs NA-C is up to the RN in charge. During the work week the Chief Nursing Officer is available to assist. The EMT’s can also be called to watch the floor and answer lights if the NA-C is busy assisting in ER. The EMT’s cannot do patient care (unless they hold a NA-C license). They can be sitters for safety and answer lights. If the patient needs care, the EMT can summon the NAC to provide that care. The EMT’s can also assist in the ER but cannot do patient care. As a BLS provider they can assist with CPR, as can any staff member of EARH (all are required to have BLS).

The RN’s must possess a certification in Trauma Nursing Core Course (TNCC), Pediatric Advanced Life Support (PALS), or 8 hours pediatric education & Advanced Cardiac Life Support (ACLS). These certifications are due within 6 months of hire. NRP is optional.

Administration will observe the census and acuity levels of patients at EARH, and have the right to increase staff and change schedules accordingly. The goal is to have a steady census while providing the highest standard of patient care and providing safety to patients and staff at all times.

All new employees will go thru an orientation process so that EARH is consistent in the care and safety of everyone.

Revised 2/12/2018