

Saint Mary's Unit Staffing Plan 8th Floor Med Surg Nursing Scope of Service

Patient Population & Nursing Scope of Service Medical Surgical Unit (8th Floor)

Nursing care is provided for Adults and all Diseases.

- 30 Bed Unit
- Top 5 DRGs
 - Sepsis or Severe Sepsis without MV >96 hours with and without MCC
 - Esophagitis, Gastroenteritis and Miscellaneous digestive disorders
 - Simple pneumonia and Pleurisy with MCC
 - Gastrointestinal Hemorrhage with CC with MCC
 - Diabetes with CC
 - Cellulitis without MCC

Primary Nursing Services Provided include but are not limited to:

- ⊘ Acute Medical Illness
- ⊘ Palliative/End of life care
- ⊘ Behavioral Health Illness

Services Not Provided

- ⊘ Patients requiring Intermediate and Intensive Care as level of care
- ⊘ Pediatric Services
- ⊘ Maternal Services
- ⊘ Negative Pressure Precautions Services

Leadership of Unit

- Director
- Unit Manager
- Unit Educator
- Charge Nurses/Relief Charge Nurses
- Shift Supervisor

Professional Standards

- Qualifications and Competencies
 - Charge Nurse: BLS and ACLS & Charge Nurse Class.
 - RN: BLS; LPN: BLS; CNA/PCT: BLS
 - RN: Intermediate Bed Care, ACLS, NIH, Preceptor class
- Nurse Practice Organization:
 - Med surg: ANCC and Academy of Med Surg Nursing (CMSRN)



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.
- € Charge Nurses take Charge Nurse class within 6 months of becoming a charge nurse.
- € Nurse Residency Program provided for all New Graduate Nurses & Licensed Practical Nurse.
- € Certified Nurse Residency Program Provided for all New Certified Nurses or New to the Hospital Setting.

Unit Staffing Personnel

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

- Registered Nurses
- Certified Nurse Assistants/Patient Care Tech
- Graduate Nurses
- Licensed Practical Nurse

Shift by Shift Staffing

- At least one registered nurse and one auxiliary personnel shall be on duty in each open inpatient unit and in the emergency department. 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 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, the competency of the staff, and the resources

available. All areas have established minimum levels of staffing to be used in catastrophic or unusual circumstances.

- The Charge Nurse established staffing for the shift. Factors considered include (but not limited to):
 - Workload of patients on the unit
 - Skill mix
 - Behavioral needs
 - Protocols requiring frequent interventions or assessments.
- These staffing plans are reassessed annually and/or more frequently if necessary or if any changes are made.
- During surge situations, staffing is adjusted to meet patient demand through innovative care models.

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

- Overall workload 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 of the unit is determined to be high, or admissions are pending, the charge nurse can:
 - Bring in extra staff or limit the number of patients to be admitted until the workload 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 RN uses the following chain of command for any concerns or issues related to staffing:

- ∉ Charge Nurse
- ∉ Shift Supervisor
- House Supervisors
- Unit Nurse Manager
- Director
- Administrator On Call
- Chief Nursing Officer/ ACNO
- 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.

Reviewed and approved by staffing committee on: 7/18/2024

Next review due on 8/2025

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