

Policy Title:	Staffing Plan		
Location:	Valley Hospital Medical Center	Policy Section:	Provision of Care
Policy Number:	PC 264	Reviewed Date:	9/07, 8/11, 3/13, 11/13
Original Effective Date:	8/1982	Revised Date:	11/13, 11/14, 10/15

1. **Scope:**

Housewide.

2. **Purpose:**

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

3. **Policy:**

It is the practice of Valley Hospital Medical Center (VHMC) 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, VHMC 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. Nurse Managers, 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.
 - At any time, the nursing staff may request additional assistance based on clinical judgment and unit activity, either through their Nurse Manager or Director and Clinical Supervisor. 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 will initiate the VHMC 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:

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- 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 VPMC Emergency Operations Plan after notification from the Administrator on Call or Nursing Supervisor
- In circumstances when a significant number of patients are diverted from another facility the staff will refer to VPMC Emergency Operations Plan after notification from the Administrator on Call or Nursing Supervisor
- In the event a licensed nurse or Certified Nursing Assistant (CNA) is absent or refuses work the staffing department or nursing unit will make all attempts to secure coverage. If the CNA refuses to work, the CNA will refer to the Staffing: Objection/Refusal to Work Assignment Policy.

In addition, the following hospital units have staffing guideline matrixes:

- 4 Tower
- 3 Tower
- 2 North
- IMC
- MICU
- SICU
- Emergency Department
- Surgery
- PACU
- Pre-OP
- Endoscopy
- Cath Lab
- Special Procedures
- Behavioral Health Unit

4. **Procedure:**

A. Daily Staffing Procedure:

1. Staffing is coordinated through the Staffing Office, with input from the Clinical Supervisors, Nurse Managers/Directors, and RN Facilitator/House Supervisor.
2. Staff may be added or deleted to a unit to meet patient care needs. Refer to Collective Bargaining Agreement (CBA) by and between SEIU Local 1107 and VPMC.ⁱ
3. Nursing employees are to provide the Staffing Office with their current telephone number. Employees without telephones need to provide a mechanism for contact.
4. Scheduling: Refer to Shift Management & Staffing policy and to CBA Article 25 by and between SEIU and Local 1107 and VPMC.ⁱ
5. 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 prior to shift change.

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6. 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. Staffing Issues Resolution Procedure:

1. If the Nurse Manager/Director anticipates concerns with staffing or has a special request, the Clinical Supervisor contacts 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
 - a. Nursing staff can identify assignment issues they feel need to be addressed immediately with the Clinical Supervisor.
 - b. If unresolved, escalate to Nurse Manager/Director for resolution or House Supervisor during off hours/weekends.
 - c. If unresolved, escalate to Chief Nursing Officer 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 Administration.

C. Absence from Duty Procedure:

Call Offs/Employees unable to fulfill their scheduled shift are to:

1. Telephone the Staffing Office and the nursing unit Clinical Supervisor at least three (3) hours prior to the start of each shift. Refer the CBA by and between SEIU Local 1107.ⁱ
 - a. Physician excuse is required for absence due to illness with three (3) days or at the discretion of the Manager. Employees must contact UHS Leave Management Company if absent for three or more consecutive work days.

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b. 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 Nurse Manager/Director and/or clinical supervisor and the staffing office are notified.

D. Staff Schedule Review Procedure:

Nurse Manager/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 per policy and CBA.

References:

1. Provision Of Care, Treatment and Service Plan PC251.
2. Shift Management and Staffing HR236.
3. Collective Bargaining Agreement (CBA) by SEIU Local 1107 and Valley Hospital Medical Center; effective June 1, 2013 to May 31, 2016.

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Nursing Department	Skill Mix - Required Certified Nurse Assistants (*See note)	Skill Mix – Required Licensed Nurses (*See note)	Type of Patients Treated	Type of Activity on Unit/ Department	Size and Geography of Unit/ Department	Specialized Equipment & Technology
4 Tower	1	2	General medical surgical patient population and med/surg with history or current psychiatric diagnosis.	Admissions, discharges, and transfers.	53 bed unit located on the 4 th floor 16,040 sq ft	12 Camera beds, 2 negative pressure rooms
3 Tower	1	2	General medical surgical patient population, designated stroke unit, post craniotomy care unit, and long term ventilator care	Admissions, discharges, and transfers.	53 bed unit located on the 3 rd floor 16, 155 sq ft	2 negative pressure rooms, continuous EEG Monitoring, ventilator, 8 camera beds
2 North	1	2	General medical surgical patient population, i.e. general surgery, spine, orthopedic, cardiovascular, and gyn surgical conditions	Admissions, discharges, and transfers.	32 bed unit located on the 2 nd floor 15,289 sq ft	Epidural pumps
IMC	1	2	General Intermediate Care Patients – general medical surgical, dependent ventilator patients, CABG post recovery	Admissions, discharges, and transfers	32 bed unit located on the 3 rd floor 12,324 sq ft	Ventilators
MICU	0	2	ICU – Medical Surgical Conditions – Code Chills, Sepsis, Multisystem Failure, MIs, CHF, ARF	Admissions, discharges, and transfers	25 bed unit located on the 2 nd floor 12,089 sq ft	Ventilators, CRRT, Arctic Sun machine, IABP, and Epidural

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SICU	0	2	ICU – Medical Surgical Conditions – Complex surgical cases, CABG, Craniotomy	Admissions, discharges, and transfers	20 bed unit located on the 1 st floor 8,545 sq ft	Ventilators, IABP, Epidural pumps, CRRT, Impella
Emergency	0	7	Emergent, Urgent, and Non-emergent care Conditions	Admissions, discharges, and transfers	53 bed unit located on the 1 st floor (includes Chest Pain Unit) 21,051 sq ft	Level 1 Rapid Infuser, Arctic Sun, 3 Negative Pressure Rooms
Rehab	1	2	Medical/Surgical Rehabilitation Conditions	Admissions, discharges, and transfers	16 bed unit located on the 4 th floor 11,817 sq ft	Rehab Gym
Behavioral Health Unit	1 (MHT)	1	Acute mental/behavior health patients displaying a threat to self, suicidal ideation, self-mutilation, chronic and self-destructive behaviors	Admissions, discharges, and transfers	48 bed unit located on the 3 rd floor 19,080 sq. ft.	Seclusion area, restraints

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Surgery	1 (tech)	1	General, CV, Neuro, Ortho, Gyn/Onc, Spine, Plastics, ENT, Thoracic / Vascular, Urology, Podiatry	Surgical	11 OR Suites located on the 1 st floor 20, 431 sq ft	MAKO, Microscopes, Neuro Navigation System, Epidural Pumps
PACU	0	2	Post operative care of general, CV, Neuro, Ortho, Gyn/Onc, Spine, Plastics, ENT, Thoracic / Vascular, Urology, Podiatry	Admissions from OR, transfers, and discharges	20 PACU beds located on the 1 st floor 13,528 sq ft (Includes Pre-OP area)	Epidural Pumps, Pain Pumps, Bedside Cardiac Monitoring
Pre-OP	1 (Registration clerk)	1	Outpatient and inpatient general, Endoscopy cases, CV, Neuro, Ortho, Gyn/Onc, Spine, Plastics, ENT, Thoracic / Vascular, Urology, Podiatry	Pre-admission Assessment, admissions, transfers, and discharges	20 Pre-OP beds located on the 1 st floor sq ft – see PACU	Cardiac Monitoring and pulse oximetry
Endoscopy	1 (tech)	1	GI diagnosis and Pulmonary interventions	Outpatient and Inpatient procedures and transfers	3 labs located on the 1 st floor 4,488 sq ft	Manometry studies, Bronchoscopies
Cath Lab	2 (tech)	2	Cardiac	Outpatient and Inpatient procedures and transfer.	3 cardiac labs and 1 EP lab located on the first floor 9,730 sq ft (Includes Cath Lab Outpatient)	Cardiac Intervention, hemodynamic monitoring

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Cath Lab Outpatient	0	2	Cardiac, Neuro, Vascular, and General cases	Outpatient and Inpatient recovery of Cath Lab, Special Procedures and Radiology patients, transfers, and discharges	6 recovery bays located on the first floor sq ft – See Cath Lab	Cardiac monitoring
Special Proc.	1 (tech)	2	Cardiac, Neuro, Vascular, and General cases	Admissions, discharges, and transfers	1 Room located on the first floor 1, 765 sq ft	Contrast Injector, hemodynamic monitoring
Stress Lab	0	1	Cardiac Stress Testing Procedures	Admissions, discharges, and transfers	1 Room located on the first floor sq ft – Included in ED	Treadmill, hemodynamic monitoring
1 South	0	9	General medical surgical patient population	Admissions, discharges, and transfers.	9 bed unit located on the 1 st floor 3153 sq ft	Cardiac Monitoring

Note: *Grid requirement varies based on acuity and department census and support staff is added as needed per census

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