

Cover Page

The following is the nurse staffing plan for Mason General Hospital, submitted to the Washington State Department of Health in accordance with Revised Code of Washington 70.41.420.

The following nurse staffing plan replaces the nurse staffing plan previously submitted to the Washington State Department of Health.

This area intentionally left blank

Attestation

I, the undersigned, with responsibility for Mason General Hospital attest that the attached staffing plan and matrix was developed in accordance with RCW 70.41.420 for 2022 and includes all nursing units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements:

- Census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- Level of intensity of all patients and nature of the care to be delivered on each shift;
- Skill mix;
- Level of experience and specialty certification or training of nursing personnel providing care;
- The need for specialized or intensive equipment;
- The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- Availability of other personnel supporting nursing services on the patient care unit; and
- Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

This staffing plan was adopted by the hospital on: _____ (date)

As approved by  COO For _____ Eric Moll, CEO (name and title)

Nurse Staffing Plan Purpose

This plan was developed for the management of scheduling and provision of daily staffing needs for the hospital, and to define a process that ensures the availability of qualified nursing staff to provide safe, reliable, and effective care to our patients. This plan applies to all parts of the hospital licensed under RCW 70.41.

Nurse Staffing Plan Principles

- Access to high-quality nursing staff is critical to providing patients safe, reliable, and effective care.
- The optimal staffing plan represents a partnership between nursing leadership and direct nursing care staff.
- Staffing is multifaceted and dynamic. The development of the plan must consider a wide range of variables.
- Data and measurable nurse sensitive indicators should help inform the staffing plan.

*These principles correspond to *The American Nursing Association Principles of Safe Staffing*.

Nurse Staffing Plan Policy

- The Nursing Practice and Staffing Committee is responsible for the development and oversight of the nurse staffing plan to ensure the availability of qualified nursing staff to provide safe, reliable and effective care to our patients.
- The committee's work is guided by its charter.
- The committee meets on a regular basis as determined by the committee's charter.
- The committee's work is informed by information and data from individual patient care units. Appropriate staffing levels for a patient care unit reflect an analysis of:
 - Individual and aggregate patient needs;
 - Staffing guidelines developed for specific specialty areas;
 - The skills and training of the nursing staff;
 - Resources and supports for nurses;
 - Anticipated absences and need for nursing staff to take meal and rest breaks;
 - Hospital data and outcomes from relevant quality indicators; and
 - Hospital finances.

*The American Nurses Association does not recommend a specific staffing ratio, but rather to make care assignments based on acuity, patient needs and staff competencies.

- The analysis of the above information is aggregated into the hospital's nurse staffing plan. Each individual patient care unit may use the Nurse Staffing Committee Checklist to guide their work.
- Staff continuously monitor individual and aggregate patient care needs and adjust staffing per agreed upon policy and collective bargaining agreement (if applicable).
- The committee will perform a semiannual review of the staffing plan. If changes are made to the staffing plan throughout the calendar year, an updated staffing plan will be submitted to DOH.
- The hospital is committed to ensuring staff can take meal and rest breaks as required by law, or collective bargaining agreement (if applicable). The committee considers breaks and strategies to ensure breaks when developing the plan. A global break policy may be used, or individual patient care units may have discretion in structuring breaks to meet specific needs while meeting the requirements of the law. Data regarding missed or interrupted breaks will be reviewed by the committee to help develop strategies to ensure nurses are able to take breaks.

Nurse Staffing Plan Scope

The following areas of the hospital are covered by the nurse staffing plan:

- ED
- ICU
- Med/Surg/Peds
- Birth Center
- Surgery
- Ambulatory Care
- Wound Care/Pre-Admit/Procedure Room

Nurse Staffing Plan Critical Elements

The following represents critical elements about the nurse staffing plan: Critical elements considered by the Nursing Practice and Staffing Committee during the review and augmentation of nursing unit staffing plans were shifting patient volumes, staff and staffing mix changes, patient acuities, quality indicators, hospital finances, and industry trends in staffing models.

Activity such as patient admissions, discharges, and transfers

Description:

Staffing Matrix is consistent. The Emergency Department staffs at busier times of day. ED does not low census due to unpredictable patient volumes.

Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

Staffing Matrix is consistent. The Emergency Department staffs at busier times of day. ED does not low census due to unpredictable patient volumes.

Skill mix

Description:

Staffing Matrix stays consistent. Skill mix is taken into consideration when schedule / rotations are created and filled.

Level of experience of nursing and patient care staff

Description:

Staffing Matrix stays consistent. Skill mix is taken into consideration when schedule / rotations are created and filled.

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Nurse Tech	variable			
EMT-ED Tech	variable			

4	Days	12	2	0	2	0	6.00	0.00	6.00	0.00	21.00
	Nights	12	2	0	1	0	6.00	0.00	3.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5	Days	12	3	0	2	0	7.20	0.00	4.80	0.00	21.60
	Nights	12	3	0	1	0	7.20	0.00	2.40	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
8	Days	12	4	0	2	0	6.00	0.00	3.00	0.00	16.50
	Nights	12	4	0	1	0	6.00	0.00	1.50	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

We are a critical access ICU with diverse patient acuities. A majority of patients' acuities warrant a 3:1 patient ratio, as most of the patients admitted to ICU or placed in Observation in this ICU are PCU/stepdown level patients. When staffing for higher acuity, critical patients, we increase staffing to meet the additional nursing care required. ICU level patients require 2:1 patient to nurses ratios and the highest acuity, critically unstable patients may need 1:1 care.

Skill mix

Description:

All nursing assistants are trained to CNA, Unit Secretary, and Monitor Tech roles to be able to work in the ICU.

Level of experience of nursing and patient care staff

Description:

All staff are ACLS, BLS, PALS and NIH certified. New graduates and nurses new to ICU complete AACN's Essentials of Critical Care Orientation course.

Other

Description:

American Association of Critical Care Nurses

The American Nursing Association Principles of Safe Staffing:

- Access to high-quality nursing staff is critical to providing patients safe, reliable, and effective care to patients.
- The optimal staffing plan represents a partnership between nursing leadership and direct nursing care staff.
- Staffing is multifaceted and dynamic. The development of the plan must consider a wide range of variables such as census, patient acuity, staff skill level, and patient care activities.
- Data and measurable nurse sensitive indicators should help inform staffing plan.

- Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

Critical patients are centrally located within view of the nurses' station.

Need for specialized or intensive equipment

Description:

Ventilators, bipap, and high-flow devices in use. Ventilator use indicates a critical patient. Nurses should not take more than two critical patients

- Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

On MSP we seldom have Pediatric Patients. Pediatric patients may be a 1:1 for the first hour, and then the nurse caring for the pediatric patient will have a ratio of 1:3, staffing will be adjusted based on this need. A LPN works on MSP completing projects and at times is assigned to patient care. When caring for patients she will be paired with a Registered Nurse. They can share up to 5 patients, and the rest of the unit will be staffed per Matrix.

- Skill mix

Description:

We prefer to have a skill mix that looks at time as a nurse and the experience level of each nurse.

- Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

We have 17 rooms, 4 are private. 3 rooms are negative pressure rooms, and all have overhead lifts.

- Activity such as patient admissions, discharges, and transfers

Description:

ANA states Medical Surgical Staffing should be 4-5 patients per nurse, as access to high quality nursing staff is critical to providing patients with safe, reliable, and effective care. Staffing is dynamic and considers acuity and skill mix. Our mix should allow time for admissions, discharges, post op patients, and the ability to take all rest and meal breaks. Staffing is to consider acuities when making assignments, remembering ratios are for the total floor, not the individual assignment. Floor management is determined by the House Supervisor and the Charge Nurse of that shift.

BIRTH CENTER STAFFING 2024

Patient Volume-based Staffing Matrix Formula Template

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:		Birth Center									
Unit/ Clinic Type:		Triage, Antepartum, Labor and Delivery, Postpartum, and Nursery									
Unit/ Clinic Address:		P.O. Box 1668 901 Mt View Drive Shelton, WA 98584									
Average Daily Census:		Maximum # of Beds:							10		
Effective as of:											
Census											
Census	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's	Min # of RN HPUS	Min # of LPN HPUS	Min # of CNA HPUS	Min # of UAP HPUS	Total Minimum Direct Pt. Care HPUS (hours per unit of service)
10	Days (7a-7p)	12	4	0	0	0	4.80	0.00	0.00	0.00	12.00
	Nights (7p-7a)	12	4	0	0	0	4.80	0.00	0.00	0.00	
	Days (6a-6p)	12	0	0	1	0	0.00	0.00	1.20	0.00	
	Nights (6p-6a)	12	0	0	1	0	0.00	0.00	1.20	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
9	Days (7a-7p)	12	4	0	0	0	5.33	0.00	0.00	0.00	13.33
	Nights (7p-7a)	12	4	0	0	0	5.33	0.00	0.00	0.00	
	Days (6a-6p)	12	0	0	1	0	0.00	0.00	1.33	0.00	
	Nights (6p-6a)	12	0	0	1	0	0.00	0.00	1.33	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

4	Nights (7p-7a)	12	2	0	0	0	6.00	0.00	0.00	0.00	18.00
	Days (6a-6p)	12	0	0	1	0	0.00	0.00	3.00	0.00	
	Nights (6p-6a)	12	0	0	1	0	0.00	0.00	3.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
3	Days (7a-7p)	12	2	0	0	0	8.00	0.00	0.00	0.00	24.00
	Nights (7p-7a)	12	2	0	0	0	8.00	0.00	0.00	0.00	
	Days (6a-6p)	12	0	0	1	0	0.00	0.00	4.00	0.00	
	Nights (6a-6p)	12	0	0	1	0	0.00	0.00	4.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
2	Days (7a-7p)	12	2	0	0	0	12.00	0.00	0.00	#DIV/0!	#DIV/0!
	Nights (7p-7a)	12	2	0	0	0	12.00	0.00	0.00	#DIV/0!	
	Days (6a-6p)	12	0	0	1	0	0.00	0.00	6.00	#DIV/0!	
	Nights (6p-6a)	12	0	0	1	0	0.00	0.00	6.00	#DIV/0!	
		0	0	0	0	0	0.00	0.00	0.00	#DIV/0!	
		0	0	0	0	0	0.00	0.00	0.00	#DIV/0!	
		0	0	0	0	0	0.00	0.00	0.00	#DIV/0!	
		0	0	0	0	0	0.00	0.00	0.00	#DIV/0!	
		0	0	0	0	0	0.00	0.00	0.00	#DIV/0!	
1	Days (7a-7p)	12	2	0	0	0	24.00	0.00	0.00	0.00	72.00
	Nights (7p-7a)	12	2	0	0	0	24.00	0.00	0.00	0.00	
	Days (6a-6p)	12	0	0	1	0	0.00	0.00	12.00	0.00	
	Nights (6p-6a)	12	0	0	1	0	0.00	0.00	12.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
0	Days (7a-7p)	12	2	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	Nights (7p-7a)	12	2	0	0	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	Days (6a-6p)	12	0	0	1	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	Nights (6p-6a)	12	0	0	1	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

- Activity such as patient admissions, discharges, and transfers

Description:

Patient admissions for L & D are labor intensive, with a long prenatal history and assessment, IV start with lab draws, cervical exams, and sometimes an ultrasound and speculum exam. Depending on body habitus, fetal monitoring can require frequent adjustments and manually holding the monitoring devices in place. Admissions for newborns also require a lot of 1:1 time for assessment, breastfeeding assistance, obtaining footprints and measurements, frequent vital signs, newborn admission medications, and sometimes frequent blood sugar testing. Discharges in the Birth Center are from 1-4 hours, depending on English proficiency and parenting experience. Transfers vary greatly, but require someone to gather paperwork and collect signatures in addition to providing 1:1 or 2:1 care of the patient.

- Skill mix

Description:

Nursing staff in the Birth Center must be able to care for antepartum, intrapartum, postpartum, gynecological, and newborn patients. They are required to have BLS (with ACLS encouraged), fetal monitoring, and STABLE and NRP for newborns. Currently there are four RN/IBCLCs on staff for lactation, however they do not have dedicated hours from their normal nursing duties.

- Level of experience of nursing and patient care staff

Description:

Varied levels of experience exist in the Birth Center and residencies generally take six months or longer for nurses to become competent in all specialty care. Experienced unit secretary/CNAs can orient in a couple of weeks, however one who is inexperienced would likely take one to two months to become fully proficient.

- Need for specialized or intensive equipment

Description:

The Birth Center requires several pieces of equipment not utilized in other areas: Labor beds, fetal monitors, infant radiant warmers, newborn-sized resuscitation and medical supplies, epidural cart and positioner, breast pumps, newborn cribs.

- Architecture and geography of the unit such as placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment

Description:

Cesarean sections take place in the Surgery Department and necessitate calling in the OR crew after hours. An unplanned cesarean will take 2 to 3 nurses from the Birth Center to attend the patient and set up for the surgery in urgent and emergent cases. There are also days during the week when all three operating suites are in use. During this period of time, emergent cesarean sections are to take place in the procedure room and efforts to call in a fourth anesthesia provider are made.

- Other

Description:

Similar to the Emergency Department, census in the Birth Center can change very quickly. Unlike other inpatient units, the Birth Center must take patients immediately in order to comply with the EMTALA law. Since it is a specialized unit, float or resource nurses can be helpful for tasks, but in most cases are unable to take a patient assignment. Birthing persons can present with severe complications at any time in their pregnancy, labor, or postpartum period and this can mean acuities also change very rapidly and require skilled, specialized nurses to manage care.

- Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

Acuity of patients can vary greatly, as the Birth Center (BC) is a mixed unit of triage patients, outpatients, and inpatients. Although the BC is rated as a level one nursery and low-risk labor and delivery, the BC often receives high risk patients, and babies sometimes need resuscitative measures, stabilization, and transport. Additionally, the BC sometimes cares for babies who require prolonged monitoring due to drug use by the birthing person, poor weight gain/weight loss, high bilirubin, feeding issues or prophylactic antibiotics. Maternal care also varies greatly, as high risk patients cannot always be transferred due to their labor progress or complications. Some postpartum patients still require one to one care if they become ill or require high risk medication, such as magnesium sulfate for pre-eclampsia. Active labor patients are 1:1, but deliveries require at least two BC nurses, and often three must be present. Cesarean sections require two nurses in the OR, unless it is low risk, in which case an RT

an RT can take the place of one of the nurses. Although newborns are not counted in our census, their care and documentation of care often requires as much time as for the birthing person. Newborns are only counted in the census when the parent has been discharged, even if the newborn is requiring care in the Nursery.

1	Day 7a-3p	8	1	0	0	1	8.00	0.00	0.00	8.00
	Day 7a-5p-Mon-Thurs only	10	1	0	0	1	10.00	0.00	0.00	10.00
		0	0	0	0	0	0.00	0.00	0.00	0.00
		0	0	0	0	0	0.00	0.00	0.00	0.00
		0	0	0	0	0	0.00	0.00	0.00	0.00
		0	0	0	0	0	0.00	0.00	0.00	0.00
		0	0	0	0	0	0.00	0.00	0.00	0.00
		0	0	0	0	0	0.00	0.00	0.00	0.00
		0	0	0	0	0	0.00	0.00	0.00	0.00
		0	0	0	0	0	0.00	0.00	0.00	0.00
										36.00

Additional Care Team Members

Occupation	Shift Coverage			
	Day	Evening	Night	Weekend
Unit Secretary/Scheduler	630a-430p			
Admin Assistant	630a -3p			
Central Sterile Tech	630a-3p			
Central Sterile Tech	7a-330p			
Central Sterile Tech	10a-630p			a-4p on call weekends on

Activity such as patient admissions, discharges, and transfers

Description:

Minimum staffing per OR suite is one RN and one Scrub Tech

Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

Two scrub techs if requested by surgeon if available can be used.

Skill mix

Description:

Minimum staffing is for 1 RN and 1 scrub technician per OR case.

Level of experience of nursing and patient care staff

Description:

A minimum of one year of experience is preferred.

Need for specialized or intensive equipment

Description:

This is on a requested basis by surgeon

PROCEDURE ROOM STAFFING PLAN 2024

Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	Procedure Room					
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	901 Mt View Dr. Shelton, WA 98584					
Effective as of:	4/23/2024					
Room assignment						
Room assignment	Shift Type	Shift length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
1 Room	Day	8	1			1
Additional Care Team Members						
	Shift Coverage					
Occupation	Day	Evening	Night	Weekend		
UAP = Scrub Tech						

Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

1 RN for patient monitoring, documentation, etc. 1 Scrub (Endo) Tech to manage equipment.

Description:

Only operating out of 1 procedure room (1 case going at a time) due to equipment (anesthesia machine).

WOUND CARE STAFFING PLAN 2024

Fixed Staffing Matrix

Minimum means the minimum number of RNs, LPNs, CNAs, and UAPs per shift based on the average needs of the unit such as patient acuity, staff skill level, and patient care activities. If a unit does not utilize certain staff for that shift please put "0", do not leave it blank.

Unit/ Clinic Name:	Wound Care					
Unit/ Clinic Type:	Outpatient					
Unit/ Clinic Address:	901 Mt View Dr. Shelton, WA 98584					
Effective as of:	4/23/2024					
Room assignment						
Room assignment	Shift Type	Shift Length in Hours	Min # of RN's	Min # of LPN's	Min # of CNA's	Min # of UAP's
1 Room	Day (745a-415p)	8	1			

Skill mix

Description:

Only certified Wound Care RN can make treatment plan.

4	Day(variable)	8	4	0	0	0	8.00	0.00	0.00	0.00	8.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
5	Day(variable)	8	5	0	0	0	8.00	0.00	0.00	0.00	8.00
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	
		0	0	0	0	0	0.00	0.00	0.00	0.00	

Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

Per ASPAN standards, two RNs must be in the same room as the patient receiving phase I level of care.

- Activity such as patient admissions, discharges, and transfers

Description:

Admits are time intensive and some require more tasks to be completed than others. Subsequent patient arrival times may be short intervals based on surgery duration. Postops are unpredictable when it comes to arrival to phase II, readiness for discharge, etc.

- Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

Postop acuity may vary requiring 1-on-1 care.

Activity such as patient admissions, discharges, and transfers

Description:

Appointment times are staggered and durations vary so the census fluctuates throughout the shift.

Patient acuity level, intensity of care needs, and the type of care to be delivered on each shift

Description:

Appointment type/reason for visit may require RN care/ assessment/monitoring.