| SUBJECT: STAFFING POLICY, NURSING | Policy No.: **A301** |
|---|---|
| | Effective Date: **03/2000** |
| | Page: **1 of 6** |

**Purpose of Procedure:** To define the process that:

1. Identifies the staffing required to deliver efficient and effective patient care. Staffing is based on patient assessment data, nursing diagnoses, patient condition, nursing interventions consistent with established standards of care, and the patient's response to care provided.

2. Measures and assesses the percentage of compliance in relation to the staffing plan.

3. Evaluates the adequacy of the staffing provided to meet the needs of the patients in compliance with AB-394 staffing ratios

**Performed By:** The Nurse Manager or designee

**Policy Statement:** The nursing department will provide appropriate staffing to maintain patient safety and ensure quality patient outcomes.

**Procedural Steps:**

1. Development of the Staffing Plan
   Refer to Nursing Administration Policy A120 – The Plan for Provision of Nursing Care for specifics.

2. Daily Staffing
   A. Patient care requirements are quantified by using the EVALISYS PCS PLUS tool. Unit staffing requirements are determined on a shift by shift basis using the following factors:
      – approved unit staffing matrix
      – assessment of additional monitoring needs of individual patients
      – anticipated changes in patient census or patient care requirements
      – skill/competency of available staff
      – educational activities, patient rounds, committee involvements, or other events

   B. See Nursing Policy #302 – Patient Classification System for additional information
      Staffing needs are evaluated by registered nurses on an ongoing basis during the shift and are adjusted as necessary to meet changes/fluctuations in patient care needs. Individual unit charge nurse/designee are to keep the Nursing Resource Office (NRO) informed of any changes in the status of the unit or patient care needs throughout their shifts.

   C. Staffing Data Sheet, Part 1 (see Attachment 1) is completed for each shift reflecting actual staff mix provided. Actual staffing utilized (On = "O") is compared with required staff (Target "T") based on staffing matrices and any needs for additional staff. Variance between required and actual staffing is documented on a day to day, shift to shift basis on the ANS Daily Shift Report (See Attachment 2).

      **KEY POINT:** The staffing matrices serve as a guide only and staffing requirements are adjusted with nurses' input regarding changes/fluctuations in patient care needs.

   D. Shift Nursing Assignment Sheet (Attachment 3) is completed by the unit charge nurse at the beginning of the shift.

   E. Staffing compliance is evaluated utilizing the "Assessment of the AB 394 Compliance Section" (Attachment 4) and sent to NRO no later than two hours prior to the end of the shift or as needed.

4.  Acquiring necessary staff resources
    A.  Nurse Manager/ designee will ensure adequate staff are scheduled for each day per shift based on established budgeted daily census.
    B.  Additional resources may be acquired with the direction and approval of Administrative Nursing Supervisor (ANS) or Clinical Director:
        –   floating staff from another unit
        –   use of relief staff
        –   overtime

5.  Evaluation of Staffing
    A.  Staffing compliance is evaluated utilizing the "Assessment of the AB 394 Compliance Section" (Attachment 4) and sent to NRO no later than two hours prior to the end of the shift or as needed. This is reviewed by Nurse Manager/Designee as needed.  Any unmet need is reported to the Clinical Director/designee.

    B.  The Administrative Nursing Supervisor (ANS) completes the ANS Daily Shift Report (see Attachment 2) indicating the justification for staffing variance, floating required, and overtime.

    C.  Nurse Manager/Designee assesses compliance with Staffing Plan and reviews deviation from budgeted staffing plan on a regular basis.

    D.  The Staffing Data Sheets and the ANS report are reviewed by the Clinical Director on a regular basis.

    E.  Staffing Data Sheets and other related tools are maintained for the time period between licensing surveys by the Consolidated Accreditation and Licensing Survey process.

        Data collected from staff members, Charge Nurses, Nurse Manager, and the analysis of staffing documents (Staffing Data Sheets and ANS report) are incorporated into the annual review/revision of individual unit staffing plans with the Chief Nursing Officer (CNO).

**Revised by:**   April Macabuhay BSN, RN, CBIS; Adnan Haidar MSN, RN, CRRN; Deepa Kannampuzha MSN, RN, CRRN, NE-BC; Fatima Villacruz DNP, MBA RN; Sharol Alcala, MSN, RN, CCRN; Myla Maranan DNP, RN, CNML

**References:**
The Joint Commission. *Comprehensive Accreditation Manual for Hospitals e-edition.* (2022). LD.03.09.01; NR.02.0.01, NR.02.03.01, PI.03.01.01
California Code of Regulations. Title 22. 70217 *Nursing Service Staff*
Evalisys (Patient Classification System). Copyright 1998, Catalyst Systems, LLC
ANCC 2023 Magnet Application Manual

**Reviewed/Revised:**
03/00 – Revised
07/01 – Revised
08/03 – Revised
07/06 – Reviewed
06/07 – Reviewed
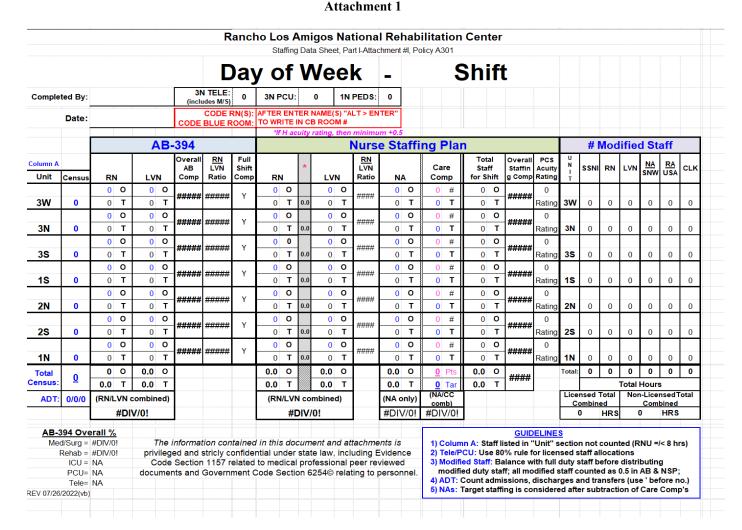07/10 – Revised
05/14 – Reviewed
06/16 – Revised
02/23 – Revised

Attachments
1.  Staffing Data Sheet – Part 1
2.  ANS Daily Shift Report
3.  Shift Nursing Assignment Sheet4.
4.  Assessment of the AB 394 Compliance Section

**Attachment 1**

### Rancho Los Amigos National Rehabilitation Center
Staffing Data Sheet, Part I-Attachment #I, Policy A301

# Day of Week  -  Shift

| Completed By: | | 3N TELE: (includes M/S) | 0 | 3N PCU: | 0 | 1N PEDS: | 0 |
|---|---|---|---|---|---|---|---|

Date:  CODE RN(S):   AFTER ENTER NAME(S) "ALT > ENTER"
CODE BLUE ROOM:   TO WRITE IN CB ROOM #
*If H acuity rating, then minimum +0.5

| | AB-394 | | | | | | Nurse Staffing Plan | | | | | | | | | | # Modified Staff | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**Column A**

| Unit | Census | RN | | LVN | | Overall AB Comp | RN LVN Ratio | Full Shift Comp | RN | | * | LVN | | RN LVN Ratio | NA | | Care Comp | | Total Staff for Shift | | Overall Staffing Comp | PCS Acuity Rating | UNIT | SSNI | RN | LVN | NA SNW | RA USA | CLK |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3W | 0 | 0 O / 0 T | | 0 O / 0 T | | #### | #### | Y | 0 O / 0 T | | 0.0 | 0 O / 0 T | | #### | 0 O / 0 T | | 0 # / 0 T | | 0 O / 0 T | | 0 / Rating | | 3W | 0 | 0 | 0 | 0 | 0 | 0 |
| 3N | 0 | 0 O / 0 T | | 0 O / 0 T | | #### | #### | Y | 0 O / 0 T | | 0.0 | 0 O / 0 T | | #### | 0 O / 0 T | | 0 # / 0 T | | 0 O / 0 T | | 0 / Rating | | 3N | 0 | 0 | 0 | 0 | 0 | 0 |
| 3S | 0 | 0 O / 0 T | | 0 O / 0 T | | #### | #### | Y | 0 O / 0 T | | 0.0 | 0 O / 0 T | | #### | 0 O / 0 T | | 0 # / 0 T | | 0 O / 0 T | | 0 / Rating | | 3S | 0 | 0 | 0 | 0 | 0 | 0 |
| 1S | 0 | 0 O / 0 T | | 0 O / 0 T | | #### | #### | Y | 0 O / 0 T | | 0.0 | 0 O / 0 T | | #### | 0 O / 0 T | | 0 # / 0 T | | 0 O / 0 T | | 0 / Rating | | 1S | 0 | 0 | 0 | 0 | 0 | 0 |
| 2N | 0 | 0 O / 0 T | | 0 O / 0 T | | #### | #### | Y | 0 O / 0 T | | 0.0 | 0 O / 0 T | | #### | 0 O / 0 T | | 0 # / 0 T | | 0 O / 0 T | | 0 / Rating | | 2N | 0 | 0 | 0 | 0 | 0 | 0 |
| 2S | 0 | 0 O / 0 T | | 0 O / 0 T | | #### | #### | Y | 0 O / 0 T | | 0.0 | 0 O / 0 T | | #### | 0 O / 0 T | | 0 # / 0 T | | 0 O / 0 T | | 0 / Rating | | 2S | 0 | 0 | 0 | 0 | 0 | 0 |
| 1N | 0 | 0 O / 0 T | | 0 O / 0 T | | #### | #### | Y | 0 O / 0 T | | 0.0 | 0 O / 0 T | | #### | 0 O / 0 T | | 0 # / 0 T | | 0 O / 0 T | | 0 / Rating | | 1N | 0 | 0 | 0 | 0 | 0 | 0 |

| Total Census: | 0 | 0 O / 0.0 T | 0.0 O / 0.0 T | | | 0.0 O / 0.0 T | 0.0 O / 0.0 T | | 0.0 O / 0.0 T | 0 Pts / 0 Tar | 0.0 O / 0.0 T | #### | Total: | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| ADT: | 0/0/0 | (RN/LVN combined) | | (RN/LVN combined) | | (NA only) | (NA/CC comb) | | Licensed Total Combined | | Non-Licensed Total Combined | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | #DIV/0! | | #DIV/0! | | #DIV/0! | #DIV/0! | | 0 HRS | | 0 HRS | |

Total Hours

**AB-394 Overall %**
Med/Surg = #DIV/0!
Rehab = #DIV/0!
ICU = NA
PCU= NA
Tele= NA
REV 07/26/2022(vb)

*The information contained in this document and attachments is privileged and strictly confidential under state law, including Evidence Code Section 1157 related to medical professional peer reviewed documents and Government Code Section 6254© relating to personnel.*

**GUIDELINES**
1) **Column A:** Staff listed in "Unit" section not counted (RNU =/< 8 hrs)
2) **Tele/PCU:** Use 80% rule for licensed staff allocations
3) **Modified Staff:** Balance with full duty staff before distributing modified duty staff; all modified staff counted as 0.5 in AB & NSP;
4) **ADT:** Count admissions, discharges and transfers (use ' before no.)
5) **NAs:** Target staffing is considered after subtraction of Care Comp's

**Attachment 2**

## ANS - STAFFING STATUS REPORT   **Justification/Analysis (see Variance Justification Legend)

| Unit | Census at Start of Shift | NSP Compliance Lic. Staff < 85% or > 115% | Overall < 85% or > 115% | AB394 Met? If NO, then Justify Yes/No | **Legend # | Additional Description of Justification |
|------|------|------|------|------|------|------|
| 3W | 5 | | | Yes | | |
| 3N | 7 | | | Yes | | |
| 3S | 15 | | | Yes | | |
| 1S | 22 | | | Yes | | |
| 2N | 14 | | | Yes | | |
| 2S | 22 | | | Yes | | |
| 1N | 20 | | | Yes | | |

## NURSES' ASSESSMENT OF STAFFING ADEQUACY

| Unit | Adequate START of Shift? Yes/No | Legend/Not Submitted | Charge RN | Adequate END of Shift? Yes/No | Legend/Not Submitted | Charge RN |
|------|------|------|------|------|------|------|
| 3W | Yes | | | Yes | | |
| 3N | Yes | | | Yes | | |
| 3S | Yes | | | Yes | | |
| 1S | Yes | | | Yes | | |
| 2N | Yes | | | Yes | | |
| 2S | Yes | | | Yes | | |
| 1N | Yes | | | Yes | | |

**\*Overtime Legend**

| | | | |
|------|------|------|------|
| 1. Acuity Change | 4. Edu-related duties | 7. Mgmt-related duties | 11. Care Companion |
| 2. Census Change | 5. Coverage for Training | 8. Clerical Support | 12. Urgent/Emergent/Mandated |
| 3. Special Skill | 6. Coverage for | 9. Escort/monitor patient | 13. Other (addt'l description of |
| Level needed | Unscheduled Absence(s) | while off unit/appointment | justification required) |

**I. NURSES' INPUT: ASSESSMENT/ANALYSIS OF STAFFING ADEQUACY [1-18]**

| | |
|------|------|
| 1 Beginning of Shift: Staffing SUFFICIENT STAFF per Charge Nurse. | *Nursing Staff/Nurse - Related Factors* |
| 2 Shift Re-Assess: NO change in staffing needs. | 9 Unscheduled absences, call-offs or cancellations. |
| 3 Beginning of Shift: NEED ADDITIONAL staff. | 10 Less staff (after start of shift) due to illnes, injury or personal emergency. |
| 4 Shift Re-Assess: NEED ADDITIONAL staff. | 11 Additional nurses with specialty training or competency needed. |
| 5 Shift Re-Assess: NEED LESS staff. | 12 Other:_____ [Describe in Hand-Off report] |

| | |
|------|------|
| *When 3, 4 or both are selected, the reason(s) identified-* | *Factors Related to Workplace/Environment & Systems of Care* |
| *Patient - Related Factors* | 13 Opening, closing or consolidation of units |
| 6 Pt census/acuity/activity increased during shift requiring ADDITIONAL staff. | 14 Increase in workload due to IT or technology-related issues. |
| 7 Pt census/acuity/activity decreased during shift requiring LESS staff. | 15 Issues re medical providers, care cooodination, interdisciplinary team, etc. |
| 8 Complicated care, procedures, interventions or incidents. [Describe in Hand-Off report] | 16 No clerk, transporters, other support staff_____ |
| | 17 Inadequate/Unavailable supplies, equipment or technology. |

**II. ANS' DECISION/ACTION IN RESPONSE TO NURSES' INPUT**     18 Other:_____ [Describe in Hand-Off report]

19 Analysis/Need/Assistance Provided: # ____staff called; no additional staff available
20 Analysis/Need/Assistance Provided: Helped staff modify pt assignment & prioritize required care.
21 Analysis/Need/Assistance Provided: Late float/overtime provided.
22 All licensed needed due to low NA compliance.
23 Other:_____ [Describe in Hand-Off report]

**III. OUTCOMES**

| *Outcomes: Patients* | *Outcomes: Nursing Staff* |
|------|------|
| 24 No patient issues reported. | 27 No nursing issues reported |
| 25 Patient Issues: #_____ Patient falls, HAPI, etc. [Describe in Hand-Off report] | 28 Nursing issues: #_____ [Describe in Hand-Off report] |
| 26 Patient Issues: #_____ Other issues [Describe in Hand-Off report] | - e.g. illness; injury; lapse in judgment/errors; med errors; |
| - e.g. emergency calls (CODES), pt complaints; adverse pt behaviors, | missed treatment; inadequate patient monitoring; |
| consequences of med error, missed or delayed care or treatment | c/o burnout or fatigue; unable to take breaks/meals |

**Attachment 3**

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER**
**SHIFT NURSING ASSIGNMENT SHEET**

Page _____ of _____

Date: _____ Unit: _____ Shift: ☐ Day ☐ Eve ☐ Noc Beginning Census: _____ Ending Census: _____

NM: _____ SSN/Chg: _____ Clerk: _____ USA: _____ RA: _____

| Team: 1 | Room Bed | Patient Name/Status/Time | PCS | CC* NA# | Tele-Sitter | *Assigned RN for the shift | Nurse covering for breaks, etc. | Break Times Time away from unit |
|---|---|---|---|---|---|---|---|---|
| ☐RN or ☐LVN*: | | Name: | | | | | | RN/LVN: |
| _____ | | Dep. Time: | | | | | | _____ / |
| | | New Pt: | | | | | | Activity      Time |
| Orientee(s): | | Arrival Time: | | | | | | _____ / |
| _____ | | Name: | | | | | | Activity      Time |
| | | Dep. Time: | | | | | | NA 1: _____ / |
| Resource for Float RN/LVN: | | New Pt: | | | | | | |
| | | Arrival Time: | | | | | | Coverage |
| _____ | | Name: | | | | | | NA 2: _____ / |
| | | Dep. Time: | | | | | | |
| ☐ Crash Cart | | New Pt: | | | | | | Coverage |
| ☐ Glucometer | | Arrival Time: | | | | | | NA 3: _____ / |
| ☐ Code Resp | | Name: | | | | | | |
| ☐ Med Refr Temp | | Dep. Time: | | | | | | Coverage |
| ☐ Narc Count | | New Pt: | | | | | | NA 4: _____ / |
| ☐ BRT | | Arrival Time: | | | | | | |
| ☐ Other: _____ | | Name: | | | | | | Coverage |
| | | Dep. Time: | | | | | | |
| | | New Pt: | | | | | | |
| | | Arrival Time: | | | | | | |

| Team: 2 | Room Bed | Patient Name/Status/Time | PCS | CC* NA# | Tele-Sitter | *Assigned RN for the shift | Nurse covering for breaks, etc. | Break Times Time away from unit |
|---|---|---|---|---|---|---|---|---|
| ☐RN or ☐LVN*: | | Name: | | | | | | RN/LVN: |
| _____ | | Dep. Time: | | | | | | _____ / |
| | | New Pt: | | | | | | Activity      Time |
| Orientee(s): | | Arrival Time: | | | | | | _____ / |
| _____ | | Name: | | | | | | Activity      Time |
| | | Dep. Time: | | | | | | NA 1: _____ / |
| Resource for Float RN/LVN: | | New Pt: | | | | | | |
| | | Arrival Time: | | | | | | Coverage |
| _____ | | Name: | | | | | | NA 2: _____ / |
| | | Dep. Time: | | | | | | |
| ☐ Crash Cart | | New Pt: | | | | | | Coverage |
| ☐ Glucometer | | Arrival Time: | | | | | | NA 3: _____ / |
| ☐ Code Resp | | Name: | | | | | | |
| ☐ Med Refr Temp | | Dep. Time: | | | | | | Coverage |
| ☐ Narc Count | | New Pt: | | | | | | NA 4: _____ / |
| ☐ BRT | | Arrival Time: | | | | | | |
| ☐ Other: _____ | | Name: | | | | | | Coverage |
| | | Dep. Time: | | | | | | |
| | | New Pt: | | | | | | |
| | | Arrival Time: | | | | | | |

**NA/SNW ASSIGNED**

1: _____ 2: _____ 3: _____ 4: _____

**Attachment 4**

## ASSESSMENT OF AB 394 COMPLIANCE SECTION

*This form is to be faxed [(562) 385-6138] to the Nursing Resource Office two hours prior to the end of each shift.*

Date:_____ Unit:_____ Shift: ☐ Day ☐ Eve ☐ Noc

Full Shift Compliance: _____ Yes _____ No (If "No" complete the information listed in this section)

**Reason(s) for Non-compliance (select all that apply)**

☐ Insufficient staff at the beginning of the shift

☐ No. of admissions exceeded staffing requirements

☐ AB394 staffing does not meet requirements for net no. of pts.

☐ Insufficient staff for breaks

☐ Staff were floated

SSN/Charge Nurse Signature:_____

SSN/Charge Nurse Printed Name: _____

| Area/Section/Column | Definitions/Instructions |
| --- | --- |
| SSN/Charge Nurse/Designee | Complete the document using staff last name and first name/initial (space permitting). Before the end of the shift complete and update the form. |
| RN/LVN | List the name of the **RN/LVN** who will be taking care of the patients listed in the **Patient Name/Status/Time** column |
| Orientee(s) | List the name(s) of employees on an **Orientation Status** for which the RN is the Clinical Coach |
| Resource for Float RN/LVN | List the name(s) of **RN/LVN** staff who is the **resource** for staff (first column) |
| PCS | List the **PCS rating** for each patient listed |
| NA/SNW/CC* NA # | List the NA# that is assigned for each patient. If the patient has a **CC status**, place an asterisk (*) next to the **NA/SNW** |
| TeleSitter | Place a check (✓) in the box if the patient is on a TeleSitter monitor |
| *Assigned RN for the shift | List the name of the **RN responsible** for each of the patients listed (used for LVN assignment) |
| Nurse covering for breaks, etc. | List the name of the RN/LVN covering each patient during breaks, etc. |
| Break times: RN/LVN | List the **Break Times** of the RN/LVN |
| Break times: NA 1, NA 2, etc. | List the **Break Times** of the NA/SNW and the name/initials of the staff covering |
| Activity/time away from unit | List all **Activity/Time** away from unit |
| Other Unit Nurse Duties | Check off the **Other Duties** assigned to staff |

Revised 10/8/2020