

Status: Active PolicyStat ID: 13935761



Willow Springs Center
Residential Treatment for Kids

Origination 07/2023
Last 07/2023
Approved
Effective 07/2023
Last Revised 07/2023
Next Review 07/2025

Owner Riva Rios:
DIRECTOR OF
NURSING
Area Provision of Care

Willow Springs Center Staffing Plan

PURPOSE:

The purpose of this policy is to ensure compliance with all relevant statutes and regulations regarding staffing in a licensed facility. This would include the creation and maintenance of a comprehensive staffing plan that includes the circumstances under which a Nevada State Licensed Nurse or Resident Mentor may refuse or object to a work assignment, the coordination and facilitation of a staffing committee and a systematic plan to schedule and administer work assignments.

All operating residential treatment centers that are Behavioral Health Division subsidiaries of United Health Services, Inc., that participate in Medicare and Medicaid programs and UHS of Delaware Inc. that their personnel who support the Behavioral Health Division operations.

POLICY:

It is the policy of Willow Springs Center to comply with all laws, rules and regulations relating to federal and state health care programs in regard to establishing a comprehensive staffing plan that includes a plan to allow a licensed nurse or certified nursing assistant to refuse a work assignment. It is also the policy of the Willow Springs Center to recognize the importance of adequate staffing and to that end facilitate a staffing committee and an orderly plan to administer work assignments and scheduling.

PROCEDURE

1. Comprehensive Staffing Plan

- A. The Director of Nursing (DON)/Chief Nursing Officer (CNO), Director of Milieu (DM) or designee will be responsible for assessing and evaluating the nursing staffing needs of each unit. The DON/CNO, DM or designee will receive recommendation, input and feedback on Staffing Plans from the Staffing committee as an ongoing review based on the number of residents,

populations served, acuity, and state requirements for minimal staffing.

The DON/CNO is responsible for developing a core staffing plan for professional nursing for the facility. The staffing will include Registered Nurses (RNs), and, in some cases, Licensed Practical Nurses, (LPNs) and/or Licensed Vocational Nurses (LVNs).

The Director of Milieu is responsible for developing a core staffing plan for direct care staff for each resident unit. The staffing plan will include resident mentors.

B. Number, Skill Mix and Classification of staff Required by Each Unit

- i. A minimum of one currently Nevada Licensed Nurse (RN or LPN) will be assigned to each unit on day shifts (0630a -1900p) with a 1:25 patient ratio to hospital census and a minimum of two (2) within the facility on NOC Shift (1830p-0700a).
- ii. A minimum of one Nevada State Licensed Registered Nurse will be in the hospital at all times.
- iii. A minimum of one (1) Resident Mentor to 10 patients will be assigned to each unit as to assure the highest quality patient care and patient safety.
- iv. Staffing may increase or decrease based on assessed acuity of the unit, and changes in census as assessed by the DON/CNO, Director of Milieu or designee

C. Types of Patients Treated in Each Unit and Corresponding Care Requirements

- i. All patients treated at Willow Springs Center are between 12 and 17 years of age and have a primary diagnosis of a psychiatric disorder/diagnosis.
- ii. Patients may also present with a co-occurring disorder.
- iii. Willow Springs Center has three distinctive units, Adolescent 1, Adolescent 2, Basecamp

D. Activities in Each Unit: The DON/CNO in conjunction with DM will assess additional workloads which may include but are not limited to:

- i. Provision of care, oversight and education for medically compromised patients or those with unstable psychopathology
- ii. Oversight of Q-15 minutes Patient Observation Rounds to assure patient safety
- iii. Oversight and direction of supportive staff
- iv. Interdisciplinary collaboration
- v. Oversight of conducting patient body and belonging searches (Contraband)
- vi. Discharges and/or admissions on any shifts
- vii. De-escalation of assaultive or hostile behaviors on any unit
- viii. Oversight of seclusion and/or restraints
- ix. Medication management of psychotic patients
- x. Special programs and/or interventions
- xi. Prevention of elopement and management of unpredictable changes
- xii. Oversight of patients at Risk for Suicide
- xiii. Oversight of patients at risk for Sexual Aggression and / or Victimization

- xiv. Oversight of patients at Risk for Assault and / or Homicidal Intent
- xv. Documentation of Interactions and interventions
- xvi. Respond to other situations identified high-risk behaviors as required within Nursing Practice

E. Size and Geography of Each Unit: Patients may be transferred between units and programs based on clinical assessment by physician and therapist.

UNIT	# OF BEDS	PROGRAM	AGE RANGE
Adolescent 1	40 Beds	Adolescent I DBT unit	12-17 years
Adolescent 2	62 Beds	Adolescent II Journey Unit. *Isolation unit will be all male or all female depending on admission*	12-17 years
Base Camp	14 Beds	Basecamp	12 - 17 years

Specialized Equipment and Technology for Each Unit: Basic Nursing equipment used as appropriate:

- i. Thermometers
- ii. Blood pressure cuff/Stethoscope
- iii. Pulse oximeter
- iv. Nebulizers
- v. Glucometers
- vi. AED
- vii. Oxygen Tanks
- viii. Response to Codes and/or Drills/Code Blue Boxes
- ix. Miscellaneous individual care items as ordered by physician

F. Fluctuations in Size and Make-up of Unit

- i. In the event the census on any one (1) Unit decreases to the point the Center may consolidate units to more efficiently utilize staff while continuing to provide the highest standard in patient care and safety, the DON/CNO, Director of Milieu or designee, in collaboration with the Center's Administration may decide to implement a plan to combine units.
- ii. Patients may be housed on one unit while participating in specific programming in another unit.

G. Protocol for adequately staffing during an emergency, in circumstances when a significant number of patients are diverted from another facility and in the event a Resident Mentor is absent or refuses work :

In the event of a large number of unexpected admissions (mass casualties, local disasters (such as floods, extreme weather conditions, earthquake or pandemic), diversions from other hospitals or unexpected number of internal call outs for shift), Additional sources of staffing will be assessed from the following resources and manner.

1. Phone, text, or email all per diem staff and/or staff that have been flexed, or are on PTO, part time and full time staff.
2. Utilize managers, directors, exempt staff to work on units
3. Call Northern Nevada Medical Center, Northern Nevada Sierra Medical Center (UHS Hospitals), and/or Adult Mental Health Services (NNAMHS), for staffing assistance
4. Non-Nursing department staff will be called to help cover units, for non-licensed staff positions
5. Clinical Services, in conjunction with physician, will assess which patients may be safely send home on pass or discharged
6. All PTO days during event may be canceled
7. All staff are expected to be available for duty during community disasters
8. Contracting and utilization of travel Nurses and Resident Mentors.

Scheduling and Work Assignments: Willow Springs Center provides 24 hour staffing and coverage on all units.

- a. When assigning employees work areas, scheduling workdays and/or shift assignments, the top priority is to evaluate each assignment in terms of the mission, goals and objectives.
- b. These considerations shall include, but are not limited to, the ability to accomplish the following:
 - i. Providing the highest quality of patient care and patient safety. Including appropriate and timely response to individual patient needs
 - ii. Maintaining applicable health and safety requirements and comply with all required policies and procedures
 - iii. Meeting the expectations of relevant licensing and training requirements
 - iv. Responding efficiently and effectively to emergency needs.
- c. Consideration of priorities will first require assessment of available employees' competency levels, relative skill levels, certification level, and status in order to strategically fulfill priority (schedule) needs. Additional consideration will be given as to an employee's ability to complete the physical characteristics of the position (as identified in the specific job description including ability to actively engage in HWC and CPR.
- d. Top priority considerations as stated above must be satisfied before the Nursing Department and Millieu makes a scheduling decision based on any priority. If the consideration of top priorities results in a decision (prior to a general announcement, etc.) that a particular employee is the only or best individual suited for the work area, workdays and/or shift in question, the nursing department may decide not to proceed with a posting process. Management will identify the factors considered in making a final decision and include those

factors in a notification explaining the change in duty.

- e. When an administrative decision must be made to change an employee to another work area, shift, or to change days off and there are no applicable requests for change of area, shift, or days off are already submitted, the DON/CNO or Director of Milieu or designee shall first ask for volunteers. If there are no volunteers, the process will be consistent with the procedure for the scheduling process first considering the competencies, skills and other top priority considerations to meet the needs of the position.
- f. When an open regular schedule occurs, it will be first posted internally for Per Diem for transfer of eligible employees. After an adequate time period, to be determined by Human Resources, DON/CNO, or Director of Milieu and if no eligible employees are interested in the position, Per Diem employees will be considered to fill the vacancy. If no eligible employee is found among current staffing, Human Resources will then post the position for external applicants. Open positions will be posted by each time clock and emailed to the Willow Springs email group. It is each employee's responsibility to periodically check for postings of positions in these areas.
- g. Per Diem employees will provide their availability to the Staffing Coordinator or designee in the nursing department. Per Diem employees must be available to work a minimum of 5 shifts a month (including weekends). Per Diem employees must work 1 summer and 1 winter holiday annually. Per Diem employees will be held accountable for all hospital policies and timely completion of competencies.

Nursing Services Staffing Committee: In recognition of providing the highest possible quality and safety of patient care, as well as the importance of maintaining the mutually shared goal of patient care with hospital administration and nursing staff, a nursing staffing committee will be maintained.

- h. The staffing committee must consist of:
 - i. Not less than one-half of the total members from the licensed nursing staff
 - 1. Not less than one Nevada State Licensed Nurse and one Resident Mentor to represent each shift bracket (side of the week, day/swing/night), as well as alternates for each member.
 - ii. Adopt and disseminate a policy to Nursing and Resident Mentor staff concerning a staffing plan, refusal and objection of work assignment.
 - iii. No less than one-half of the total members appointed by the administration of the hospital.
- i. The Staffing committee will be chosen by the following process:
 - i. At the beginning of each year, those who wish to join or stay on the staffing committee may submit a letter of intent to the DON/CNO, Director of Milieu or the Staffing Coordinator.
 - ii. A paper ballot will be created and placed across the hospital for a total of three (3) days in order for employees to vote.
 - iii. An electronic ballot will also be available for a total of three (3) days in order for employees to vote.
 - iv. From the votes, a Resident Mentors and Nurses (as well as their alternates) will be chosen to represent overall staff (representing each shift bracket i.e. side of the

week, day/swing/night) for that year.

- j. The staffing committee of a hospital shall meet at least quarterly.
- k. Willow Springs Center shall prepare a written report concerning the establishment of the staffing committee, the activities, progress and efficacy of the staffing committee.
- l. The hospital shall submit the report on or before December 31 of each:
 - i. Even-numbered year to the Director of the Legislative Counsel Bureau for transmission to the next regular session of the Legislature.
 - ii. Odd-numbered year to the Legislative Committee on Health Care.
- m. The Center's comprehensive staffing plan will be reviewed and revised as needed but at least every two (2) years.
- n. The comprehensive staffing plan will include:
 - i. A detailed written plan setting forth the number, skill mix and classification of Nevada State Licensed Nurses and Resident Mentors required in each unit in the health care facility; which must take into account the experience of the clinical and nonclinical support staff with whom the nurses collaborate, supervise or otherwise delegate assignments.
 - ii. A description of the types of patients who are treated in each unit, including, without limitation, the type of care required by the patients.
 - iii. A description of the activities in each unit, including, without limitation, discharges, transfers and admissions.
 - iv. A description of the size and geography of each unit.
 - v. A description of any specialized equipment and technology available for each unit; and
 - vi. Any foreseeable changes in the size or function of each unit.
 - vii. A place for all committee members to sign that they have received a copy of the staffing plan as well as a place to object.
- o. The nursing staffing committee will consider the following at the quarterly meetings:
 - i. Method of improving patient care as it relates to staffing
 - ii. Assignments and workloads
 - iii. Patient acuity and staffing factors
 - iv. The employment of Per Diem employees
 - v. Orientation requirements and proficiency training
 - vi. Recruitment and retention
 - vii. FTE management and reduction of overtime
 - viii. Review of proposed changes to the staffing plan
 - ix. Review of submitted Refusal of Work Assignments (RWA) and Assignment Despite Objections (ADO) with recommendations to DON/CNO, or Director of Milieu.

- p. Staffing committee decisions will be made through a two thirds majority vote

Refusing a Work Assignment

- q. If a Nevada State Licensed Nurse wishes to refuse a work assignment, they will report to the DON/CNO or designee, in writing, the reason(s) for objecting a work assignment within 24 hours of the posting of the monthly schedule. (Attachment A).
- r. The DON/CNO or designee will review the written refusal form, assess options and then seek to remedy the situation.
- i. The specific reason for refusal must be given on the refusal form.
 - ii. The specific reason a licensed nurse may refuse a work assignment, as set forth in 449.205 subsection 1, includes that he or she does not possess the knowledge, skill or experience to comply with an assignment to provide nursing services to a patient; and is refusing to provide to a patient nursing services for which, as verified by documentation in the personnel file (of the registered nurse, licensed practical nurse) concerning his or her competence to provide various nursing services, demonstrates he or she does not possess the knowledge, skill, or experience to comply with the assignment to provide nursing services to the patient, unless the refusal constitutes unprofessional conduct as set forth in chapter 632 of NRS or any regulations adopted pursuant thereto.
 - iii. The DON/CNO or designee will review the refusal reasons and decide if it meets the required criteria.
 - iv. The DON/CNO or designee will review the written request and attempt to resolve the situation utilizing available resources deemed appropriate.
 - v. If the DON/CNO or designee denies the refusal, the nurse must accept the assignment,
 - vi. The DON/CNO may call an Impromptu meeting of the staffing committee of an Nevada State Licensed Nurse's peers to review an Assignment despite Objection (ADO) in order to determine possible resolution.
 - vii. If the Nevada State Licensed Nurse is dissatisfied with the decision of the DON/CNO or designee, the licensed nurse should initiate an Assignment Despite Objection (ADO) form within 24 hours, but still accept the work assignment, despite the objection. (See Attachment B: Assignment Despite Objection form). The Nevada State Licensed Nurse may also choose to utilize the Dispute Resolution Process.
 - viii. Willow Springs Center should respond to the objection as soon as practicable, but no later than 14 calendar days after receiving the objection.
 - ix. If the supervisor fails to approve the request without proposing a remedy, or a remedy is proposed but inadequate or untimely, the Nevada State Licensed Nurse or Resident Mentor may choose to file a formal complaint with the Health Division if the Nevada State Licensed Nurse or Resident Mentor feels, in good faith, the refusal meets the condition of the written policy for refusal of assignment.
 - x. The Assignment despite Objection and resulting response will be submitted to the Staffing Committee and reviewed for trends by reviewing number of objections to a work assignment filed by a Nevada State Licensed Nurse or Resident Mentor.

- xi. If the supervisor fails to approve the request without proposing a remedy, or a remedy is proposed but inadequate or untimely and the time frame for the Dispute resolution process/ filing of a formal complaint with the Health Division would take too long for the Nevada State Licensed Nurse to receive a decision prior to the shift in question, and the Nevada State Licensed Nurse still believes in good faith that the assignment meets a specific reason as set forth in 449.205 subsection 1, the licensed nurse may exercise their right to refuse the assignment, as long as the refusal does not violate any part of NAC 632.220, by communicating such to their Supervisor or the DON prior to taking report on the patients.
- xii. The Staffing Committee will provide a response to the Nevada State Licensed Nurse regarding an explanation of how Willow Springs Center addressed this.

	DON/CNO, Director of Milieu or designee	Staffing Committee	Dispute Resolution Process
Timeline	7 to 10 Days	30 Days	
Action	Investigate	Examine trends	
	Respond to Nurse	Respond to Nurse	

s. Duties of Willow Springs Center

- i. Maintain records for at least two years of each request to be relieved of a work assignment, and refusals of a work assignment made by a licensed nurse
- ii. Willow Springs Center shall provide to the staffing committee the number of requests to be relieved from work, refusals of a work assignment, and objections to a work assignment.
- iii. Willow Springs Center shall provide to the staffing committee an explanation of how the requests, refusal and objections were addressed
- iv. In accordance with Willow Springs Center policy, harassment of employees, management, administration, or non-staff is prohibited and will not be tolerated. It is the hospital's policy to take immediate investigatory action and quickly apply sanctions when appropriate.
- v. Ensure compliance with the written policy
- t. The Nevada State Licensed Nurse or Resident Mentor is responsible to seek and obtain the training and information required to do their jobs in a timely manner. This includes completion of Healthstream assigned training.
- u. Willow Springs Center shall not retaliate or discriminate unfairly against employees and certain other person's as defined in NRS 449.205
- v. The Nevada State Licensed Nurse cannot just refuse an assignment and leave the premises without pursuing a resolution. A Complaint for Abandonment may be filed with the Board of Nursing if this occurs.

REFERENCES:

NRS 449.241 through 449.2421 inclusive; NRS 449.205; NRS 632
NAC 632.220
SB 362

Level of Evidence: | Level I | Level II | Level III X Level IV Level V

Attachments

[POCTS.1000.100A Refusal of Work Assignment Form.pdf](#)

[POCTS.1000.100B Assignment Despite Objection Form.pdf](#)

Approval Signatures

Step Description	Approver	Date
Gov Board	Michelle Moreno: EXECUTIVE ASSISTANT	07/2023
Individual Committee	Riva Rios: DIRECTOR OF NURSING	07/2023
Owner submits policy to initiate review/approval process	Riva Rios: DIRECTOR OF NURSING	07/2023

**WILLOW SPRINGS CENTER
STAFFING COMMITTEE SUMMARY REPORT**

Hospital Name: WILLOW SPRINGS CENTER

Address: 690 EDISON WAY

City: RENO

State: NV

Zip Code: 89502

Telephone with Area Code: (775) 858-3303

Staffing Committee

Established: Yes

Committee Composition: Director of Nursing, Clinical Educator, Infection Preventionist, Milieu Director, Milieu Manager, House Supervisors, Registered Nurses, Staffing Coordinator, Unit Clerks, Resident Mentors.

Committee Meeting Frequency: Quarterly

Committee Activities:

Three Main Areas of Focus

- 1 - Staffing: The committee focuses on staffing needs, coverage, efficacy of the program in regards to coverage and assignments. Staffing is reviewed to ensure that workload and workflow are balanced based on the coverage assigned and the skill sets.
- 2 - Retention and Solutions: The committee reviews feedback and issues brought up by staff, discusses input, creates solutions, and then evaluates the situation for any further intervention needed. Retention of staff is focused on with input and ideas from committee members that is then brought to leadership and Service Excellence for implementing.
- 3 - Review of any concerns or reports of any staffing issues or events. The committee discusses this at every single meeting to ensure that should there be any there is a timely engagement and response per policy.

Committee Efficacy:

1 - Staffing:

Developed a comprehensive daily assignment sheet that also serves as a 24 hour duration, nursing unit report sheet. Staffing, patient information, bed census, all critical data points, follow up items, continuum of care, acuity, and treatment team items. This sheet is universally used across milieu and nursing teams, unifying reporting, and ensuring continuity of care across all shifts.

Continued utilization of Per Diem staff to layer coverage for admissions, outpatient, medication administration has proved to be a consistent benefit for the teams. Provides FTE efficient management, prevents burn out, and allows for cross training of floor staff for different areas and focuses.

2 - Retention:

2nd Quarter new Clinical Educator hired. Orientation and training revised and audited with a focus on types of training needs to increase retention and provide the best support. Ongoing education initiatives and support provided via different avenues to allow staff convenient ways to access the training they need; especially in light of 3rd quarter EMR transition.

**WILLOW SPRINGS CENTER
STAFFING COMMITTEE SUMMARY REPORT**

Committee Efficacy:

2 - Retention (cont):

Training program in development by DON and CE for one year program from orientation to year completion providing training, education, and professional growth support and goals. Culminating in RNs obtaining their psychiatric RN board certification and/or BSN pathway. Providing training and growth was identified as a key desire/retention factor. RN's involved in testing and evaluating the program in development to ensure program meets staff needs and goals.

3 - Review of concerns/needs/events:

All requests, needs, and corrections were completed in a timely fashion. Communication regarding these items was consistently less than 14 days timeframe from request or communication. Nursing monthly meetings address items in progress in old business for items that take longer than 30 days for resolution to provide consistent feedback and transparency. Ongoing training in 4th quarter for new EMR in progress.

4 - Zero ADO/RWO during 2023.

**ATTACH STAFFING COMMITTEE POLICY
NO NEED TO ATTACH STAFFING COMMITTEE MINUTES**

Signature of Responsible Party:

Riva Rios [Signature]
Printed Name Signature

12/6/23
Date

Holly London [Signature]
Printed Name Signature

12/8/23
Date