Intermountain Health

Good Samaritan Hospital ICU/IMCU Staffing Plan

Patient Population & Nursing Scope of Service

Nursing care is provided for unstable adult medical and post-surgical patients.

- Total Beds - 24

- Top DRGs
    - Acute respiratory failure/COVID
    - Sepsis
    - Acute renal failure
    - Drug/Overdose
    - Cardiac arrest
    - Complex multi-system trauma

Leadership of Unit

- Director
- Nurse Manager
- Clinical Supervisor
- SSC/Leads
- Unit Educator/Clinical Nurse Specialist

Professional Standards

- Qualifications and Competencies
    - RN: BLS, ACLS, and NIHSS
    - SSCs: BLS, ACLS, NIHSS, CCRN
- Nurse Practice Organization:
    - Care is provided to patients following the American Association of Critical Care Nurses (AACN) Scope and Standards for Acute and Critical Care Nursing practice.

Competency of Caregivers

All nursing staff are oriented and trained upon hire to the unit to demonstrate competency in direct care of the aggregate patient population served. This ensures the skill mix of the nursing staff is consistent among all associates.

- This is documented in the individual nursing staff member's orientation packet and kept on file.

- Each nursing staff member also receives skills training and review via education provided through the learning management system and skills fairs.

Unit Staffing Personnel

Our unit staffing plan uses the following licensed personnel to deliver patient care:

- Registered nurses
- Certified Nurse Assistants/Patient Care Tech
- Resource Nurse

Shift by Shift Staffing

- At least one (1) registered nurse and one (1) charge nurse shall be on duty when one patient is present. If the census is zero, there will be one ICU RN available in the hospital to quickly respond to rapid response activations, cardiac alerts, and resuscitations. Additional staffing needs shall be determined by the hospital's master nurse staffing plan
- One registered nurse, qualified by education, training, competency and experience, will be designated as in charge of the unit at all times.
- Nurse-to-patient assignments will vary throughout a patient's length of stay based on a combination of prescribed tasks including education, nursing interventions, demographics, competence, safety measures, coordination of care, and psychosocial needs. Patient assignments will align with the nationally recognized professional organization for the area of specialty as applicable. Staffing assignments for patient care will be developed based on the scope of care needed, the frequency of interventions, the volume of admissions and discharges, and the determination of the skill mix of the nursing staff who can provide the most appropriate safe care. Adjustments to the nurse-to-patient assignment will be constantly evaluated and reevaluated based on the information and priority of the patient, competency of the staff, and resources available. All areas have established minimum levels of staffing to be used in catastrophic or unusual circumstances.
- These staffing plans are reassessed annually and/or more frequent if necessary or if any changes are made.
- During surge situations staffing is adjusted to meet patient demand through the use of innovative care models.

The formal process for managing patient flow includes (but is not limited to):

- Overall workload intensity of the floor with respect to patient turnover (Admission, Discharges and Transfers)
- Charge Nurse/Bedside Nurse/Leadership assessment of ability to safely manage current patient assignment and assume an admission.
- If the workload intensity of the unit is determined to be high, or admissions are pending, the charge nurse can:

    - Use resource nurse to bridge admissions or assume full patient care for appropriate number of patients, based on charge nurse assessment/judgment
    - Assess ability for Charge Nurse to take patient(s) assignment
    - Bring in extra staff or limit the amount of patients to be admitted until the workload intensity or volume decreases by coordinating with the Hospital Supervisor and Bed Planning.
    - Request to use nursing staff from other units who are cross trained and or otherwise qualified when an additional nurse is needed in the department and no other unit nurses are available.

The following patient conditions warrant consideration for staffing decisions:

- CRRT, impella, IABP, violent restraints if sitter is not available, organ donation, unstable high trauma surgical patient (if ordered by trauma services), this criteria is to be reassessed by SSC/primary RN.
- Hemodynamically unstable patients requiring a high level of nursing interventions and DKA patients.
- Bipap/HHF, low dose & stable pressors, lower workload intensity or step-down level of care patients

The RN uses the following chain of command for any concerns or issues related to staffing:

- ∉ Charge Nurse
- House Supervisors
- Unit Nurse Manager or Supervisor
- Director
- Administrator On Call
- Chief Nursing Officer
- Regional Chief Nursing Officer

<u>Outcomes and Quality</u>

The unit staffing plan's effectiveness will be evaluated using the following measurements as applicable: patient experience, staffing metrics, and nursing sensitive indicators.

Reviewed and approved by unit manager on: 10/16/23

Reviewed and/or made available to staff on: (via staff meetings, email, huddles)