

## **Nurse Staffing Plan: Emergency Department and Inpatient Medical -Surgical Unit**

### **Purpose:**

The purpose of the nurse staffing plan is to ensure the provision for continuous registered nurse (RN) coverage in the Emergency Department and the Inpatient Medical-Surgical Unit for the distribution of nursing and auxiliary personnel to safely meet patient care needs and to project future staffing needs. This plan sets forth minimum staffing requirements, as well as indicators for adjusting minimum staffing and nurse -to -patient ratios (e.g., increased patient census, churn, patient acuity and staff feedback).

### **Overview:**

The Emergency Department and Inpatient Nursing Unit provides 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 staffing needs include, but are not limited to:

- Patient census and acuity, churn, patient outcomes and safety needs, workforce metrics, nationally recognized staffing standards and guidelines, seasonal volume trends and staff feedback.
- Nursing staff skill level.

### **Emergency Department:**

The Emergency Department consists of (7) licensed beds. It is staffed with a minimum of (2) Registered Nurses (RN's) or (1) RN and (1) EMT/Paramedic for each of the 12-hour day and night shifts. Target staffing is (2) RN's per 12-hour shift. Staffing may be increased, based on patient census and acuity.

A Certified Nursing Assistant (CNA) is available on an as needed basis to assist with patient care during times of high patient acuity or census. There is also a nurse administrator on call, should additional resources be needed. Additionally, the ED/Inpatient Nurse Manager is available to help with staffing needs.

The ED is also staffed by an on-site ED physician 24/7/365.

### **Inpatient Medical-Surgical Unit:**

The Inpatient Unit consists of (11) licensed beds and 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 is generally 1:5. Target staffing is (2) RNs per 12-hour shift. The Inpatient Unit is also staffed by an on-site Hospitalist seven (7) days per week from 0800 – 1800.

A Certified Nurse Aide, Patient Safety Attendant or additional RN is staffed as needed when indicated by patient acuity, census or individual patient safety needs. There is also an ED/Inpatient Nurse Manager available to help with staffing needs. A full time Licensed Clinical Social Worker (LCSW) is staffed to assist with case management, patient care planning, discharge planning, and scheduling follow-up appointments for patients upon discharge.

The ED/Acute Care Manager or designee determines the number of nursing staff needed for the on-coming shift, and throughout the shift to ensure the number of staff and appropriate skill mix is available to provide safe patient care. The Nurse Manager maintains ultimate responsibility for providing adequate staffing and shall provide patient care in the event a qualified nurse is unavailable.



The process for determining the ability of the Inpatient Unit to accept admissions is based on, but not limited to, number of available beds, patient acuity and staffing. The Nurse Manager, Administrator-On Call, Director of Nursing, Chief Nursing Officer and/or on-duty Hospitalist have 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 at the daily 0800 clinical huddle and/or in-person.

Staffing for acuity on the Inpatient Unit will consider the following criteria:

- Complexity of patient's condition, assessment and required nursing care.
- Knowledge and skills required of nursing staff to provide care.
- Infection control and safety issues.
- 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;
  - vi. Complicated family/social situation;
  - vii. High Morse Fall Risk score;
  - viii. Suicide risk and;
  - ix. Complexity of required nursing interventions.

The Nurse Administrator on call and/or Nurse Manager is utilized to help fill unmet staffing needs when indicated.

Relevant References: Colorado House Bill 22-1401