2027 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 the Medical-Surgical nursing units. 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 Medical-Surgical nursing units 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.
- Skill level of individual nursing staff.

Emergency Department:
The Emergency Department consists of (7) licensed beds and is staffed with a minimum of (2) RNs or (1) RN and (1) EMT-Paramedic for each of the 12-hour day and night shifts. Thursday through Tuesday there is an additional RN/Paramedic mid-shift 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/Med-Surg Nursing Supervisor, 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 on Saturdays, Sundays and Mondays, or any other time the ED is experiencing high patient volumes and/or acuity.

Medical-Surgical Nursing Unit:
The 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. Nurse staffing may be adjusted, based on patient acuity and safety needs, skill level of staff and complexity of patient care. Certified Nurse Aides or Patient Sitters may be added to the staffing mix when indicated to assist with patient care needs. There is a full-time Licensed Social Worker (LCSW) for 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. When unmet staffing needs exist, the Nursing Supervisor, Nurse Administrator on call or the Nurse Manager will be contacted for assistance. The Director of Nursing may also be asked to assist with staffing needs if all other resources have been exhausted.

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, individual patient acuity and the ability to meet staffing needs. The Nurse Manager, Hospital Administration, Director of Nursing, Chief Nursing Officer and/or on-duty Hospitalist has the authority to limit admissions to ensure patient care and safety needs are met. 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 capability.

Staffing for acuity on the Medical-Surgical nursing 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 patient safety needs

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

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