



## Good Samaritan Hospital Observation Unit Staffing Plan

### Patient Population & Nursing Scope of Service

Nursing care is provided for patients of all ages and disease processes; emergent, urgent, non-emergent care is provided 24 hours a day, 7 days a week.

- Total Beds - 24
- Top diagnosis's:
  - Chest pain with normal cardiac markers & normal EKG / irregular heart rate / CHF
  - Syncope or Presyncope / Seizure
  - Pain
  - Deep Vein Thrombosis
  - Transient Ischemic Attack with no residual deficits
  - UTI / Pyelonephritis
  - Allergic Reaction
  - COPD / Asthma

### Leadership of Unit

- Director
- Unit Manager
- SSCs/Charge Nurses

### Professional Standards

- Qualifications and Competencies
  - RNs: RN licensure, BLS

### 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
- Licensed Practical Nurse

- PCT
- Unit Clerk

### Shift by Shift Staffing

- At least one (1) registered nurse and one (1) auxiliary personnel shall be on duty at all times in the Observation Unit. 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.

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

### Outcomes and Quality

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

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

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