SUBJECT: Nurse Staffing Matrix	REFERENCE# 14.1.013
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DEPARTMENT: Nursing (14)	
	EFFECTIVE: 02/2012
APPROVED BY: CNO, CEO, Nurse Staffing Committee	REVISED: 04/12/2023
	LAST REVIEWED: 04/2023

POLICY:

To ensure an adequate number of nursing personnel are available to perform nursing care to the patient and residents on a continuous basis, 24 hours a day, seven days a week. Nursing personnel monitor each patient's/resident's status and coordinate the provision of nursing care while assisting other professionals in implementing their plans of care. To accomplish this goal, the hospital provides enough qualified nursing staff members to:

- Assess the patient's and/or resident's nursing needs;
- Plan and provide nursing care interventions;
- Prevent complications and promote improvement in the patient's comfort and wellness; and alert other care professionals to the patient's condition, as appropriate.

NURSING COVERAGE:

- Nurse coverage will be provided 24 hours per day.
- RN, LPN and/or NAC coverage will be based on minimum staffing requirements and current patient census.
- Nursing personnel shall be assigned duties consistent with experience, educational and/or training background.
- In times of need, nursing personnel shall be assigned other duties such as the role of NAC, UC, or other duties, as determined by charge RN or Nurse Management.

NURSING STAFF MATRIX:

- Emergency Room Matrix:
    - 1-2 RN for one ER Patient ESI-1 (until ESI downgrade).
    - 1-Registered Nurse for one to two simultaneous ER Patients with ESI-2.
    - 1-Registered Nurse for one to five simultaneous ER Patients with ESI-3.
    - 1-Registered Nurse for one to six simultaneous ER Patients with ESI-4.
    - 1-Registered Nurse for one to seven simultaneous ER Patients with ESI-5

- Acute Care Unit (ACU) Matrix:
    - 1 Registered Nurse or LPN for 1-6 patients depending on census and acuity. The oncoming charge nurse will be responsible for leading the team discussion and deciding the nurse-to-patient assignments during shift report. An RN must perform any admission or initial patient assessment if an LPN is working in the ACU or Emergency Room.

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-The ACU consists of Observation, Inpatient, Outpatient, and Skilled Swing Bed patients.

- Non-Skilled Swing Bed Unit (NSS) Nursing Matrix:
    1 Registered Nurse or LPN for one to 16 NSS residents (0800-2030 typical shift).
    1-2 Nurse Aide Certified for one to sixteen residents

STAFF REQUIREMENTS:
MINIMAL facility nurse staffing during times of low patient census or limited staff availability:
> 0600 -1830:

> 2 - Registered Nurses (RN) or 1- Registered Nurse (RN) and 1 LPN
> 1 - Nurse Assistant Certified (NAC)

> 1800 - 0630:

> 2 - Registered Nurses (RN) or 1- Registered Nurse (RN) and 1 LPN

TYPICAL facility nurse staffing:
> 0600 - 1830:
> 3 – RN's or 2 RN's and 1 LPN assigned Acute/ED
> 2- NAC's assigned to Non-Skilled Swing Bed Unit
> 1 NAC assigned to Acute Care Unit
> 1 - Unit Coordinator (UC)

> 0800 – 2030:
> 1 RN or 1 LPN assigned to Non-Skilled Swing Bed Unit

> 1800 - 0630:
> 3 RN's or 2 RN's and 1 LPN
> 2 NAC's assigned to Non-Skilled Swing Bed Unit
> 1 NAC assigned to Acute Care Unit
> 1 – UC

Additional Staff: Staffing needs are the decision of the Chief Nursing Officer (CNO), Nurse Manager, or Charge Nurse. LPN scope of practice will always be maintained.

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Breaks: Charge RN will ensure all nursing unit members will receive a paid 15-minute rest break for every 4 hours of work, as well as one uninterrupted unpaid 30 minutes meal break throughout an 8 to 12-hour shift. Break times to be verbally scheduled by team members. If census acuity needs are high, Charge RN will notify RN Manager or CNO promptly to request unit staff coverage while assigned members take meal breaks. If patient care needs prohibit time to take a meal break, employee will document the missed break via the 'Edit Log Book' and communicate promptly to the Charge RN. RN Management on call must be promptly made aware of any unit assistance needs or requests for additional staff.

Low Census Staffing: Low census is defined as a decline in patient care requirements resulting in temporary staff hour reduction. During periods of low census in the Acute Care Unit, the Charge Nurse, CNO, Residential Care Manager or Nurse Manager will first ask for volunteers to clock out. In the event there are no volunteers, RN Management will endeavor to rotate low census equitably among nurses assigned to each area by shift, subject to competence, ability, and availability.

On-Call Nurses: Voluntary on-call personnel will be utilized for additional staffing needs (ex: sick calls, inter-facility RN transport needs, or other staffing needs as determined by RN Management or Charge Nurse). The charge nurse has the authority to determine if same day outreach to staff for voluntary on call status is necessary.

Complaints: Any nursing staff member with matrix complaints or patient safety concerns is to first immediately consult with RN Manager on-call for collaboration in order to attempt to confirm additional RN, LPN, NAC, or UC staff members. If the RN has a further concern that staffing is outside of this matrix with patient safety concerns, they are to document via facility electronic patient event submission application (available on all computer desktops). Select 'Nurse Staffing Complaint' header to describe the safety concern. The Nurse Staffing Committee will review and respond to all submissions.

Nurse Assistants: Active Nurse Assistant Registered (NAR) employees are able to work and provide patient care and fill the staffing role of an NAC outlined in this matrix pending completion of state NAC exam process.