



2026 Nurse Staffing Plan: Emergency Department and Inpatient Medical -Surgical Unit

Purpose:

The purpose of the Nurse Staffing Plan is to ensure the provision for nurse staffing coverage in the Emergency Department and on the Inpatient Medical-Surgical Unit. This plan addresses the distribution of nursing and auxiliary personnel to safely meet patient care needs and to project future staffing needs. This document sets forth minimum staffing requirements, as well as indicators for adjusting staffing and nurse-to-patient ratio standards.

Overview:

The Emergency Department and Inpatient Nursing Unit provide continuous Registered Nurse (RN) 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, workforce metrics, nationally recognized staffing standards and guidelines, seasonal volume trends and clinical staff judgement.
- Individual skill level of nursing staff.

Emergency Department:

The Emergency Department consists of (7) licensed beds and is staffed with a minimum of (2) RN's or (1) RN and (1) EMT-Paramedic for each of the 12-hour day and night shifts. On Fridays, Saturdays and Sundays an additional RN "split shift" is staffed from 12 noon to midnight. Target staffing is a minimum of (2) RNs per 12-hour shift.

Staffing may be adjusted based on census, patient acuity and safety needs. There is an on-call Nurse Administrator available to help with staffing, as well as the ED/Inpatient Nurse Manager and/or the Director of Nursing. The ED is also staffed by an on-site ED physician, 24/7/365. Advanced Practice Providers (APPs) are utilized to augment physician staffing when the ED is experiencing high volumes.

Inpatient Medical-Surgical Unit:

The Inpatient Medical-Surgical Unit consists of (11) licensed beds and is staffed with a minimum of (1) RN for each of the 12-hour shifts (day and night). Target staffing is (2) RNs 24 hours a day. The nurse-to-patient ratio is generally 1:5 and shall not exceed 1:6. Certified Nurse Aides or Patient Sitters may be added to the staffing mix to assist with specific patient safety needs. There is a full-time Licensed Social Worker (LCSW) to assist with case management, utilization review and patient discharge planning. The Inpatient Unit is also staffed with a Hospitalist 7 days per week from 0800 – 1800.

The ED/Inpatient Nurse Manager or designee determines the number and skill level of nursing staff needed for the on-coming shift to ensure the provision of adequate staffing to meet patient care needs.

The Nurse Manager maintains ultimate responsibility for providing adequate staffing. She/He shall assist with providing patient care in the event there is not a qualified nurse available. If additional staffing needs exist or the Nurse Manager is unavailable, the Director of Nursing will be contacted for assistance.

The process for determining the ability of the Inpatient Unit to accept admissions is based on, but not limited to, the number of available beds, patient acuity and the ability to meet staffing needs. 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 patient safety and the delivery of effective patient care. When admissions are limited due to the unavailability of staff, information will be communicated at the daily 0800 clinical huddle and/or in-person. Updates will be provided throughout the day/night as needed with respect to admission availability.

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

- Complexity of the patient's condition, and findings from clinical assessments.
- Knowledge and skills required of nursing staff to provide appropriate care.
- Infection control and safety issues.

Patient conditions that contribute to a higher level of acuity include, but are not limited to patients with:

- i. Dementia/delirium
- ii. Other conditions resulting in altered mental status
- iii. High CIWA (Clinical Institute Withdrawal Assessment for Alcohol) scores
- iv. Complicated wound care needs
- v. A high level of assistance needed for activities of daily living
- vi. Complicated family/social situations
- vii. High Morse Fall Risk scores
- viii. Need for complex nursing interventions
- ix. Suicide risk
- x. Other identified safety needs

Clinical nurse judgement is also factored in determining patient acuity and subsequent staffing needs.

Relevant References: C.R.S. 25-3-128