

<h1>Procedure</h1>	Document Number W09075	Revision I
	File: CHC staffing plan procedure example.doc	
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Staffing Plan – Patient Care (CHC)

PURPOSE/SCOPE: This document describes the development, implementation, monitoring, evaluation, and modification of the staffing plan for patient care. The system wide staffing plan and its implementation are the responsibility of the Chief Nursing Officer at Cascade Healthcare Community (CHC). The Manager/Director of each patient care service is responsible for his or her service-specific staffing plan as it relates to the hospital-wide staffing plan. Direct-care clinical staff's input shall be considered in the development, implementation, monitoring, evaluation, and modification of the staffing plan, by way of the Bend and Redmond Staffing Committees. The primary purpose of this plan is to support the provision of safe patient care and adequate nursing staff.

REFERENCE DOCUMENTS:

ONA and AFSCME collective bargaining agreements

W03003 Peak Census Protocol

Guidelines for Perinatal Care, American Academy of Pediatrics and The American College of Obstetricians and Gynecologists

Oregon House Bill 2800 (HB 2800)

DEFINITIONS:

Core staffing: Minimum numbers of each skill level of nursing staff members on each unit needed to provide patient care must be established. Core numbers may vary by shift and by day of the week and should be based on staff and skill mix needed to care for that unit's most frequent patient census and average patient acuity.

Relief staff: caregiver who is not in a full-time or part-time position, who is utilized on an intermittent basis as needed.

REQUIREMENTS:

ORS (Oregon Revised Statutes) 441.162 and 441.166

OAR (Oregon Administrative Rules) 333-500-0057, 333-510-0002, 333-510-0030, 333-510-0045, 333-510-046, and 333-510-0047

INSTRUCTIONS

Development and implementation	<ol style="list-style-type: none"> 1. Development of the staffing plan includes consideration of: <ol style="list-style-type: none"> a. Nursing care required by aggregate and individual patients' needs. This required care is the major consideration in determining the numbers and categories of nursing personnel needed and is reflected in the acuity system. b. Specialized qualifications and competencies of the nursing staff. The skill mix and competency of the nursing staff shall ensure the nursing care needs of the patient are met and shall ensure patient safety.
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	<ul style="list-style-type: none"> c. The scopes of practice of RNs and LPNs and the authorized duties of CNAs. d. The numbers, qualifications, and categories of nursing staff needed for all units. e. Predetermined core staffing (see addendum), establishes the minimum numbers of patient care staff (licensed nurses and certified nursing assistants). The number of nursing staff on duty shall be sufficient to ensure nursing care needs of each patient are met. In no case shall less than one Registered Nurse and one other nursing care staff member be on duty when a patient is present. f. Relevant infection control and safety issues. g. Budgets and care standards. h. Continuity of care. <ul style="list-style-type: none"> 2. Operational master schedules are developed at the unit level and maintained in OneStaff (computer application) in the staffing office. <ul style="list-style-type: none"> a. Master schedules are developed on the units, sent to the staffing office, printed six months in advance, and maintained in a notebook at each unit location at St. Charles - Bend. Master schedules are developed and kept in the staffing office at St. Charles – Redmond. b. Requests for schedule changes or use of ETO are granted in order of receipt as long as core staffing is met (per W09079, Requests for Earned Time Off (ETO) On Patient Care Units). At St. Charles – Redmond, requests are granted through the staffing office. c. Requests after the schedule is posted are granted if appropriate, by the Manager or designee, in collaboration with the staffing office to ensure that core staffing levels are met, and to ensure minimal usage of higher dollar labor. 3. Adjustments in staffing at St. Charles – Bend are typically made by the staffing office, with the House Supervisor’s review and approval, when census or acuity levels change, per W09048, Staff Call-offs on Patient Care Units. Some services may make their own adjustments, such as Mother-Child Services, Psychiatric Emergency Services, and PeriOperative Services. Adjustments in staffing at St. Charles – Redmond are made by the house supervisor in collaboration with nursing leadership or charge nurse as appropriate. Some services may make their own adjustments, such as PeriOperative Services. 4. Components of the Staffing Plan will include consideration of core staffing, projected budget, and patient acuity system. <ul style="list-style-type: none"> a. Core staffing and staffing/skill mix formulas are determined
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	<p>on each patient care unit and are defined as the minimum number of positions and mix of skill levels required to care for the typical patient census and acuity.</p> <ol style="list-style-type: none"> b. The staffing budget is service-based and considers the needs of patient populations, evidence-based patient care standards, average daily census, and acuity. Adjustments must be made in staffing when census fluctuates to maintain overall productivity targets. c. The patient classification system assists in determining the nursing hours needed for patient care based on acuity levels (W10058, Classification of Patients). <ol style="list-style-type: none"> 5. Patient care areas which require provision of services seven days a week require weekend scheduling. <ol style="list-style-type: none"> a. As a normal practice, regular full-time and part-time caregivers will not be required to work more than every other weekend. b. Relief caregivers will be available for work every third weekend at St. Charles – Bend and two weekend shifts per month at St. Charles – Redmond. 6. As a normal practice, regular full-time and part-time caregivers will not be required to work different shifts regularly. 7. Winter holiday scheduling, covering an approximate eight-week period, is completed by October 31 to cover the major holidays: Thanksgiving, Christmas, and New Year's. <ol style="list-style-type: none"> a. Caregivers are encouraged to sign up for their preference for holidays off by mid-October. b. Schedules for the past two years are reviewed, with holiday time off rotated equitably among employees scheduled on each unit, each shift. c. After the holiday schedule is posted, scheduled caregivers may request to be off if census should be low. Requests are considered in order of receipt in Bend and by seniority in Redmond. d. The holiday HR list is posted when the holiday schedule is posted. The unit notifies staff when these lists have been posted. 8. A list of qualified relief nursing staff is maintained in the OneStaff database to provide qualified replacement or additional staff to ensure patient care needs are met. Current data regarding relief staff, both centralized and unit-based, will be maintained in the OneStaff database. Relief staff do appear on their respective unit's schedules. Names of relief staff may be given to caregivers who are requesting short-notice ETO and need coverage, but confidential data such as phone numbers
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	<p>will not be shared. The Staffing Office at each campus can facilitate contact with relief staff as needed.</p> <p>9. Replacement staff: Every reasonable effort will be made to obtain Registered Nurses for unfilled hours or shifts before requesting a nurse to work overtime. This includes seeking replacement at the time the vacancy is known, making every reasonable effort to contact relief staff, as well as nurses who want to work extra hours or volunteer for overtime. These efforts are documented in OneStaff at St. Charles - Bend, and currently on paper at St. Charles – Redmond and in Perioperative and Mother-Child Services in Bend.</p>
Daily Staffing Practices	<p>1. Daily Staffing Practices include the following:</p> <ul style="list-style-type: none"> a. Staffing is evaluated and adjusted by the staffing office, with the House Supervisor’s oversight, at least every eight hours. b. After classification and staffing requirements are completed on the units, the information is downloaded from AWM into OneStaff in the staffing office. Targets are established by OneStaff, and variances are managed by moving staff, calling staff off, or calling in reliefs or extra staff. c. If staff above targets is requested by the unit, a memo indicating the reason is placed in OneStaff by the staffing office, or Charge Nurse. Rehab Director or designee is also to be notified if CNA staff is one or more under target. If additional staff is needed at St. Charles – Redmond, calls are placed to nurses in order of seniority. d. If specialty patients are placed on a unit other than their typical placement, or if a nurse is floated to an area that is not his/her primary specialty, these situations may require staffing above targets based solely on acuity. If additional staffing is requested for this reason, this should be documented as memo in OneStaff. (Also see W10118, Guidelines for Floating Staff.) e. At St. Charles - Bend, a Rapid Response RN is scheduled each shift to be utilized on a rotating basis wherever there is a need. Other float and relief staff are assigned. The Rapid Response RN is relinquished into a staffing assignment only when other attempts to cover the need have failed. <p>2. Responsibility for providing staff for patient care needs is a team effort.</p> <ul style="list-style-type: none"> a. Service Managers maintain 24-hour accountability and assist the staffing office as needed. b. Responsibility for each shift is delegated to the Charge Nurses and House Supervisors at St. Charles – Bend, and

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	<p>the House Supervisors at St. Charles – Redmond, in collaboration with Med-Surg Charge Nurse when they are available. At both campuses, this is done with support by Staffing Analysts during hours they are available, and includes:</p> <ul style="list-style-type: none"> Monitoring/maintaining budgeted FTEs within established parameters. Assisting with/providing input to variance management. Providing timely, accurate data to the staffing office when needs change. Documenting on the daily staffing sheets in the Staffing office and as a memo in OneStaff any changes within the shift. Collaborating with the staffing office to correctly maintain call-off data. <p>c. The staffing office maintains day-to-day data to ensure accurate staffing.</p> <ul style="list-style-type: none"> Performs allocation/reassignment, notification of scheduled staff. Searches for additional staff as needed. Provides units with daily staffing sheets 60 minutes prior to the beginning of each shift at St. Charles - Bend. At St. Charles – Redmond, provides daily staffing sheets to all units at midnight prior to the next day.
Direct Care Nurse Concerns	<ol style="list-style-type: none"> 1. If a direct care nurse is concerned that there is an inability to meet patient care needs or a risk of harm to existing and new patients, s/he may request an evaluation of potentially limiting admissions or diversion of patients by notifying their Charge Nurse, Supervisor, Manager, Director, or House Supervisor if their direct chain of command is not present. 2. See Peak Census Protocol, W03003, for additional details. 3. Staffing Incident Reports are used to document staffing process variances and/or errors.
Assignments	<ol style="list-style-type: none"> 1. Staff assignments are designed to match patient needs with the qualifications/ competence of the staff and to allow the assigned staff to function within their scope of practice. <p>Essential functions, required levels of competence, and physical and mental health of caregivers for safe practice are determined in the hiring process. (See Q1802, Competency and Caregiver Evaluations, and relevant associated forms.)</p>
Quality Process	Unit/Service Based Committees

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	<p>Each patient care service ensures consideration of input from direct-care clinical staff in the development, implementation, monitoring, evaluation, and modification of the staffing plan through service or unit committees (such as staffing committees, or Unit Practice Committee). The team works within the parameters of its budgeted standard and makes recommendations to management based on data. This data may include productivity reports, financial reports, hospital request off reports, overtime reports, the nursing dashboard, staffing incident reports, corrective or preventive action, patient wait times from the call system, incident reports, and others as appropriate. Their recommendations are considered on a consultative basis for implementation, as appropriate, by their Manager/Director.</p> <p>Redmond Nurse Practice Committee: Responsibilities include resolving issues related to staffing, patient care, nursing practice, and mutual communication.</p> <p>Clinical Resource/Staffing System Administrator The Clinical Resource/Staffing System Administrator is responsible for developing, monitoring, analyzing and improving the overall staffing functions, including initiating preventive or corrective action as indicated (see Q1402 and Q1401). Monthly performance reports are developed and shared with nursing leadership. Trends are routinely presented and discussed at Patient Care Directors meetings.</p> <p>Quality Council The Quality Council, which includes the Chief Nursing Officer, monitors and ensures the quality and effectiveness of the staffing plan through the System Administrator's reports. Quality Council makes recommendations for improvements and/or charters cross-functional teams as needed.</p>
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QUALITY RECORD

Quality Record	Location Kept	Filing Order	Duration Kept	Disposition	Comments
One-Staff Data Base	Staffing Office		3 years in live system		Older data available in system archives

CHANGE HISTORY

Date	Revision	Comments
11/2/99	A	Initial release
2/11/00	B	Released
4/4/01	Bd1	Received from Carol
4/6/01	Bd2	Updates per Nancy Moore
4/9/01	Bd3	Updates per Nancy Moore
4/11/01	C	Released
3/26/03	E	Received D from Nancy Moore, sent on approval route
11/14/03	F	Updated COCH and SCMC to current names; sent on approval route
12/22/06	Gd1	After numerous campus-specific meetings over course of 2006, reviewed and modified by joint meeting of Bend and Redmond Staffing Committees.
1/4/07	G	Received from Carol Velasquez; sent on approval route
9/12/07	H	Updated with recent changes to core staffing, updated reference documents and requirements
9/12/07	H	Received from Carol Velasquez; sent on approval route
7/30/08	I	Received from Debbie Robinson; sent on approval route
8/1/08	I	Received from Debbie Robinson; sent on approval route
8/05/08	I	Received from Mary Demaris; sent on approval route
8/22/08	I	Received from Debbie Robinson; changes incorporated; sent on approval route
9/04/08	I	Received from Debbie Robinson; changes incorporated; sent on approval route
9/23/08	I	Received from Debbie Robinson; sent on approval route

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ADDENDUM: CORE STAFFING REQUIREMENTS AND SKILL MIX FORMULAS FOR PATIENT CARE UNITS

ST. CHARLES MEDICAL CENTER-BEND:

Medical Services:

Revised July 15, 2008

Staffing/Skill Mix Formula

	7-3 3.63 hours	3-11 3.26 hours	11-7 2.42 hours
RN	60%	63%	70%
LPN	7%	4%	0
CNA	33%	33%	30%

Core Staffing:

Core Coverage																						
Division: M		Cost Center: C: MED/ALL																		OK		
Numbers are in hours.																						
K	Schedule Name	First Shift							Second Shift							Third Shift						
		SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA
A	ADM																					
R	RNS	80	80	80	80	80	80	80	72	72	72	72	72	72	72	56	56	56	56	56	56	
L	LPN	8	8	8	8	8	8	8	8	8	8	8	8	8	8							
C	CA	40	40	40	40	40	40	40	40	40	40	40	40	40	40	24	24	24	24	24	24	
U	US	8	8	8	8	8	8	8	2	2	2	2	2	2	2							

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Surgical/Specialty Unit

Revised August 15, 2008

Staffing/Skill Mix Formula

	7-3 3.4 hours	3-11 3.31 hours	11-7 2.48 hours
RN	64%	68%	70%
LPN	0	0%	5%
CNA	36%	32%	25%

Core Staffing:

Core Coverage																						
Division: S		Cost Center: A:SSC/ALL																		OK		
Numbers are in hours.																						
K	Schedule Name	First Shift							Second Shift							Third Shift						
		SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA
A	ADM																					
R	RN	48	48	56	56	56	56	56	48	48	56	56	56	48	48	32	32	32	48	48	48	32
L	LPN																8	8	8			
C	CNA	24	24	24	32	32	24	24	16	24	24	32	32	24	16	16	16	16	16	16	16	16
U	US	8	8	8	8	8	8	8	2	2	2	2	2	2	2							
S																						

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Ortho/Neuro:

Revised August 1, 2008

Staffing/Skill Mix Formula:

	7-3 3.4 hours	3-11 3.35 hours	11-7 2.51 hours
RN	65%	60%	62%
LPN	0%	6%	5%
CNA	35%	34%	33%

Core Staffing:

Core Coverage

Division: **T** Cost Center: **0:ORTH/ALL** OK Cancel

Numbers are in hours.

K	Schedule Name	First Shift							Second Shift							Third Shift						
		SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA
A	ADM																					
R	RN	72	72	72	88	96	96	88	64	72	80	88	96	88	72	56	56	72	80	80	80	64
L	LPN									8	8	8	8				8	8	8	8		
C	CNA	48	48	56	56	64	64	56	40	48	56	56	56	56	48	32	40	40	48	48	48	40
U	US	8	8	8	8	8	8	8		2	2	2	2	2								

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Critical Care

Revised Sept 19, 2008

Staffing/Skill Mix Formula

	7-3 7.33 hours	3-11 7.33 hours	11-7 7.33 hours
RN	80%	80%	83%
CNA	20%	20%	20%

Core Coverage

Division: **C** Cost Center: **F:ICU/ALL**

Numbers are in hours.

K	Schedule Name	First Shift							Second Shift							Third Shift						
		SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA
A	ADM																					
R	RNS	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72
L	LPN																					
C	CA	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
U	US	8	8	8	8	8	8	8	8	8	8	8	8	8	8							

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IMCU

Revised July 15, 2008

Staffing/Skill Mix Formula

	7-3 3.78 hours	3-11 3.47 hours	11-7 3.26 hours
RN	70%	70%	73%
CNA	30%	30%	27%

Core Coverage

Division: **C** Cost Center: **E:IMCU/ALL**

Numbers are in hours.

K	Schedule Name	First Shift							Second Shift							Third Shift						
		SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA
A	ADM																					
R	RNS	64	64	72	72	72	72	64	64	66	66	66	66	64	64	64	64	64	64	64		
L																						
C	CA	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24		
U	US	16	16	16	16	16	16	8	8	8	8	8	8	8	8	8	8	8	8	8		

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Emergency Department

Revised July 31, 2008

- 0700-1930 4 RNs (includes AUM)
- 0700-1930 1 ER Tech
- 0800-1630 1 RN
- 0800-2030 1 RN
- 1000-2230 1 RN
- 1100-2330 1 ER Tech
- 1100-2330 2 RN
- 1300-0130 1 RN
- 1400-0230 1 ER Tech
- 1500-0330 1 RN
- 1500-2330 1 Stocking Tech
- 1600-0030 1 RN
- 1700-0530 1 RN
- 1900-0730 4 RNs (includes AUM)
- 1900-0730 1 ER Tech

Minimum staff: 2 RNs and 1 ER Tech or 3 RNS and no ER Tech

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Rehab

Revised Aug 8, 2008

Staffing/Skill Mix Formula

	7-3 3.99 hours	3-11 3.78 hours	11-7 3.26 hours
RN	55%	55%	60%
CNA	45%	45%	40%

Core Coverage

Division: **R** Cost Center: **K:REHB/ALL** OK

Numbers are in hours. Cancel

K	Schedule Name	First Shift							Second Shift							Third Shift						
		SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA
A	ADM																					
R	RN	32	32	32	32	32	32	32	28	28	28	28	28	28	28	24	24	24	24	24	24	24
L	LPN																					
C	CA	24	24	24	24	24	24	24	24	24	24	24	24	24	24	16	16	16	16	16	16	16
U	US		8	8	8	8	8			2	2	2	2	2								

Minimum staffing: 2 Caregivers per floor

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Family Birthing Center Core Staffing

Revised July 23, 2008

Core Coverage		Numbers are in hours.																									
Division:	F	Cost Center:	G:FBC/ALL																					OK			
																						Cancel					
K	Schedule Name	First Shift							Second Shift							Third Shift											
		SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA					
A	ADM																										
R	RN	96	96	96	96	96	96	96																			
L	LPN																										
C	CA	12	12	12	12	12	12	12																			
U	US	24	24	24	24	24	24	24																			
S	TEC	12	12	12	12	12	12	12																			

FBC Minimum Staffing

Absolute minimum staffing (0 patients) includes the following:

- Charge nurse
- 3 Labor and delivery trained RN's
- Scrub tech (may be on standby if within 20 minutes of hospital)
- Admitting Rep

NICU Core Staffing

Revised August 29, 2008

Core Coverage		Numbers are in hours.																									
Division:	F	Cost Center:	H:NICU/ALL																					OK			
																						Cancel					
K	Schedule Name	First Shift							Second Shift							Third Shift											
		SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA					
A	ADM																										
R	RN	60	60	60	60	60	60	60																			
L																											
C		12	12	12	12	12	12	12																			
U		12	12	12	12	12	12	12																			

NICU Minimum Staffing:

- 2 RNs
- 1 Charge Nurse

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Pediatric Core Staffing

Revised July 23, 2008

Core Coverage ✖

Division: Cost Center:

Numbers are in hours.

K	Schedule Name	First Shift							Second Shift							Third Shift						
		SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA
A	ADM																					
R	RN	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24

Pediatric Minimum Staffing:

1. For 0 patients: 1 Pediatric RN and 1 Pediatric RN on standby
2. For 1 patient or more: 2 Pediatric RNs

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Sage View Staffing Skill Mix and Minimal Staffing 8-15 patients Reviewed July 15, 2008

Skill mix percentages vary by the time of day based on other disciplines with a minimum mix of 25% RN and max of 50% RN.

Overall Core Staffing (8-15 patients)

	0700-0800	0800-1100	1100-1500	1500-1630	1630-1830	1900-2300	2300-0700
RN	1	2	2	2	2	2	1
MHT	2	2	2	1	1	1	2
MHS	1	2	2	2	1	1	0
RT	0	0	1	1	1	0	0

*See J:Drive Sage View folder for additional staffing detail by time of day.

Sage View Staffing Skill Mix and Minimal Staffing 0-7 patients

Skill mix percentages vary by the time of day based on other disciplines with minimum of 20 % RN and Maximum of 33.3% RN.

Overall Core Staffing (0-7 patients)

	0700-0800	0800-1100	1100-1500	1500-1900	1900-2300	2300-0730
RN	1	1	1	1	1	1
MHT	1	1	1	1	1	2
MHS	1	2	2	1	1	
RT			1	1		

*See J: Drive Sage View folder for additional staffing detail by time of day.

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Psychiatric Emergency Services (1-5 patients) Reviewed July 15, 2008

0700 to 1930 1 RN, 1 Psych. Tech.
1900 to 0730 1RN, 1 Psych. Tech.

Additional Staffing Considerations:

1. Day shift PES RN & Psych. Tech will present to the PES Unit even with a census of 0 patients unless otherwise directed by their manager/supervisor or the staffing office.
2. Noc shift PES RN & Psych. Tech. staff will be placed on standby prior to the start of their shift if there is census of 0 patients and no possible transfers/admits are foreseen.
3. No other PES staff is part of the core staffing for the PES Unit and should not be considered in HR or standby of the unit.

Staffing/Skill Mix Formula

	7-3 3.2 hrs	3-11 3.2 hrs	11-7 3.2 hrs
RN	50%	50%	50%
Psych Tech/CNA	50%	50%	50%

Core Coverage																							
Division: B		Cost Center: E:PES/ALL																					
Numbers are in hours.																							
K	Schedule Name	First Shift							Second Shift							Third Shift							
		SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	
A	ADM		8	8	8	8	8			8	8	8	8	8			8	8	8	8	8		
R	RNS	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
L	LPN																						
C	CDS																						
U	US		8	8	8	8	8			8	8	8	8	8			8	8	8	8	8		
S	MHS																						
P	PAS	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
O	RT																						
M																							
W	SW		7	7	7	7	7			8	8	8	8	8			2	2	2	2	2		

Procedure	Document Number W09075	Revision I
	File: CHC staffing plan procedure example.doc	
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Radiology (Diagnostics, Nuclear Med, CT, USD, MRI)

for RN Staffing only

Revised July 17, 2008

Monday – Friday

0800–1630 1 RN (8 hour)

0700–1730 1 RN (10 hour)

0800–1830 1 RN (10 hour)

Saturday-Sunday

0900–1730 1 RN (8 hour)

There is always a licensed technologist present during imaging process. During transport, the second person may be a transport aid.

Procedure	Document Number W09075	Revision I
	File: CHC staffing plan procedure example.doc	
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ST. CHARLES MEDICAL CENTER-REDMOND:

Core Staffing:

Staffing/Skill Mix Formula Med-Surg

	7-3pm	3-11pm	11-7am
RN	55%	55%	55%
LPN	10%	10%	10%
CA	35%	35%	35%

Med-Surg	
0700-1500	5 RN, 1 RN Charge Nurse, 1 LPN, 2 CNA
1500-2300	5 RN, 1 RN Charge Nurse, 1 LPN, 2 CNA
2300-0700	4 RN, 1 RN Charge Nurse, 1 LPN, 2 CNA
Family Birthing Center	<u>Reviewed July 21, 2008</u>
All shifts	2 RN (if any patients present)
0700-1500	1 CNA (Monday – Friday)
Emergency Department	<u>Revised August 16, 2008</u>
0700-1930	2 RN
0800-2030	1 RN
1100-2300	RN Triage
1100-2130	ER Tech
1300-0130	1 RN Friday-Monday (temp until 12-31-08)
1900-0330	1 RN
1900-0730	2 RN
Minimum staffing is	2RN 0700-1900 and 1900-0700; no tech
ICU	
All shifts	2 RN