	NNMC Staffing Matrix 2015
Definition of Patient Care Services at NNMC	Patient care services at Northern Nevada Medical Center occur through organized and systematic processes designed to ensure the delivery of safe, effective, and timely care and treatment. Providing patient services and the delivery of patient care require specialized knowledge, judgment and skill derived from the principles of biological, physical, behavioral, psychosocial and medical services. As such, patient care services will be planned, coordinated, provided, delegated and supervised by professional health care providers who recognize the unique physical, emotional and spiritual needs of each person. Patient centered care is our focus and model of care. Patient centered care encompasses the recognition of disease and health, patient teaching and patient advocacy through the eyes of the patient. Under the auspices of NNMC, medical staff, registered nurses and other clinical care professionals' function collaboratively as part of a multi-disciplinary team to achieve positive patient outcomes. In the strictest sense, patient services are limited to those departments that have direct contact with patients. The full scope of patient care is provided only by those professionals, (primarily licensed and/or certified) who are also charged with the additional functions of patient assessment and planning patient care based on findings from the assessment. Patient support is provided by a variety of individuals and departments, which may not have direct contact with patients, but who support the care provided by the hands-on care providers. **Staffing Plans** Staffing plans for Patient Care Service Departments are developed based on the level and scope of care that needs to be provided, patient acuity levels, the frequency of the care to be provided, and a determination of the level of staff that can most appropriately deliver the care. Each department will have a formalized staffing plan which will be reviewed at least annually based on the following: utilization of services, employee turnover, performance improvement activities, changes in customer needs/expectations. Measurement tools will be utilized to help assess the effectiveness of the staffing plans.
Patient Care Units	• Medical/Telemetry 5th floor • Surgical Unit/ Inpatient Rehab Center 6th floor • Intensive Care Unit/ Progressive Care Unit 2nd floor • Surgical Services: Operating Room, Day Surgery Unit, Post Anesthesia Care Unit, Pain Management Center • Emergency Department • Senior Bridges/Geropsych Unit
Requirements	**STAFFING PLAN** **Unit/department: MED/TELE 5th floor**

1. Number and Mix of Staff	**See Staffing Matrix for guidelines** • Nursing Staff Include: o Manager o Charge Nurse/shift o Registered Nurses • Support Staff may include (depending on census and patient needs): o Unit support o Certified Nursing Assistants o Sitters
2. Classification of licensed nurses required in each unit	Registered Nurses
3. Types of patients who are treated in each unit – including type of care required	• Medical Patients – Adults & Geriatrics o Med-tele o Legal 2000 o Cardiac (i.e., chest pain, CHF, CAD) o Medical conditions requiring intermediate level of care • Surgical/Post-Procedure o Pre-op/pre-procedure
4. Activities of each unit – including admissions, discharges, transfers	• Admissions from ED, OR, procedural areas, and other facilities • Transfers within the hospital from any other unit • Transfers to other facilities (acute care, post-acute, subacute, SNF, rehab) • Transfers for treatments/diagnostics • Transfers – Legal 2000 Court Commits • Discharges to Home • Coordination of Care (i.e., DME, Home Health, Discharge Planning) • Transfusions – blood and blood products • Dialysis • Psycho-social/Palliative Care • Prep for diagnostic tests • Isolation (airborne, contact, respiratory, reverse) • Unit based telemetry monitoring
5. Size and geography of each unit (i.e., 3rd floor, west wing, 30 beds)	• 31 beds unit located on the 5th floor • 2 negative airflow rooms • Centrally located nursing station
6. Description of any specialized equipment and technology available for each unit	• Cardiac Telemetry Units • Safe Lift Equipment • Crash Cart • CPap machines • Vital Signs machines/Dinamaps • HillRom Beds • Infusion pumps, PCA pumps

	• Mobile PC and barcode scanner
7. Any foreseeable changes in size or function of the unit?	• None
8. Flexibility	• In the event of situations negatively impacting adequate staffing (i.e., mass casualty, significant change in acuity/number of patients, if a RN/CNA is absent or refuses a work assignment, or circumstances where a significant number of patients are diverted from another facility), the following staffing options may be pursued: o Call current Staff not currently scheduled to come in o Float Pool o Floating – internal (from another unit) o Assign extra shifts – voluntary o Working Managers – solicit their assistance with tasks o Utilize on-call staff (if available for that unit) o Agency/Registry o Travelers o Supplement with support staff o Instill mandatory OT/extra shifts o Close beds/stop accepting admissions/transfers o Transfer patients to lower level of care internally o Call a Code Green "Staffing Capacity" Huddle

REQUIREMENTS	**STAFFING PLAN** **Unit/department: MED/SURG/REHAB 6th floor**
1. Number and Mix of Staff	**See Staffing Matrix for guidelines** • Nursing Staff Include: o Manager o Charge Nurse/shift o Registered Nurses • Support Staff may include (depending on census and patient needs): o Unit support o Certified Nursing Assistants o Sitters o The Inpatient RehabCenter Team includes a Medical Director specializing in physical medicine and rehabilitation, Director of Rehabilitation Services, Nurse Manager, Rehabilitation Nurses and Nurse Aides, Physical Therapist, Occupational Therapist, Speech-Language Pathologist, Case Manager/social worker, Dietician and Respiratory care as indicated. o
2. Classification of licensed nurses required in each unit	Registered Nurses

3. Types of patients who are treated in each unit – including type of care required	• Medical and Surgical Patients – Pediatric (greater than 3 yrs old), Adults & Geriatrics o Legal 2000 o Pre-op/pre-procedure o Medical conditions requiring intermediate level of care • Surgical/Post-Procedure o Pre-op/pre-procedure o Orthopedic and General Surgery • Inpatient Rehab: The most common diagnoses seen on the unit include stroke, amputation, hip fracture, multi- trauma, brain injury, cardiac and pulmonary debility.
4. Activities of each unit – including admissions, discharges, transfers	• Admissions from ED, OR, procedural areas, and other facilities • Transfers within the hospital from any other unit • Transfers to other facilities (acute care, post-acute, sub-acute, SNF, rehab) • Transfers for treatments/diagnostics • Transfers – Legal 2000 Court Commits • Discharges to Home • Coordination of Care (i.e., DME, Home Health, Discharge Planning) • Transfusions – blood and blood products • Dialysis • Prep for diagnostic tests • Isolation (airborne, contact, respiratory, reverse) • Unit based telemetry monitoring
5. Size and geography of each unit (i.e., 3rd floor, west wing, 30 beds)	• 26 beds unit located on the 6th floor (8 beds are for patients needing Rehab) • 2 negative airflow rooms • Centrally located nursing station
6. Description of any specialized equipment and technology available for each unit	• Cardiac Remote Telemetry Units (Available) • Safe Lift Equipment • Crash Cart • CPap machines • Vital Signs machines/Dinamaps • HillRom Beds • Infusion pumps, PCA pumps • Mobile PC and barcode scanner
7. Any foreseeable changes in size or function of the unit?	• None
8. Flexibility	• In the event of situations negatively impacting adequate staffing (i.e., mass casualty, significant change in acuity/number of patients, if a RN/CNA is absent or refuses a work assignment, or circumstances where a significant number of patients are diverted from another facility), the following staffing options may be pursued: o Call current Staff not currently scheduled to come in o Float Pool

	o Floating – internal (from another unit) o Assign extra shifts – voluntary o Working Managers – solicit their assistance with tasks o Utilize on-call staff (if available for that unit) o Agency/Registry o Travelers o Supplement with support staff o Instill mandatory OT/extra shifts o Close beds/stop accepting admissions/transfers o Transfer patients to lower level of care internally o Call a Code Green "Staffing Capacity" Huddle

REQUIREMENTS	**STAFFING PLAN** **Unit/department: Intensive care and Progressive Care Unit**
1. Number and Mix of Staff	**See Staffing Matrix for guidelines** • Nursing Staff Include: o Manager o Charge Nurse/shift o Registered Nurses • Support Staff may include (depending on census and patient needs): o Unit support o Certified Nursing Assistants o Sitters
2. Classification of licensed nurses required in each unit	Registered Nurses
3. Types of patients who are treated in each unit – including type of care required	The patient population of the unit is 18 years and older and suffer from a variety of single and multi-system failure. The goal of the unit is to treat and reverse the patient's critical state by providing a higher level of critical care nursing skill. There is a highly qualified multi-disciplinary team who works closely to restore patients to their most optimal state whenever possible. Critical care treatments include but are not limited to: ventilator support, non-invasive respiratory support, cardiac monitoring, invasive and non-invasive cardiac monitoring, central lines for IV treatment and continuous monitoring. The unit also provides a supportive environment for patients and families dealing with end of life issues. The team works collaboratively to provide support with the grieving process and the outcome of death. Additionally, the unit supports those patients whose condition requires a higher level of care than that offered by the medical/surgical floor; yet do not require intensive care. Patients in this category have severe physiological instability requiring frequent monitoring or technical support, but not ventilation support, invasive monitoring or IV medication that requires titration. This may also include patients who are placed on voluntary/involuntary hold or admission for suicidal ideation and/or attempt.

	The Progressive Care Unit (PCU) is located within the ICU on the second floor and is under the supervision of the Director of Critical Care services. This unit serves as an adult intermediate care unit for patients requiring a higher level of nursing and monitoring than that provided on the med/surg unit, yet are not critically ill enough for intensive care. The patient population admitted to the PCU includes patients with potentially severe physiological instability requiring frequent monitoring or technical support, but not ventilation support, invasive monitoring, or IV medication that requires titration. Candidates for the PCU include but are not limited to ICU patients who have stabilized and can be moved to an area of less intensive care, but still need to be monitored frequently, medical patients who are stable but require close nursing observation and frequent monitoring, or patients with legal 2000 status.
4. Activities of each unit – including admissions, discharges, transfers	• Admissions from ED, OR, procedural areas, and other facilities • Transfers within the hospital from any other unit • Transfers to other facilities (acute care, post-acute, subacute, SNF, rehab) • Transfers for treatments/diagnostics • Transfers – Legal 2000 Court Commits • Discharges to Home • Coordination of Care (i.e., DME, Home Health, Discharge Planning) • Transfusions – blood and blood products • Dialysis • Psycho-social/Palliative Care • Prep for diagnostic tests • Isolation (airborne, contact, respiratory, reverse) • Unit based hemodynamic and cardiac monitoring
5. Size and geography of each unit (i.e., 3rd floor, west wing, 30 beds)	• 12 beds unit located on the 3rd floor • 2 negative airflow rooms • Centrally located nursing station
6. Description of any specialized equipment and technology available for each unit	• Cardiac Telemetry Units • Safe Lift Equipment • Crash Cart • Hypothemia michines • IABP • BiPap machines and ventilators • hemodynamic and cardiac monitoring • HillRom Beds • Infusion pumps, PCA pumps • Mobile PC and barcode scanner
7. Any foreseeable changes in size or function of the unit?	• None

8. Flexibility	• In the event of situations negatively impacting adequate staffing (i.e., mass casualty, significant change in acuity/number of patients, if a RN/CNA is absent or refuses a work assignment, or circumstances where a significant number of patients are diverted from another facility), the following staffing options may be pursued: o Call current Staff not currently scheduled to come in o Float Pool o Floating – internal (from another unit) o Assign extra shifts – voluntary o Working Managers – solicit their assistance with tasks o Utilize on-call staff (if available for that unit) o Agency/Registry o Travelers o Supplement with support staff o Instill mandatory OT/extra shifts o Close beds/stop accepting admissions/transfers o Transfer patients to lower level of care internally o Call a Code Green "Staffing Capacity" Huddle

REQUIREMENTS	**STAFFING PLAN** **Unit/department: SURGICAL SERVICES (Operating room, DSU, PACU, Pain Center)**
1. Number and Mix of Staff	**See Staffing Matrix for guidelines** • Nursing Staff Include: o Manager o Charge Nurse/shift o Registered Nurses • Support Staff may include (depending on census and patient needs): o Unit support o Certified Nursing Assistants
2. Classification of licensed nurses required in each unit	Registered Nurses
3. Types of patients who are treated in each unit – including type of care required	Perioperative services at NNMC are comprehensive services providing personnel and equipment within highly specialized areas, including Operating Room, Endoscopy Suite, Post Anesthesia Care Unit, Day Surgery Unit (DSU), and Sterile Processing Department for carrying out the pre-, intra, and post-procedural phases of medical/surgical intervention. These include, but are not limited to, inpatient, outpatient, and same-day, and A.M. admissions. Patients are both male and female, and ages range from pediatric to geriatric. Operating Room staff provides surgical services to patients presenting with any surgical condition, whether as an elective or emergent event, with the exception of open heart and craniotomy procedures. Surgical specialties include: General, Vascular, Orthopedic, ENT, Pain Management, Podiatry, Urology, spinal procedures, retinal procedures and Cosmetic/Reconstructive.

	Pain Clinic at NNMC provides services to anyone presenting for diagnostic and therapeutic treatment in pain management. Services provided by staff in the procedure suites relating directly or indirectly to patient care include:
4. Activities of each unit – including admissions, discharges, transfers	• Care of patient during surgical procedures • Patients come to the OR from ED, admitting or in-house • Monitoring equipment is available in all OR Suites
5. Size and geography of each unit (i.e., 3rd floor, west wing, 30 beds)	The Operating Room has five surgical suites and one procedure room, utilized for all surgical procedures (inpatient, same-day, or outpatient). The DSU area has ten patient-care bays. The Pain Center area includes 6 pre/post-op rooms and two interventional procedural suites. The patient's treated are all outpatient, both male and female and range from adolescent to geriatric
6. Description of any specialized equipment and technology available for each unit	• Hemodynamic and Cardiac Monitoring Units • Safe Lift Equipment • Crash Cart • Ventilators • Infusion pumps, PCA pumps • Mobile PC and barcode scanner
7. Any foreseeable changes in size or function of the unit?	• None
8. Flexibility	• In the event of situations negatively impacting adequate staffing (i.e., mass casualty, significant change in acuity/number of patients, if a RN/CNA is absent or refuses a work assignment, or circumstances where a significant number of patients are diverted from another facility), the following staffing options may be pursued: o Call current Staff not currently scheduled to come in o Float Pool o Floating – internal (from another unit) o Assign extra shifts – voluntary o Working Managers – solicit their assistance with tasks o Utilize on-call staff (if available for that unit) o Agency/Registry o Travelers o Supplement with support staff o Instill mandatory OT/extra shifts o Close beds/stop accepting admissions/transfers o Call a Code Green "Staffing Capacity" Huddle

REQUIREMENTS	**STAFFING PLAN** **Unit/department: EMERGENCY DEPARTMENT**
1. Number and Mix of Staff	**See Staffing Matrix for guidelines** • Nursing Staff Include: o Manager o Charge Nurse/shift o Registered Nurses • Support Staff may include (depending on census and patient needs): o Unit support o ED Techs o Sitters
2. Classification of licensed nurses required in each unit	Registered Nurses
3. Types of patients who are treated in each unit – including type of care required	• Medical Patients – Adults & Geriatrics o Med-tele o Legal 2000 o Cardiac (i.e., chest pain, CHF, CAD) o Medical conditions requiring intermediate level of care • Surgical/Post-Procedure o Pre-op/pre-procedure
4. Activities of each unit – including admissions, discharges, transfers	• ED walk-ins and patients brought by ambulance • Transfers within the hospital to any other unit • Transfers to other facilities (acute care, post-acute, subacute, SNF, rehab) • Transfers for treatments/diagnostics • Transfers – Legal 2000 Court Commits • Discharges to Home • Coordination of Care (i.e., DME, Home Health, Discharge Planning) • Transfusions – blood and blood products • Psycho-social • Prep for diagnostic tests • Isolation (airborne, contact, respiratory, reverse) • All rooms have bedside cardiac monitoring capability with 16 rooms centrally monitored at the nurse's station.
5. Size and geography of each unit (i.e., 3rd floor, west wing, 30 beds)	Located on the second floor of NNMC, the emergency department provides emergency care services 24 hours per day, seven days per week and is comprised of one triage room and 18 patient care areas. Five private rooms are designed to accommodate the special needs of patients requiring isolation, (including two negative pressure rooms) gynecological assessment and/or psychiatric assessment and care. One room has an ENT chair. There is a large waiting area adjacent to the emergency department where family members may wait for the patient. The waiting area has two unisex handicap accessible bathrooms. The Emergency Department has two entrances. There is the general public entrance through the waiting area

	and the ambulance bay,, in the rear of the Emergency Department. *Admitted patients awaiting a room in the hospital may be held temporarily in the emergency department pending available bed assignment*
6. Description of any specialized equipment and technology available for each unit	• Cardiac Telemetry Units • Safe Lift Equipment • Crash Cart • Vital Signs machines/Dinamaps • Infusion pumps • Mobile PC and barcode scanner
7. Any foreseeable changes in size or function of the unit?	• None
8. Flexibility	• In the event of situations negatively impacting adequate staffing (i.e., mass casualty, significant change in acuity/number of patients, if a RN/CNA is absent or refuses a work assignment, or circumstances where a significant number of patients are diverted from another facility), the following staffing options may be pursued: o Call current Staff not currently scheduled to come in o Float Pool o Floating – internal (from another unit) o Assign extra shifts – voluntary o Working Managers – solicit their assistance with tasks o Utilize on-call staff (if available for that unit) o Agency/Registry o Travelers o Supplement with support staff o Instill mandatory OT/extra shifts o Close beds/stop accepting admissions/transfers o Transfer patients to lower level of care internally o Call a Code Green “Staffing Capacity” Huddle
REQUIREMENTS	**STAFFING PLAN** **Unit/department: Senior Bridges/Geropsychiatric Unit**
1. Number and Mix of Staff	See Staffing Matrix for guidelines • Nursing Staff Include: o Manager o Charge Nurse/shift o Registered Nurses • Support Staff may include (depending on census and patient needs): o Unit support o Certified Nursing Assistants o Sitters
2. Classification of licensed nurses required in each unit	Registered Nurses
3. Types of patients	Senior Bridges is a locked 28-bed inpatient unit that provides 24 hours a day

who are treated in each unit – including type of care required	comprehensive acute psychiatric and medical care for the patient 50 years of age and older with a primary psychiatric diagnosis. A psychiatrist heads the multidisciplinary team of nurses, social workers, medical consultants, therapists, occupational therapists, physical therapists, communications therapists and licensed dietitians.
4. Activities of each unit – including admissions, discharges, transfers	• Admissions from ED, OR, procedural areas, and other facilities • Transfers within the hospital from any other unit • Transfers to other facilities (acute care, post-acute, subacute, SNF, rehab) • Transfers for treatments/diagnostics • Transfers – Legal 2000 Court Commits • Discharges to Home • Coordination of Care (i.e., DME, Home Health, Discharge Planning) • Psycho-social/Palliative Care • Isolation (contact, respiratory, reverse)
5. Size and geography of each unit (i.e., 3rd floor, west wing, 30 beds)	• 28 beds locked unit located on the 4th floor • Centrally located nursing station
6. Description of any specialized equipment and technology available for each unit	• Safe Lift Equipment • Crash Cart • Vital Signs machines/Dinamaps • HillRom Beds • Infusion pumps • Mobile PC and barcode scanner
7. Any foreseeable changes in size or function of the unit?	• None
8. Flexibility	• In the event of situations negatively impacting adequate staffing (i.e., mass casualty, significant change in acuity/number of patients, if a RN/CNA is absent or refuses a work assignment, or circumstances where a significant number of patients are diverted from another facility), the following staffing options may be pursued: o Call current Staff not currently scheduled to come in o Float Pool o Floating – internal (from another unit) o Assign extra shifts – voluntary o Working Managers – solicit their assistance with tasks o Utilize on-call staff (if available for that unit) o Agency/Registry o Travelers o Supplement with support staff o Instill mandatory OT/extra shifts o Close beds/stop accepting admissions/transfers o Transfer patients to lower level of care internally o Call a Code Green “Staffing Capacity” Huddle