O'CONNOR HOSPITAL
NURSING DIVISION POLICY/PROCEDURE

Title: **Staffing Plan**	
Approved: Dawn Goeringer Dawn Goeringer, RN, MSN Interim Chief Clinical Care Officer	**Effective Date:** 9/82 **Revised Date:** 8/05, 7/08, 6/14 **Reviewed Date:** **Originating Department:** Nursing Services **Distribution:** All Nursing Units
Page 1 of 2	

Reviewed and approved by
Nursing Policy and Procedure Committee: 8/05, 7/08, 6/14

Policy Statement

The plan for nurse staffing is reviewed in detail on an annual basis and receives ongoing evaluation as warranted by changing patient care needs and outcomes. Nursing ratios will be adhered to as required by Title 22.
Daily staffing will be reviewed and adjusted for each shift to conform with census and to provide care according to the patient's ability to care for himself, degree of illness, and requirements for special activity. This adjustment is found in additional staffing, i.e. charge nurse out of count, Resource Nurse, Communication Techs (CT's), Certified Nursing Assistants (C.N.A.'s).

Policy Interpretation

1. Nursing ratios, volume/census levels, patient acuities, HPPDs, personnel skill level and personnel availability will be the guiding principles in establishing staffing for each shift. These variables vary from unit to unit.

2. Staffing Increases: When scheduled staffing may be inadequate to meet the patient care needs, basic staffing will be supplemented in the following order:

   A. Floating of qualified personnel within departmental clusters;

   B. Floating from other nursing units with additional personnel who meet the competency requirements;

   C. Qualified part-time, per diem personnel or registry personnel;

   D. Short Call for nurses that are not scheduled.

3. Staffing Decreases: When staffing in an area is in excess of patient care needs, the following will apply:

   A. Surplus employees within a given classification on a given unit will be moved for that shift to another unit requiring additional personnel when skill requirements are met.

   B. Consideration will be given to associate who, on their own initiative, request a day off. Associate will also be asked to voluntarily take a day off as necessary.

   C. If an associate is not required on a particular unit and an appropriate opening is available on another shift where no over-staffing is involved, that associate will be given the option to work the shift.

D. When the patient census or anticipated workload within a department is reduced, voluntary efforts for reduction of staff will be utilized first. When voluntary efforts do not achieve necessary reductions, associate by job classification and rotation will be assigned a Reduction of Staff (ROS) day.

4. Staff that work overtime on short call hours will be limited to a total of 96 hours in a pay period.