LOS ANGELES GENERAL MEDICAL CENTER
DEPARTMENT OF NURSING SERVICES POLICY

Subject: **PATIENT CLASSIFICATION SYSTEM (PCS)**	Original Issue Date: 1992	Policy # **405**
	Supersedes: 10/20	Effective Date: 11/23

Departments Consulted:	Reviewed & Approved by: Professional Practice Committee Nursing Executive Committee Attending Staff Association Executive Committee	Approved by: (signature on file) Nancy Blake Chief Nursing Officer

PURPOSE

To provide a system for measuring outcome-driven patient acuity, sustaining reliability of acuity calculations, creating patient assignment, and determining compliance with nurse-to-patient ratio.

POLICY

Individual patient care requirements will be derived from the electronic health record (EHR) documentation This forms the basis of the outcome-driven acuity tools.

The Outcomes-Driven Acuity tools use near real-time clinical documentation to compute the numeric values to determine the individual patient acuity. The elements used to compute the numeric values are resulted labs, administered medications, and assessments based on clinical observations for the patient's condition and the patient's social support system.

PROCEDURE

Each inpatient nursing unit charge nurse will review the actual staffing from the computerized scheduling system, the unit census, and the individual patient's acuity to make the staffing assignment for the next shift. The nurse-to-patient assignment creates the nurse-to-patient ratio which meets the unit's nursing workload criteria mandated by Title 22 SS70217, SS70053.2, and AB394.

The reliability monitoring is an on-going process that assesses all clinical documentation elements and their resulting numeric values to ensure that the outcome driven acuities are accurate. This process is performed once a month by the designated Registered Nurse (RN) in the role of Patient Outcome Expert (POE) who conducts chart audits for patients in their units and present the results in a meeting involving all unit POEs.

The inpatient domains include the following service lines:

- Medical Surgical
- Intensive Care Unit - ICU

- Pediatrics
- Pediatric Intensive Care Unit – PICU
- Postpartum/Newborn
- Neonatal Intensive Care -NICU
- Psychiatric
- Jail unit
- Progressive Care Unit – PCU

An annual acuity validation process is conducted with all participating DHS hospital facilities to review the acuities for patient populations, review feedback from POEs, identify outcomes driven acuity mapping needs, submit tickets to ORACLE to complete mapping updates and any potential acuity configurations. A dashboard of all the resulting processes will be presented to nursing administration for distribution to all inpatient manager and acuity auditors.

Down Time Procedure

- In the event of a Downtime, nursing staff will maintain the staffing assignment on the approved paper staffing assignment sheet. The assignment will be back entered into ASTER when ASTER returns to normal operation.

REFERENCE

California Code of Regulations, Title 22, Section 70217&&, 70053.2, AB394

REVISION DATES

92, 93, 95, 96, 97, 05/98, 04/99, 12/01, 01/05, 12/06, 3/10, 01/13, 01/17, 10/20, 07/23, 11/23