OBJECTIVE:
To ensure that the staffing and patient assignments meet the individualized care needs of all patients.

POLICY:
All departments where nursing care is provided will have a staffing plan to provide for sufficient number of RNs to carry out quality patient care. Patient Care assignments will be made according to the staff skill and the patients' needs.

Staffing Philosophy:
We acknowledge that each individual and department within the hospital is equally as important as the next, having unique and respected roles in providing care to our patients. Our goals are to create an atmosphere and structure that promotes open and effective communication, mutual respect and trust, and to promote flexibility in using our skills and resources to provide exceptional care to the patients and families at Pullman Regional Hospital.

Staffing Levels:
Each nursing department schedules staff according to their anticipated patient volumes and acuities based on historical information and planning for the future. The patient volume, acuity and nursing specialty recommendations are also used to guide staffing and assignments. Individuals in each department have personal accountability for the effectiveness of staffing and can impact that by recognizing and taking action when the departmental workload does not support the current level of staffing.

Patient Care Assignments:
The assignment of registered nurses to best meet the patient care needs will be focused on matching the individual patient needs with the most appropriate nursing skill and ability. Assignments will consider the following:

1. The complexity of all patients' condition and required nursing care.
2. The dynamics of all patients' status, including the frequency with which the needs for specific nursing care
activities change.

3. The complexity of the assessment required by the patient, including the knowledge and skills required of a nursing staff member in order to complete effectively the required assessment.

4. The type of technology employed in providing nursing care, with consideration given to the knowledge and skill required to effectively use the technology.

5. The degree of supervision required by each nursing staff member based on his/her previously assessed level of competence and current competence in relation to the nursing care needs of the patient(s).

6. The availability of supervision appropriate to the assessed and current competence of the nursing staff member(s) being assigned responsibility for providing nursing care to the patient(s).

7. Patient Safety and employee safety considerations.

8. After sufficient orientation of qualified nursing staff, assignments shall be tailored to the nurse's skill level and competence.

9. Patients' plan of care, nursing skill, continuity of care, and efficiency of room location are taken into consideration for patient assignment.

10. Nursing staff not routinely scheduled on a specific unit (floats) will have assignments best suited for their skill, knowledge and information base. (See Float Plan Addendum)

11. Although appropriate isolation precautions are followed, assignments are still made with the intent to minimize the risk of infectious disease transfer among patients. RNs and LPNs are assigned primary care for patients utilizing nursing assistants for patient care in the areas identified most appropriate. The RN on the unit or the nurse in charge assumes the responsibility required by an RN for the LPN's patients.

12. When a nurse is assigned a patient that they do not regularly care for, or a patient is in a unit that is not regularly in that unit, a nurse with the specific patient care expertise, will be co-assigned to that patient. Co-assignment will include both nurses participating in:
   a. Review of initial orders following admission or return from PACU.
   b. Review of the plan of care for each shift.
   c. Questions or concerns prior to initiating a call to the physician.

13. The staffing plan for each unit includes the commitment to provide adequate numbers of qualified staff to care for patients while staff takes their rest and meal breaks. Departments use a variety of methods to support staff taking their breaks. The considerations for rest and meal breaks include:
   1. The team of nurses work together to decide who will go on breaks at what times considering nurses' preferences and the patient care activities.
   2. Nurses may hand-off patient care while they are on a break to a coworker, charge nurse or department leader.
   3. Assign "break buddies".
   4. If additional staff is needed to allow breaks, the department leader, the clinical coordinator and the house resource RN are additional resources to support providing adequate staffing.

Staffing to avoid fatigue

Since the 1999 Institute of Medicine report on medical errors, there has been a significant link of fatigue,
patient safety and errors. Pullman Regional Hospital is committed to use the evidence to provide a safe environment for our staff and our patients.

Evidence:

1. Nurses who work shifts of 12.5 hours or longer, are three times more likely to make an error in patient care
2. Working more than four consecutive 12-hour shifts is associated with excessive fatigue and longer recovery times. (Error risks are 36% higher on the fourth consecutive night shift than on the first night shift)
3. Working more than 60 hours in a 7-day period is associated with excessive fatigue and medical errors.
4. The risk of making an error is 3.4% higher for nurses who sleep < 6 hours in the 24 hours prior to the shift.
5. Maintaining appropriate staffing levels without using agency nurses or overtime reduces the negative effects of fatigue.

Pullman Regional Hospital:

1. Will apply these practices for all staff
2. Will not regularly schedule people more than four 12-hour shifts consecutively
3. Will not regularly schedule people more than 60 hours in a 7-day period of time
4. Will regularly schedule 10 hours rest between shifts
5. Support the combination of naps and caffeine during shifts
6. Encourage one 20-minute nap during the night shift per employee during break time and away from the work area

Management responsibilities:

1. Support staffing that promotes adequate rest between shifts
2. Utilize scheduling practices that support the evidence and prevent fatigue
3. Set clear expectations of the evidence and scheduling practices to meet the evidence with newly hired RNs
4. Have an openness to creative scheduling using 8, 10, or 12 hour shifts and supporting individual nurses' requests without mandating changes
5. Support night shift staff in taking naps during their breaks and meal periods away from the nurses' station
6. Consider how staff that are scheduled to work the day after call can work when they are not fatigued (i.e. work hours during the same pay period doing projects, healthstreams) if they do not want to "lose their regularly scheduled hours"
7. Support staff getting their meal and rest breaks
8. Promote healthy behaviors and self-care

Staff responsibilities:

1. Understand the negative effects of fatigue on personal health and patient safety
2. Take appropriate meal and rest breaks
3. Utilize healthy self-care habits (adequate rest, diet, exercise, personal time)
4. Adopt or maintain healthy work-life balance
5. Ask for help when fatigued or have exceeded the recommended hours of work
6. Support team members to work within the evidence

Reference:

Pullman Regional Hospital. *Infection control policies.*


Attachments:

| Approval Signatures | 
| --- | --- |
| Approver | Date |
| Jeannie Eylar: Chief Clinical Officer | 08/2019 |
| Jeannie Eylar: Chief Clinical Officer | 08/2019 |

Applicability

Pullman Regional Hospital
Addendum:  Pullman Regional Hospital Float Plan

Pullman Regional Hospital believes that floating staff from one department to another is an appropriate way to utilize the available resources throughout the hospital to provide the best patient care in all departments. Floating is utilized to supplement staffing in departments when unexpected staffing needs occur or when unexpected patient volumes require additional staff. This plan works with the float language in the WSNA contract and is not intended to conflict with nor replace that language.

The floating plan:
1. Each nursing department will provide a Float Checklist for their department which consists of the primary tasks that an RN floating to that department might be asked to do.
2. Every RN is encouraged to complete a float checklist to all nursing departments prior to being asked to float.
3. The completion of a float checklist does not indicate that an RN is cross trained into that department, nor that the RN is competent to take a patient assignment.
4. Nurses that have not completed any float checklists will still be asked to float by mutual agreement.
5. Float checklists are encouraged to be completed on an RN’s regularly scheduled shift when there are more nurses than necessary to provide patient care in their home department. The RN interested in completing another department’s float checklist will contact the clinical coordinator to communicate the interest in completing the float checklist so that the Clinical Coordinator (CC) can coordinate this request with the department involved.
6. RN’s will receive float pay when they are going through their float checklist as well as when they agree to float.

When a float is needed:
1. The department that needs additional staffing will notify the CC.
2. The CC goes to the requesting department to assess specific needs (Clerical, CNA, RN).
3. The CC will determine who the requesting department’s “point person” for the float will be.
4. The CC determines which department has the greatest ability to meet the float request.
5. The CC goes to this department and communicates the float need and allows the department to determine who will float.
6. The CC takes the float to the requesting department and introduces them to the point person. If the point person is unavailable, the CC serves as the point person.
7. If the float has not completed the float checklist for this department, the point person and float will determine the best way to proceed.
8. The float and the “point person” will establish a mutually agreeable plan for the float’s responsibilities.

Staffing Philosophy
We acknowledge that each individual and department within the hospital is equally as important as the next, having unique and respected roles in providing care to our patients. Our goals are to create an atmosphere and structure that promotes open and effective communication, mutual respect and trust, and to promote flexibility in using our skills and resources to provide exceptional care to the patients and families at Pullman Regional Hospital.

Float Documentation
In order to evaluate how the system is working when staff from one department float to another department to assist in patient care, the Pullman Regional Staffing Committee is asking that both the float and their point person in the receiving department provide feedback of how it worked and how it could be improved.
When a float is needed:
1. The department that needs additional staffing will notify the CC.
2. The CC goes to the requesting department to assess specific needs (Clerical, CNA, RN).
3. The CC will determine who the requesting department's "point person" for the float will be.
4. The CC determines which department has the greatest ability to meet the float request.
5. The CC goes to this department and communicates the float need and allows the department to determine who will float.
6. The CC takes the float to the requesting department and introduces them to the point person. If the point person is unavailable, the CC serves as the point person.
7. If the float has not completed the float checklist for this department, the point person and float will determine the best way to proceed.
8. The float and the "point person" will establish a mutually agreeable plan for the float's responsibilities.

Date/time

Clinical Coordinator

Department requesting the float

Requesting department "point person"

Float RN

Float RN clinical strengths and experiences

Agreed upon responsibilities for the float RN

Specific responsibilities the float RN is not willing to accept

How well did this floating experience work:

This floating experience could have been improved by:

Follow-up to improvement suggestions:

Please return these forms to the CC office for the departments and staffing committee to be aware of how the float plan is working and address issues that are identified.
General Staffing Plan of nursing departments 2019

**BirthPlace (RNs generally work 12 hour shifts)**
3 RNs 24/7
1 C.N.A. 24/7
1 unit secretary 07 – 1900 Mon – Fri

**Emergency (RNs generally work 12 hour shifts)**
2 RNs 24/7
3rd RN every day either 11-2300, 1900 – 0700, or 07-1900
4th RN most Saturdays and Sundays (especially during the school year)
1 unit clerk 0700 - 2300
1 C.N.A. 24/7

**ICU (RNs generally work 12 hour shifts)**
1-2 RNs 24/7
1 C.N.A. 24/7

**MSU (RNs generally work 12 hour shifts)**
3 RNs 07-1900
2-3 RNs 1900 – 0700
1 C.N.A. 24/7
1 unit secretary 0700 – 2300

**House Resource Nurse**
1 RN 1330 - 2200 Monday - Friday

**SDS/PACU/Endoscopy Open 0500 – 1900 Monday - Friday**
RNs work 8, 10, and 12 hour shifts
1 unit secretary 10 hrs Mon- Fri
10-13 RNs Mon-Friday (covering Endoscopy, PACU, Preoperative interviews, and SDS)
Unit secretary 06 – 1830
C.N.A. coverage 0530 - 1730

**PACU**
1 RN on-call each RN takes 1 shift/week and every 5-8 weekends (Generally don’t work the day after call)

**Endoscopy**
1 RN on-call each RN takes 1 shift/week and every 4-5 weekends

**Surgery (8 hour shifts) 0630 - 1800**
6 RNs 8 hour shifts  Monday – Friday
RN on-call once a week and every 4th weekend
2 surgical aides 8 hour shifts coverage from 0500 - 2200
1 Assistant Director
5 – 6 OR Techs Monday – Friday

Revised July 2019