

LAC+USC MEDICAL CENTER

DEPARTMENT OF NURSING SERVICES POLICY

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Subject: NURSING STAFFING ASSIGNMENTS		Original Issue Date: 08/91 Supersedes: 05/19	Policy # 519 Effective Date: 06/21
Departments Consulted:	Reviewed & Approved by: Professional practice Committee Nurse Executive Council	Approved by: (signature on file) Annie Marquez Interim Chief Nursing Officer	

PURPOSE

To provide guidelines for the assignment of nursing staff that will ensure the safe delivery of patient care within the LAC+USC Medical Center (LAC + USC).

POLICY

The care of each patient is under the supervision and direction of a Registered Nurse (RN). Patient assignments, including unit related tasks that affect patient care (e.g. crash cart checklist, refrigerator temperature log), are completed at the start of each shift by the Charge Nurse/designee. Nursing staff, who provide direct and indirect patient care, will receive an assignment which designates responsibility for specific patient care related tasks and unit related tasks from the Charge Nurse. All tasks delegated will be within the nursing staff's scope of practice.

PROCEDURE

STAFFING ASSIGNMENTS

The assigning of nursing staff to provide patient care will be based on the following elements:

- Patient census
- In-patient level of acuity determined by the patient classification system.
- Mandated staffing ratios
- The mode of inpatient nursing care delivery and established ambulatory care budgeted staffing patterns
- The Registered Nurse to coordinate and supervise direct patient care provided by nursing support personnel
- Medical regimen requirements
- Skills mix of assigned nursing staff

Ambulatory care clinical services staffing assignments are determined based on the:

- Needs of the service
- Number of providers assigned to a service
- Number of scheduled patients
- Number of walk- in patients

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RESPONSIBILITY

The Nurse Manager/designee is accountable for the delivery of patient care (direct or indirect) in a department, unit, area, or ambulatory clinic. The Nurse Manager/designee ensures a Registered Nurse is identified as being in charge of a unit, area or clinic. The Nurse manager/designee ensures the implementation of licensed and non-licensed nursing staff to assist in meeting the patient care needs of the patient population. The Registered Nurse shall plan and deliver patient care by utilizing the nursing process: assessment, nursing diagnosis, planning, intervention, evaluation, and as circumstances require, patient advocacy.

The Supervising Staff Nurse/Supervising Clinic Nurse/ Relief Charge Nurse:

- Assesses patient care needs prior to making the staffing assignment
- Completes a written assignment sheet and ensures completion of assigned tasks by nursing staff (i.e. emergency cart check)
 - Inpatient--every shift
 - Ambulatory Care--weekly
- Reviews the assignment with the Nurse Manager/designee at least once per shift and changes assignments when necessary based on the changing needs of patients and the availability of staff
- Reports patient care and /or unit/clinic operation problems to the Nurse Manager/designee
- Maintains responsibility for all nursing care and related duties associated when nursing students are present
- Ensures licensed and non-licensed float nursing staff have completed a competency-based orientation before receiving a patient assignment

Allocating personnel resources

- Consider the following when allocating personnel resources:
 - Patient complexity/assessment complexity
 - Dynamics of patient's status/activity
 - Knowledge and skill required utilizing technology
 - Complexity of medical treatments and interventions
 - Degree and availability of supervision needed
 - Infection control and safety needs
 - Predictable workload indicators
 - Type of personnel available
 - Unit geography
 - Personal knowledge of staff competencies
 - Temporarily assigned staff

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- Staff responsibility for patients assigned to nursing students
- Preceptorship responsibilities for orientation of new nurses
- Staff inservices/training events

Additional Nursing Staff

Additional nursing staff may be assigned to perform basic nursing duties related to the care of patients requiring direct frequent and/or continuous observation, which includes but is not limited to patients who are:

- Suicidal
- Danger to self and/or others
- Behavioral and non-behavioral restrained

This assignment may include the care of other patients in the same room as long as it does not hinder the ability to provide frequent and/or continuous observation to the assigned primary patient.

Suicidal patients must be continuously in the view of a member of the nursing staff, or designee at all times.

DAILY ASSIGNMENT SHEET

Staffing assignments are written on an in-patient shift assignment sheet or an ambulatory weekly assignment schedule; kept in a secure location; and are retained in each unit, area, or clinic for a minimum of one year.

- Inpatient shift assignment sheet
 - Month, day, year and shift
 - Nurse Manager/designee or Charge Nurse
 - Name of patient, room #, Registered Nurse who coordinates and supervises the care of each patient
 - Indicates the name of other licensed and non- licensed nursing staff with their assigned tasks
 - Patient's acuity level using the patient classification system
 - Meal and rest periods for each employee with relief coverage
 - Staff member responsible for the crash cart inspection
 - Scheduled unit in-service (team/patient conferences) with coverage
- Ambulatory Care assignment schedule
 - Date, Nurse/Staff name, assigned work location, assignment
 - May include other non-clinical assignment

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- Month, day, year and shift
- Nurse Manager /designee or Charge Nurse
- Indicates the name of other licensed and non- licensed nursing staff with their assigned tasks
- Meal and rest periods for each employee with relief coverage
- Staff member responsible for crash cart inspection and refrigerator temperature log.
- Scheduled unit in-service (team/patient conferences) with coverage

- Rest periods

- Midway through a four -hour period
- 15 minutes allowed
- Employees report on and off duty to charge nurse and are responsible for following time limits for rest periods
- Abuse of scheduled rest period time may result in disciplinary action

- Meal periods

- Employees who work at least six hours must take a meal period not later than five hours after the beginning of their shift
- Employees are prohibited from eating or removing from the area any food that has been prepared for the hospitalized/clinic patient. Any employee found in violation will be subject to disciplinary action
- When scheduling meal periods, a safe standard of patient care shall be maintained
- Each employee is responsible for reporting to the charge nurse when leaving for and returning from rest and meal periods
- The meal period shall not exceed thirty (30) minutes
- Employees may leave the unit for their meal period but shall observe the time limit
- When leaving for the meal period, employee must provide a hand-off report of assigned patients to the covering nurse
- Where possible, areas on the service will be provided for those who do not wish to leave the work area

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- Inpatient Overtime Meal Request
 - A nursing employee who works 4 hours or more hours in excess of his/her regularly scheduled shift and meets the criteria listed below may receive a free meal on the shift that the overtime is worked. The following criteria apply:
 - An emergency staffing crisis occurs that requires the employee to work 4 hours or more hours of overtime
 - The employee was not scheduled to work additional hours when s/he reported for his/her scheduled shift
 - The supervisor/nurse manager/designee must validate the above criteria are met and authorizes the overtime meal request

Hand- Off Communication

- Change of shift, transfer, emergency department to inpatient admission, ambulatory clinic to inpatient admission, and diagnostic care areas shall give a verbal report which reflects the standards of care applicable to the patient, patient progress, and any pending tasks that need to be addressed.
 - The Nurse View, Hand- Off tab, in the electronic health record (EHR) shall be used while giving hand -off report
 - An opportunity to ask and respond to questions will be provided. Refer to Nursing policy #706- Nursing Hand-off Communication –Patient Care Report
 - RNs are to keep the charge nurse updated on changes in their patient acuity

REFERENCE

California Code of Regulations, Title 22, Section 70217
 California Labor Code 512
 Joint Commission Standard – Management of Human Resources
 Los Angeles County Code – 5.76.030
 LAC+USC Healthcare Network Policy #532, Meals Without Charge (LAC+USC Medical Center)
 LAC+USC Healthcare Network Nursing Policy #706, Hand Off Communication—Patient Care Report

REVISION DATES

92, 97, 98, 99, 12/01, 07/03, 08/03, 04/05, 05/06, 09/08, 05/19, 06/21