

SUBJECT: ACUITY: ASSIGNMENT OF PATIENT CARE / PATIENT CLASSIFICATION**Purpose:**

To provide guidelines for the appropriate assignments of patient care based on patient acuity. The Patient Classification System at Saint Louise Regional Hospital was developed as one of many methods of allocating and/or reallocating patient care resources based on patient care needs. The following was considered:

1. Measures of workload and acuity on each patient care unit, based on validated criteria.
2. Utilize information to classify patients into acuity levels.
3. Evaluates effectiveness of staffing guidelines (patterns) on each patient care unit (which are based on census and previous performance).
4. Evaluates resource allocation as a part of the budget process.
5. Evaluates State Mandated Staffing Regulation.
6. Evaluates the appropriateness of skill mix. This skill mix is evaluated annually as a part of the nursing plan for the delivery of patient care.

Policy:

Assignment of patient acuity is completed by the charge nurse after assessment in each department. Assignments are based on patient acuity, competency of staff, nurse to patient ratio, skill mix, and any anticipated changes for that shift.

Procedure:

A. Patient Assignments

Assignment will be made to most effectively match clinical skills to individualized patient care requirements and the following:

1. Determination of the Staffing Needs are:
 - Calculated by licensed staff caring for the patient;
 - Anticipated frequency changes in the patient's status and the prescribed medical regimen;
 - Job description and competency as outlined in performance criteria for Staff Nurses and department specific job descriptions;
 - The degree of supervision needed by staff, indirect patient care duties and the availability of the supervisor;
 - Type of technology employed in providing nursing care;
 - Orientation needs of new staff or precepted nursing student;
 - Department standards and policies;
 - Relevant infection control and safety issues;
 - Age of population served. Age served by the Department of Nursing includes neonates (birth to 1 month, pediatrics (1mo-13yr.), adolescent (14yr. to 18yr.) adult (19yr. to 65yr.), and geriatric (65 & above).
2. Assignment of Patient Care is Based On:
 - The acuity of patients;
 - The total number, skill mix, and competency of all staff assigned to the unit for the shift;
 - Expected admissions, discharges, and changes in patient prescribed medical regime;

- The degree of supervision needed by staff, indirect patient care duties and the availability of the supervisor;
- Type of technology employed in providing nursing care;
- Orientation needs of new staff or precepted nursing student;
- Department standards and policies;
- Relevant infection control and safety issues;
- Age of population served. Age served by the Department of Nursing includes neonates (birth to 1 month, pediatrics (1mo-13yr.), adolescent (14yr. to 18yr.) adult (19yr. to 65yr.), and geriatric (65 & above).

*The Charge Nurse takes into consideration all variables before making assignments and during the shift, adjusts patient care assignment considering the same variables.

3. Roles and Responsibilities of Personnel Who Determine Staffing Needs and Assignment of Patient Care

- The Clinical Director posts the nursing schedule for the department with adequate staff to meet the staffing needs for the average daily census, provides support to the Charge Nurse to project department staffing needs, discusses staffing needs with the staffing office, and assists with daily staff need fluctuations as required.
- The Supervisor functions in cooperation with and as an extension of the Clinical Director. The Administrative Supervisor assists in adjusting daily staffing needs based on fluctuation in patient census and acuity. The Supervisor is available 24 hours per day, 7 days a week.
- The Supervisor assists the Charge Nurse and Clinical Director in adjusting daily staffing needs based on fluctuation in patient census and acuity. On request by the Clinical Director, the Supervisor contacts regular staff and registry staff as required as changes in staffing needs require for additional shifts or cancellation.

B. Staffing Plan

It is the responsibility of the Chief Nursing Executive and Clinical Department Directors to develop approve and implement criteria for employment, deployment and assignment of nursing staff members. The mechanism used for determining staffing and assignment of nursing staff among units and departments includes consideration of:

- Acuity determination that projects number of staff required each shift;
- Requirements and qualifications for employment as a nursing staff member;
- The Registered Nurse, Licensed Vocational Nurse, Nursing Assistant, and Unit Clerical Assistants job description and performance criteria for each type of nursing unit.
- The process used and elements considered when assignment patient care responsibilities.
- The mechanism used for determining the deployment of nursing staff members among departments.

1. Staffing Patterns

a. Number of Staff

Nursing units are staffed according to full-time equivalents (FTEs) derived from the average daily census of that unit. The hours of nursing care have been based on national averages of patient acuity levels adjusted to this institution and utilized through the patient acuity classification system.

b. Staffing Mix

Consideration is given in the staffing plan to the utilization of registered nurses, licensed vocational nurses, and nursing assistants according to identified patient requirements for nursing care and the scope of nursing practice permitted by applicable law and regulation. The care of all patients will prescribe, delegated and coordinated by an RN, even though the care itself may be provided by a non-RN. Staffing patterns are used to insure optimum patient care over a 24-hour period.

c. Minimum Staffing Requirements

Each general nursing unit must be staffed with at least one Registered Nurse. Special Care Units must be staffed with a minimum of two Licensed Nurses, one a Registered Nurse when census is 2 or less. When a Special Care Unit is closed, a minimum of one Registered Nurse remains on site with one licensed nurse on call to assist with admissions. Additional staff is assigned to units to complement the professional staff assigned. This mix serves as a base for and is integrated into specific unit-based standards. The department matrix is intended to serve as a guide for the staffing mix. Title 22 also serves as a reference and guide for minimum staffing requirements.

2. Assignment of Nursing Personnel

The Charge Nurse is responsible to make the nurse/patient shift assignments. The Clinical Director has written evidence of formal and/or continuing education for staff assigned to the primary nursing unit.

- The Charge Nurses receive orientation to the Charge Nurse role and are assessed by the Clinical Director to possess the clinical and managerial knowledge and skill to make assignments.
- In the assigning of nursing personnel, consideration is given to the complexity of nursing care required by the patients, the staff member's documented competency in the patient care activities, the clinical knowledge, skills, and the technology ordinarily employed in the care of patients in the nursing unit where assignments are being made.

3. Considerations

Patient care responsibilities are assigned to nursing staff based on four general considerations including the patient acuity, environment in which nursing care is provided, staff competency, and supervision required by and available to each nursing staff member assigned responsibility. This translates into specific considerations for assignment, which collectively revolve around a central theme: insuring that staff only cares for patients they are competent to care for. The following variables influence assignments:

- Complexity of patient's condition and nursing care needs as determined by the classification system;
- Dynamics of the patient's status and frequency of nursing care activities as determined by Patient Classification System and communicated at change of shift report;
- Complexity of the assessment required by the patient, including the knowledge and skills required of a nursing staff member to effectively complete the required assessment. This is defined in unit performance standards and patient related protocols and standards of care;
- Type of technology required for care as defined in patient care protocols such as chest tubes, ventilators, artificial airways, invasive lines, and as communicated in shift report;
- Competency of assigned personnel in relationship to knowledge and skills required to effectively provide care and utilize current technology;
- Supervisory requirements of the assigned personnel determined by performance monitoring, performance appraisal and performance improvement findings;
- Competency of delegating RN to carry out clinical and managerial responsibilities;
- Availability of delegating RN for appropriate supervision of assigned staff in relation to pace of unit and patient assignment of charge personnel;
- Relevant infection control and safety issues, including availability of staff to respond to emergency situations, Code Blue, etc.;
- Age of the population served. Age served by the Department of Nursing includes neonates (birth to 1 month, pediatrics (1mo-13yr.), adolescent (14yr. to 18yr.) adult (19yr. to 65yr.), and geriatric (65 & above).

4. Sufficient Staffing

Staffing will be adequate to insure that nursing staff members are able to participate, as assigned in committees, staff meetings, Performance Improvement activities, and educational events and activities.

Adequate resources in the form of support services will be available to allow nursing staff to meet the nursing care needs of patients and their significant others. The usual form of these support services is both human and material. Unit clerk coverage, pharmacy delivery, admitting office, laboratory personnel, respiratory therapy, and volunteer services will support staff.

5. The patient acuity system is an objective mechanism for grouping patients according to significant care-needs that relate to work load.

Classifying patients increases the accuracy of determining nursing workload and staffing needs. The system applies to all inpatient nursing units: Medical/Surgical/Pediatrics/Tele, Critical Care, Post Partum/Gynecology, Labor and Delivery, Newborn Nursery. The Skilled Nursing Unit uses that same methodology for the determination of staffing requirements. The Acuity System considers the following elements:

- Patients' nursing care needs are determined using valid and reliable mechanisms designed to facilitate ongoing identification of patient requirements for nursing care. The mechanisms for establishing reliability and validity are listed below.
- The number of nursing personnel required to meet the identified patient requirements for nursing care in each unit will be identified using the Acuity System and will be utilized in daily staffing in each unit.
- The type of nursing care and nursing specialty for each nursing unit is considered in the implementation of the Acuity System.
- The number of qualified nurses required to deliver nursing care to patients who require a specific level of care will be considered in the development of the Acuity System in order to assure that coordination, supervision and direction of nursing care is provided for care that is given by other nursing staff members.
- The Patient Classification System at Saint Louise Regional Hospital is based on a standard or baseline level of patient care on each patient care unit-type.
- To determine this standard level of care, interviews were conducted with clinical experts from each patient care unit to identify the "Baseline" patient. This identified practice patterns and standards of nursing care. The standards of care are validated on each patient care unit, by measuring documented care.
- This Patient Classification System was developed so that the "Baseline" patient defines approximately 40-60% of the patients on any given patient care unit.
- This methodology assumes that each assessment is based on documented, measurable care provided to each patient.
- The validity and reliability is monitored.

6. Short Term Use

The Department of Nursing uses the Patient Acuity System as part of the staffing system designed to determine patient care needs on a short term basis, identify work load intensity, plan unit staffing numbers and skill mix, and enable the Nursing Management Team to make appropriate decisions related to staffing adjustments.

7. Long Term Use

The patient Acuity System provides a retrospective review of patient care needs and staffing requirements over the fiscal period to allow the Nursing Management team to more accurately forecast staffing needs on all units and adjust budgetary requirements for staffing during budget preparation.

8. Methodology to Determine Patient Acuity

Charge nurses will review each patient's acuity with each Nurse. The acuity needs and census will be submitted to the Nursing Supervisor. The staff scheduled to work the next shift and the projected staffing needs and skill mix will be compared and either additional staff will be requested or cancellation of staff will be planned. The actual staffing acuity records will be maintained in the Staffing Office. These records provide information for the number of staff and skill mix to be utilized in each patient care unit and can be used for validation, historical and budgetary purposes.

9. Validity/Reliability

The Acuity System is evaluated for inter-rater reliability on an annual basis (more frequently if requested). The director, supervisor, or task force will conduct a medical record audit on the selected patients to confirm that documented activity matches the patient acuity measured. Expected results from the audit will be that the two sets of numbers for patient acuity will have an inter-rater reliability of 90%.

Face validity of the Acuity System will be determined on an annual basis to validate that it is current and accurate in reflecting patient needs, number of staff and skill mix required. Adjustments in the precalculated values for patient type and intervention can be made to accommodate variables such as new or changing patient populations in number and mix, changes in length of stay, new medical and nursing technologies, or changes in services offered. The Chief Nursing Executive must make final approval for patient acuity changes.

REPLACES: Combined: Acuity – Assignment of Patient Care policy and Patient Classification policy	
APPROVED BY	DATE APPROVED
Administration	8/09
Medical Executive Committee	10/28/09
Board	11/05/09