



## **Pagosa Springs Medical Center's Nursing Staffing Plan**

The Emergency Department and Inpatient Nursing units provide for continuous Registered Nurse coverage, 7 days a week, 24 hours a day.

Factors considered for the assignment and distribution of nursing and auxiliary personnel and for forecasting future needs, include, but are not limited to:

- a) Patient census and acuity; churn, patient outcomes and safety needs, workforce metrics, nationally recognized minimum staffing standards and guidelines, seasonal volume fluctuations and staff feedback.
- b) Nursing staff skill level.

Reduction of nurse-to-patient ratios are based upon nurse clinical judgement regarding patient acuity and safety needs.

The Emergency Department consists of 7 licensed beds.

- 1) The Emergency Department is staffed with a minimum of 1 Registered Nurse (RN) for each of the 12-hour day and night shifts and 1 Registered Nurse (RN) and 1 ED Tech/Paramedic for overlap 1200 – 0030. Target staffing is 2 RN's per 12-hour shift.
- 2) There is a nurse and/or nurse administrator on call 7 days/week/365 days per year should additional resource be needed.
- 3) The ED is also staffed by an on-site ED physician 24/7/365.

The Inpatient Unit consists of 11 licensed beds.

- 1) The Inpatient Unit is staffed with a minimum of 1 Registered Nurse (RN) for each of the 12-hour shifts (day and night). The nurse to patient ratio shall not exceed 1:6. Target staffing is 2 RN's per 12-hour shift and certified nurse's aides and/or sitters, if appropriate to supplement care for increased acuity.
- 2) The Inpatient Unit is also staffed by a LCSW to assist with case management, patient care planning, discharge planning, and scheduling follow-up for patients on discharge. This position is staffed Monday through Friday, 0800 – 1730.
- 3) The Inpatient Unit is also staffed by an on-site hospitalist seven (7) days per week from 0800 – 1800.
- 4) The ED/Acute Care Manager and/or designee determines the number of staff for the oncoming shift, and throughout the shift, to ensure the number of staff and appropriate skill mix are available to provide safe patient care. The ED/Acute Care Manager maintains ultimate responsibility for providing adequate staffing and shall provide patient care in the event a qualified nurse is unavailable.

- 5) The process for determining the ability of the Inpatient Unit to accept admissions is based on, but not limited to, staff availability, current unit volume, patient acuity and the hospital's ability to transfer to tertiary hospitals. The frontline staff nurse's judgement on whether they are able to deliver safe patient care is also taken into account.
- 6) The Nurse Manager, Administrator-On Call, Director of Nursing, COO and/or on-duty Hospitalist has the authority to limit admissions to ensure quality care is delivered safely. When admissions are limited, due to unavailability of staff, information will be communicated to staff/physicians via 0800 Huddle and/or in-person, telephone call, and/or email.
- 7) Staffing for acuity on the Inpatient Unit will consider the following criteria:
  - a. Complexity of patient's condition, assessment and required nursing care.
  - b. Knowledge and skills required of nursing staff to provide care.
  - c. Infection control and safety issues.
  - d. Patient conditions that contribute to a higher level of acuity include but, are not limited to:
    - i. Dementia/delirium;
    - ii. High CIWA score;
    - iii. Complicated wound care;
    - iv. Total assists with the activities of daily living;
    - v. Dynamics of patient status (frequency for which needs for nursing care change);
    - vi. Complicated family/social situation;
    - vii. High Morse Fall Risk score;
    - viii. Suicide risk and;
    - ix. Required nursing interventions.

There is a nurse and/or nurse administrator on call 7 days/week/365 days per year should needed additional resource become unavailable.