Staffing Plan For Emergency Department

PURPOSE
To provide safe, efficient, and effective patient care twenty-four (24) hours a day in the Emergency Department (ED).

APPLICABILITY
Emergency Department RN's, NAC's, Clinical Coordinators, ED Manager

POLICY
Staffing plans and schedules will be maintained and reviewed on a regular basis in accordance to the Nurse Committee rules and regulations.

DEFINITIONS
NA

PROCEDURE
A. The ED nurse scheduler and Manager will complete monthly staffing schedules to ensure adequate RN and NAC staffing. This schedule will be completed by the 15th of each month for the following month.

B. Primary staffing schedules (day and night shifts) are fixed for Emergency Department RN and NAC positions. The shift hours are from 0645 to 1915 for day shift and 1845 to 0715 for night shift. When there are patients in the ED, there will be one RN and one NAC to care for the patients. In the event that there is an influx of patient census, the ED RN will contact the Clinical Coordinator and the Clinical Coordinator will float the necessary personnel to the Emergency department for additional assistance. The ED RN should try to maintain a 4:1 patient to nurse ratio. Additional assistance can be sought from the Manager, Nurse Managers, and members of the Senior Leadership Team.

C. If staffing replacements are needed due to call offs, the ED Manager, Clinical Coordinator, or Nurse Managers, shall make every reasonable effort to obtain staff for unfilled hours or shifts by taking the following measures:
   1. Review current staff already scheduled in other departments.
   2. Contact supplemental staff for availability.
3. Contact part time staff @ straight pay.

4. If above measures are unsuccessful, consult management for authorization of overtime.

5. Consult management for authorization for travelers.

D. The Primary ED Staff will be given the first opportunity to fill non-overtime open shifts each month. Following that, per diem staff will be allowed to sign up for open shifts. If there are still open shifts, overtime hours will be utilized to meet the needs of the department, ED staff will have first priority to fill those shifts after all measures have been exhausted.

Requested Time Off

A. Requests for time off for PTO, Education, trading shifts or other requests will be requested through Shiftsourcing scheduling.

B. Approval for time off or other scheduling changes will be at the discretion of the unit manager and will be based on unit staffing needs.

Coverage for Sick Calls

A. If nursing staff are unable to work their assigned shift, they are to contact the CC as far in advance as possible but at least 2 hours before the start of the staff members shift. CC then fills out Employee Absence Report Form and return to either Employee Health or Nurse Manager.

B. Options for filling open shifts:
   1. Review Current staff already scheduled in other departments
   2. Supplemental Staff- pay in accordance to WHMC policy and procedure
   3. Part Time staff- pay in accordance to WHMC policy and procedure
   4. If above measures are unsuccessful consult management for authorization of overtime. (ie if supplemental staff are over 40 hrs/week)
   5. Consult management for authorization for all travelers.

REFERENCES

NA

Attachments: ED Staffing Matrix 3-14-18.docx

Approval Signatures

<table>
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<td>Pam Akin: Chief Nursing Officer</td>
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<td>Lori Schmidt: Cardiopulmonary/Emergency Manager</td>
<td>11/12/2018, 5:41PM EST</td>
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# ED Staffing Matrix

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## NIGHT SHIFT

### Notes:

- Staffing matrix is a guideline, and every attempt/effort is made to meet the staffing matrix.

### Rules:

1. ED Core Staffing for 4 patients: 1 ED RN, and 1 NAC.
   - If ED census is above 4 patients, the CC should be notified to help float an RN to the department to assist the ED RN.
Family Birth Center Staffing Plan Procedure

Purpose
To provide safe, efficient and effective patient care in the Family Birth Center (FBC)

Applicability
FBC RN's, Clinical Coordinator's, FBC Nurse Manager

Policy
Staffing schedules will be maintained which are sufficient to meet the needs of our patients at Whitman Hospital and Medical Center.

Procedure
A. FBC Manager will complete monthly staffing schedules to ensure adequate RN staffing. This schedule will be completed by the 15th of each month for the following month.

B. FBC RN's are considered part of the Core Staffing at Whitman Hospital. The Clinical Coordinators (CC) will determine the staffing for the next shift, based the need for 1 FBC RN/shift. If the patient to staffing ratio is high, the CC will determine if other departments are in need of assistance, or where best they can help out. Low Census Alternatives are always an option for the FBC RN who does not currently have a patient, and who is not currently needed in another department.

C. If staffing replacements are needed, the CC shall make every effort to obtain staff for unfilled hours or shifts by taking the following measures:
   1. Reviewing current staff already scheduled in other departments.
   2. Supplemental staff who have pre stated availability at straight pay.
   3. Part time staff at straight pay.
   4. If above measures are unsuccessful, consult management for authorization of overtime.
   5. Consult management for authorization for travelers.

D. The Primary Staff will be given the first opportunity to fill open shifts each month taking into consideration overtime. Following that, supplemental staff will be allowed to sign up for open shifts. All staff who have completed cross training will be allowed to pick up open shifts taking into consideration overtime.
E. Supplemental staff are expected to provide availability of 2 shifts per month throughout the year unless other arrangements are made with their manager. It is expected that they will maintain competency and stay up to date via staff meetings, certifications, and education.

F. FBC RN's are required to be in house during scheduled shifts. The only exception to this is if an FBC RN is covering a sick call and there are no FBC patients in house. In this situation, it is acceptable for the FBC RN to be on call, as long as there is one other RN with current Fetal Monitoring Competency that is in house, available to place an FBC patient on the fetal monitor and review the strip until the FBC RN arrives. On those occasions, an FBC RN may be allowed to take call but must be available within 30 minutes if called and an FBC patient presents to the hospital.

G. As part of the FBC Staffing Guidelines, the FBC RN will be responsible for communicating with the CC any scheduled FBC patients that they are anticipating during their shift. This information will help the CC determine the best management of staff for their shift.

H. The FBC RN's number one priority is to be available to provide care for FBC patients. Items that require daily attention include: warmer checks, monitor checks, room checks and equipment checks to include that all supplies are available and ready to care for our patients. Daily, weekly and monthly checks within the department are to be completed to ensure all necessary items are available and stocked as well as removing all outdated items.

I. Often the FBC RN's will be asked to work on projects which include researching components to ensure our policies are complete, updated and evidence based. These projects are a part of the Low Census Alternatives.

Requested Time Off

A. Requests for time off for PTO, Education, trading shifts or other requests will be requested through ShiftHound scheduling.

B. Approval for time off or other scheduling changes will be at the discretion of the unit manager and will be based on unit staffing needs.

Coverage for Sick Calls

A. If nursing staff are unable to work their assigned shift, they are to contact the CC as far in advance as possible but at least 2 hours before the start of the staff members shift. CC then fills out Employee Absence Report Form and return to either Employee Health or Nurse Manager.

B. Options for filling open shifts:
   1. Review current staff already scheduled in other departments.
   2. Supplemental Staff
   3. Part Time staff at straight pay
   4. Part Time staff who have pre-stated availability.
   5. If above measures are unsuccessful consult management for authorization of overtime. (ie if supplemental staff are over 40 hrs/week)
   6. Consult management for authorization for all travelers.

Attachments:
## Approval Signatures

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<td>Cristi Shindler: OB Nurse Manager</td>
<td>2/12/2018, 7:59PM EST</td>
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## Applicability

Whitman Hospital and Medical Center
FBC Staffing Matrix

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**Staffing matrix is a guideline, and every attempt/effort is made to meet the staffing matrix**

Rules:
- FBC Core Staffing is 1 FBC RN/shift
  - With an increase in FBC Census, additional staff may be needed to care for FBC patients
  - Low Census Alternatives
MSU Staff Plan Procedure

Purpose
To provide safe, efficient and effective patient care.

Applicability
Medical/surgical unit RN's and NAC's, Clinical Coordinator's, MSU Nurse Manager

Policy
Staffing schedules will be maintained which are sufficient to meet the needs of our patients at Whitman Hospital and Medical Center.

Procedure
A. The MSU Nurse Manager will complete monthly staffing schedules to ensure adequate RN, NAC and HUC staffing. This schedule will be completed by the 15th of each month for the following month.

B. Primary Staffing schedules (Day and Night) are managed by Hours Per Patient Day (HPPD). The Clinical Coordinators (CC) will determine the staffing for the next shift, based on the attached staffing matrix. If the patient to staffing ratio is high, the CC will determine if other departments are in need of assistance, if not, they will then low census excess staff according to department policy or provide Low Census Alternatives for excess staff. If staffing replacements are needed, the CC shall make every effort to obtain staff for unfilled hours or shifts by taking the following measures:
   1. Reviewing current staff already scheduled in other departments.
   2. Supplemental staff pay in accordance to WHMC policy and procedure
   3. Part time staff-pay in accordance to WHMC policy and procedure
   4. If above measures are unsuccessful, consult management for authorization of overtime.
   5. Consult management for authorization for travelers.

C. The Primary Staff will be given the first opportunity to fill open shifts each month taking into consideration overtime. Following that, supplemental staff will be allowed to sign up for open shifts. All staff who have completed cross training will be allowed to pick up open shifts taking into consideration overtime.

D. Supplemental staff are expected to provide availability of 2 shifts per month throughout the year unless
other arrangements are made with their manager. It is expected that they will maintain competency and stay up to date via staff meetings, certifications, and mandatory education (annual education modules, swank, etc.).

E. Please see Rules section of the Staffing Matrix.

**Requested Time Off**

1. Requests for time off for PTO, Education, trading shifts or other requests will be requested through Shifthound scheduling.

2. Approval for time off or other scheduling changes will be at the discretion of the unit manager and will be based on unit staffing needs.

**Coverage for Sick Calls**

A. If nursing staff are unable to work their assigned shift, they are to contact the CC as far in advance as possible but at least 2 hours before the start of the staff members shift. CC then fills out Employee Absence Report Form and return to either Employee Health or Nurse Manager.

B. Options for filling open shifts:

1. Review Current staff already scheduled in other departments

2. Supplemental Staff- pay in accordance to WHMC policy and procedure

3. Part Time staff- pay in accordance to WHMC policy and procedure

4. If above measures are unsuccessful consult management for authorization of overtime. (ie if supplemental staff are over 40 hrs/week)

5. Consult management for authorization for all travelers.

**Attachments:**

MSU Staffing Matrix 10.10.16.docx

**Approval Signatures**

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**Applicability**

Whitman Hospital and Medical Center
### MSU Staffing Matrix

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****Staffing matrix is a guideline, and every attempt/effort is made to meet the staffing matrix****

Rules:

- MSU Core Staffing for 8 patients: 2 MSU RNs, 1 NAC, and 1 HUC (1OC RN for admissions)
  - If MSU census is < 8; 1 MSU RN will be floated to other department, LC/OC, or working on LC Alternatives
  - When any number of patients are on MSU there will be 2 RN’s for safety
  - LC/OC for staff is 1 per month utilizing Low Census Alternatives for all other LC/OC shifts
Perioperative Services Staffing Plan

Purpose
To provide safe, efficient and effective patient care in Perioperative Services

Applicability
Perioperative Services Personnel

Policy
Staffing schedules will be maintained which are sufficient to meet the needs of the scheduled procedures and surgeries. On-call coverage will be maintained for emergent procedures arising after hours.

GUIDELINES:
A. General Staffing
1. Scheduled 8, 10 or 12-hour shifts shall be Monday through Friday, between the hours of 0530 - 1830.
2. The monthly work schedule will be posted by the 15th of the month.
3. Assignments will be made based on number of procedures and patient acuity. The staffing schedule will be available no later than 1700 for SDS/PACU and 1530 for the OR, the preceding workday.
4. In the event of low census, staff may be put on call for all or part of their scheduled shift or remain at work and assigned Low Census activities. The Perioperative Services Manager or designee may release the call obligation at any time.
5. Perioperative Services Manager or designee authorization must be obtained (after discussion with the Clinical Coordinator) before leaving prior to the end of scheduled shift.
6. Hours called-off due to low census will be tracked as a method for deciding minimum staffing. A called-off log will be maintained for all Perioperative Services staff. Those with the lower number of hours logged will be the first to be called-off or put on-call. The skill set of individual staff and those needed for patient care will take priority over number of called-off hours logged.
7. Call coverage will follow on call policy as stated. Also see Anesthesia on call policy.

B. Intraoperative Staffing
1. The standard room assignment for a surgical procedure shall be one (1) scrub staff [ST or RN] and
one (1) circulating nurse [RN only].

2. Additional staff may be required depending on the surgery and/or acuity of the patient.

3. Procedures requiring moderate sedation will require 2 RNs: 1 to circulate and 1 ACLS RN to administer sedation and monitor patient.

4. Local procedures with no IV sedation will require only 1 RN.

C. Peri-anesthesia Staffing

1. Same Day Surgery Staffing
   
a. Patient acuity and anesthesia type will determine actual staffing Minimum staffing 1:3 (Nurse: Patient).

2. PACU Staffing: ASPAN ratios will be followed. (A second nurse must be available to assist as necessary)
   
a. CLASS I 1:2 (Nurse: Patient).
      i. Any stable and awake uncomplicated adult patient.

b. CLASS II 1:2
   
i. Any stable, unconscious adult patient, without artificial airway and over 9 years of age.
   ii. Any pediatric patients, age 11 and under, who are awake and stable with parent/guardian in PACU.
   iii. Any patients who have undergone major surgery and whose systems are stabilized.

c. CLASS III 1:1
   
i. At the time of admission to PACU.
   ii. Requiring mechanical life support and/or artificial airway.
   iii. Any unconscious, stable, uncomplicated patient 9 and under years of age.

D. Central Sterile Processing Staffing
At least one OR staff member will be assigned daily to decontaminate, package and re-sterilize instruments/equipment for the entire hospital.

E. GI Procedure Staffing
One CRNA is required for administration of conscious sedation and monitoring patient, one GI tech/RN as assist for the procedure, and one RN to circulate.

F. Scheduling for Committee Meetings and Educational Opportunities
Staffing assignments will be adjusted when necessary to meet the Perioperative Services personnel educational needs and committee responsibilities.

G. The Primary Staff will be given the first opportunity to fill open shifts each month taking into consideration overtime. Following that, supplemental staff will be allowed to sign up for open shifts. All staff who have completed cross training will be allowed to pick up open shifts taking into consideration overtime.

H. Coverage for Sick Calls
I. A. If nursing staff are unable to work their assigned shift, they are to contact the CC as far in advance as possible but at least 2 hours before the start of the staff members shift. The CC then fills out Employee Absence Report Form and returns to Employee Heath or Nurse Manager.

J. B. Options for filling open shifts:
K. 1. Review current staff already scheduled in other departments.
L. 2. Supplemental Staff
M. 3. Part Time Staff at straight pay
N. 4. Part Time Staff who have pre-stated availability
O. 5. If above measures are unsuccessful consult management for authorization for overtime.
P. 6. Consult management for authorization for all per-diem agency staff and/or travelers.

Attachments: No Attachments

Approval Signatures

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<tr>
<td>Pam Akin: Chief Nursing Officer</td>
<td>4/16/2018, 3:04PM EDT</td>
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<tr>
<td>Lynn Sakamoto: Perioperative Manager</td>
<td>4/10/2018, 12:37PM EDT</td>
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Applicability

Whitman Hospital and Medical Center