I. SCOPE:
General Nursing

II. PURPOSE:
To provide guidelines for maintaining adequate levels of nursing staff for each unit.

III. POLICY:
It is the practice of Desert Springs Hospital Medical Center (DSHMC), to utilize competency grids, patient care requirements (PCR), and methods of patient care delivery are used in coordinating the placement of personnel throughout the hospital.

In accordance with SB362, DSHMC has a documented staffing plan in place which adequately meets the needs of our patients and reflects service needs to meet patient care and organizational requirements. Clinical Supervisors, House Supervisors, Nursing Directors and Executive Leadership will include input from continuous staffing improvement projects, patients, families, employees, and the Medical Executive staff when reviewing and updating department specific service needs to provide patient care and manager resources.

This written staffing plan includes the following components:

1) Description of the skill mix and classification of licensed nurses required in each unit, which takes into account the experience of the clinical and nonclinical support staff with whom the nurses collaborate, supervise or otherwise delegate assignments:

   • Cross-training of personnel, flexible floating, and float pool will augment staffing and optimize resources. Utilization of outside agencies is limited to periods when other means of staffing have been exhausted. Skill mix evaluation is performed within each unit to ensure the skill mix reflects the patient care needs availability of staff and open positions.

   • In the event the staff to occupied bed is not optimal including if there is an unexpected influx of patients either from disaster or other emergencies, the Clinical Supervisor, Director, House Supervisor, Medical Director and/or Administrative Representative may:
     
     a.) Request that physicians reassess their patients to determine if they can be triaged or discharged.
     b.) Call administrative staff to evaluate the hospital situation.

   • At any time, the nursing staff may request additional assistance based on clinical judgment and unit activity, either through their Clinical Supervisor, House Supervisor, or Nursing Director. The staffing office provides assistance with
Management approval by temporarily reassigning personnel or calling in available staff. If hospital wide staffing becomes an emergent issue, then the Nursing Leadership in collaboration with Executive Leadership (Administrator On Call) initiates a process for limiting admissions or may initiate the DSHMC Emergency Operations Plan.

2) Description of the types of patients who are treated and type of care received

3) Description of the activities including discharges, transfers and admissions

4) Description of the size and geography of each unit

5) Description of the specialized equipment and technology for each unit

6) Description of any foreseeable changes in the size or function of each unit

7) Description of staffing flexibility that allows for census changes

8) Protocols for adequately staffing of the health care facility in the following situations:
   - In the event of an emergency, to include mass casualties or a significant change in the number or acuity of patients, the staff will refer to DSHMC Emergency Operations Plan after notification from the Administrator on Call or House Supervisor.
   - In circumstances when a significant number of patients are diverted from another facility the staff will refer to DSHMC Emergency Operations Plan after notification from the Administrator on Call or House Supervisor.
   - In the event a licensed nurse or CNA is absent or refuses an assignment, all attempts to secure coverage will be conducted.

The following hospital units have staffing guideline matrices:
   - IMC
   - Critical Care
   - Emergency Department
   - Surgery
   - PACU
   - Pre-OP
   - Endoscopy
   - Cath Lab
   - Special Procedures
   - Medical Surgical, Geropsych, and rehab

IV. **PROCEDURE:**
A. Daily Staffing Procedure:
1. Staffing is coordinated through the Staffing Office, with input from the Clinical Supervisors, Nurse Managers/Directors, and House Supervisor.

2. All nursing employees are to provide the Staffing Office with their current telephone number. Employees without telephones need to provide a mechanism for contact.

3. A list of staffing is provided to each unit to inform the Clinical Supervisor or designee of the staffing plan for the upcoming shift. This is communicated via Staffing Office/House Supervisor prior to shift change.

4. Staffing is reviewed on an ongoing basis regarding the following:
   a. Unit needs based on census and patient classification requirements.
   b. Supplemental staff is added as necessary, via on-call personnel, regular staff, or agency personnel. Competency standards of the unit are met by supplemental staff as appropriate.

B. Daily Shift Staffing Procedure for Specialty Units

1. Surgical Services, Endoscopy, Cardiac Cath Lab, and Specials: The department director is responsible for staffing these units with Registered Nurses and Technicians based on the intensity of the procedures and the volume of patients.

2. Emergency Department: The Nursing Director for Emergency Services is responsible for overseeing the staffing plan for the Emergency Department. Recognizing the variability of census and patient acuity, Emergency Department staffing is determined by several factors: volume of patients requesting services, Emergency Severity Index of the individual patients presenting for care, and the need for nursing intervention. The minimum core staffing of the department is always five (9) Registered Nurses and (2) Emergency Department Technician per shift. Staffing is adjusted based on volume and acuity, with primary consideration given to patient safety and staff competency. Additional staff is obtained according to department demands.

C. Staffing Issues Resolution Procedure:

1. If the Clinical Supervisor/Nursing Director anticipates concerns with staffing or has a special request, the Clinical Supervisor contacts the Staffing Office/House Supervisor in the event the Staffing Coordinator is not available.
   a. Any “no shows” after 10 minutes into the shift is followed up with a phone call from the Staffing Office.
b. The Clinical Supervisor is notified by the Staffing Office or House Supervisor of any changes in the staff list necessitated by “no shows” or other last minute situations.

2. Nursing Assignment Concerns (See Assignment Despite Objection Policy)
   a. Nursing staff can identify assignment issues they feel need to be addressed immediately with the Clinical Supervisor.
   b. If unresolved, escalate to the Nursing Director for resolution or House Supervisor during off hours/weekends.
   c. If unresolved, escalate to Chief Nursing Officer or designee for review and resolution.
   d. Once the concern has been satisfactorily resolved, the concern is documented with actions taken for resolution. A copy of the resolution is maintained on file in Nursing Administration.

D. Absence from Duty Procedure:

Call Offs/Employees unable to fulfill their scheduled shift are to:
   a. Telephone the Staffing Office and the nursing unit Clinical Supervisor at least two (2) hours prior to the start of each shift.
   b. Physician return to work is required for absence due to illness after three (3) days or at the discretion of the Nursing Director.
   c. Releases must specify type of return, duty limits and expected date of return to work.

2. Illness While on Duty Procedure:

In the event of employee becomes ill while on duty the Clinical Supervisor/Nursing Director and the Staffing Office/House Supervisor are notified.

E. Staff Schedule Review Procedure:

Clinical Supervisor/ Nursing Director reviews the staffing rosters for adequate staffing as reflected by competency grids, patient care requirements, methods of patient care delivery and nursing staff scheduled during the shift. The variances are then adjusted by:

1. Canceling/reassigning staff if not needed.
2. Adding staff as needed.
   a. Stand by staff are called
   b. Part time/ Per Diem staff are called
   c. On call staff are called
   d. Full time staff on an “off” day are called
   e. Staff on duty are requested to work additional hours (Voluntary)
   f. Agency nurses/Travel nurses
<table>
<thead>
<tr>
<th>Nursing Dept.</th>
<th>Skill Mix Required Certified Nursing Assistants (* See note)</th>
<th>Skill Mix Required Licensed Nurse (*See Note)</th>
<th>Type of Patients Treated</th>
<th>Type of Activity on Unit/Dept.</th>
<th>Size and Geography of Unit / Dept.</th>
<th>Specialized Equipment and Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tower 5 Surgical</td>
<td>1</td>
<td>2</td>
<td>General medical surgical patient population, i.e. general surgery, spine, orthopedic, Bariatric</td>
<td>Admissions, discharges, transfers</td>
<td>42 bed unit located on the 5th floor 19,440 sq ft</td>
<td>PCA, Epidural pumps, CPM machines, telemetry.</td>
</tr>
<tr>
<td>Tower 4 Gero-Psych.</td>
<td>1</td>
<td>2</td>
<td>General patient population with current psychiatric diagnosis</td>
<td>Admissions and discharges</td>
<td>32 Bed unit located on the 4th floor 19,438 sq ft</td>
<td>Single occupancy to include 2 seclusion rooms, and 1 isolation room</td>
</tr>
<tr>
<td>Tower 3 IMC</td>
<td>1</td>
<td>2</td>
<td>General intermediate care patients – ventilator dependent, post heart cath. recovery, and post CABG</td>
<td>Admissions, discharges, transfers</td>
<td>42 bed unit located on the 3rd floor 19,426 sq ft</td>
<td>Ventilators, Hemodynamic monitoring, telemetry</td>
</tr>
<tr>
<td>2 East Medical</td>
<td>1</td>
<td>2</td>
<td>General medical surgical patient population</td>
<td>Admissions, discharges, transfers</td>
<td>47 bed unit located on the 2nd floor 12,600 sq ft</td>
<td>Telemetry</td>
</tr>
<tr>
<td>2nd Floor MICU</td>
<td>0</td>
<td>2</td>
<td>Complex medical surgical conditions</td>
<td>Admissions, discharges, transfers</td>
<td>12 bed unit located on the 2nd floor 9,773 sq ft</td>
<td>Ventilators, IABP, CRRT, Epidural, Code-chill, post surgical recovery</td>
</tr>
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<tr>
<td>2nd Floor ICU</td>
<td>0</td>
<td>2</td>
<td>Complex medical surgical conditions</td>
<td>Admissions, discharges, transfers</td>
<td>10 bed unit located on the 2nd floor 21,079 sq ft</td>
<td>Ventilators, IABP, CRRT, Epidural, Code</td>
</tr>
<tr>
<td>2nd Floor CCU</td>
<td>0</td>
<td>2</td>
<td>Complex medical surgical conditions</td>
<td>Admissions, discharges, transfers</td>
<td>12 bed unit located on the 2nd floor 5,000 sq ft</td>
<td>Ventilators, IABP, CRRT, Epidural, Code</td>
</tr>
<tr>
<td>1st Floor CDU</td>
<td>1</td>
<td>2</td>
<td>General medical surgical, and observation patient population</td>
<td>Admissions, discharges, transfers</td>
<td>34 bed unit located on the 1st floor 12,200 sq ft</td>
<td>Telemetry,</td>
</tr>
<tr>
<td>ED</td>
<td>2</td>
<td>9</td>
<td>Emergent/urgent and non emergent care conditions</td>
<td>ED visits, Admissions, discharges, transfers</td>
<td>38 bed unit, and 6 bed mental health POD located on the 1st floor 22,000 sq ft.</td>
<td>Rapid infuser, artic sun, 2 negative pressure rooms</td>
</tr>
<tr>
<td>Rehab</td>
<td>1</td>
<td>2</td>
<td>Medical/Surgical rehabilitation conditions</td>
<td>Admissions, discharges, transfers</td>
<td>22 Bed unit located on the 1st floor 10,400 sq ft.</td>
<td>Rehab gym, OT, PT, ST, ADL suite</td>
</tr>
<tr>
<td>Surgery</td>
<td>1 (tech)</td>
<td>1</td>
<td>General, ortho/ spine, plastics, ENT, urology, podiatry, Bariatric</td>
<td>Surgical</td>
<td>8 OR Suites 1procedure suite located on the 2nd floor 9,400 sq ft.</td>
<td>MAKO, Microscopes, navigation system, epidural pumps</td>
</tr>
<tr>
<td>Surgery CV</td>
<td>2 (tech)</td>
<td>2</td>
<td>CV Surgery, Thoracic, Vascular</td>
<td>Surgical</td>
<td>See above</td>
<td>See above</td>
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<tr>
<td>PACU</td>
<td>Certified Nursing Assistants (See note)</td>
<td>Licensed Nurse (See Note)</td>
<td>Post-operative care of general, neuro, ortho, spine, plastics, ENT, thoracic, vascular, urology, podiatry, Bariatric, Specials</td>
<td>Admissions from OR, transfers, and discharges</td>
<td>10 PACU beds located on the 2nd floor 9,100 sq ft.</td>
<td>Epidural pumps, pain pumps, bedside cardiac monitoring</td>
</tr>
<tr>
<td>Pre-op</td>
<td>0</td>
<td>2</td>
<td>Outpatient and inpatient general endoscopy cases, CV, ortho/spine, plastics, ENT, thoracic, vascular, urology, podiatry, Bariatric</td>
<td>Pre-admission assessment, admissions, transfers, and discharges</td>
<td>10 pre-op beds. Located on the 2nd floor 8,800 sq ft.</td>
<td>Cardiac monitoring and pulse oximetry</td>
</tr>
<tr>
<td>Endo.</td>
<td>1 (tech)</td>
<td>2</td>
<td>GI diagnosis and pulmonary interventions</td>
<td>Outpatient and inpatient procedures and transfers</td>
<td>3 Labs Located on the 1st floor 1,900 sq ft.</td>
<td>Video equipt., and flexible endoscopes</td>
</tr>
</tbody>
</table>
### Policy Title: Staffing Plan

#### Location:
Nursing

#### Policy Section:
General Nursing

#### Policy Number:
L

#### Review Due:
September 2018

#### Original Effective Date:
October 2013

#### Revised Dates:
September 2015, September 2014

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<tr>
<td>Cath. Lab</td>
<td>2 (tech)</td>
<td></td>
<td>Cardiac, EP procedures</td>
<td>Outpatient and inpatient procedures and transfers</td>
<td>3 Cardiac labs and 1 EP lab located on the first floor 4,458 sq ft. EP lab under construction size TBD</td>
<td>Cardiac intervention, hemodynamic monitoring</td>
</tr>
<tr>
<td>Special Proc.</td>
<td>2 (tech)</td>
<td></td>
<td>Cardiac and general cases</td>
<td>Outpatient and inpatient procedures and transfers</td>
<td>1 lab located on the 1st floor 4,458 sq ft.</td>
<td>Mobile ultrasound, thrombectomy devices</td>
</tr>
</tbody>
</table>

**Note:** Grid requirements vary based on acuity and department census, support staff is added as needed per census.