

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: IV-100 STAFFING GUIDELINES FOR NURSING	POLICY #: 1188
	VERSION: 1
APPROVED BY: ASC Approvers	
DATE APPROVED: 06/28/2016	

PURPOSE: To provide guidelines for staffing the Ambulatory Surgical Center (ASC) to ensure the appropriate mix and skill level of nursing staff are available to meet regulatory and patient requirements (case complexity and number of cases) to provide pre-operative, intra-operative, and post-operative nursing care to patients and their families.

POLICY: The ASC is committed to the provision of safe perioperative nursing care by ensuring that every patient undergoing a surgical, invasive, diagnostic or therapeutic procedure is at a minimum, cared for by appropriate licensed nursing staff.

Scheduling: 1 clerical person

Pre Anesthesia Evaluation Unit: 1 RN /L VN and NA as needed

Registration: 1 clerical person

Peri-Operative Holding Area (Pre-op): Minimum Ratio= one licensed nurse to three patients (1:3 ratio). There will be a minimum of one RN assigned to the Pre-operative area.

Operating Room: Minimum staffing for any procedure will be one RN circulating nurse and one scrub person (RN or Scrub Tech), per Operating Room. Additional RN staffing situations:

- Moderate Sedation- 1 RN dedicated to monitoring the patient and separate from the dedicated RN circulator
- Local anesthesia- 1 RN to monitor the patient in addition to the RN circulator

Post Anesthesia Room (Recovery) Phase I: Minimum Ratio = One RN to two patients (1:2 ratio). Pediatric patient ratio is 1 RN to 1 patient. When a pediatric patient is scheduled for surgery, an RN with PALS Certification will be scheduled to care for the patient in the Post Anesthesia Care Room (PACU). Two RNs, one of whom is an RN competent in Phase I Post anesthesia nursing, will be in the same room/unit where the patient is receiving Phase I level of care.

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Post Anesthesia Recovery Phase II: Minimum of two competent personnel, one of whom is an RN competent in Phase II post anesthesia nursing will be in the room/unit where the patient is receiving phase II level of care. An RN MUST be in the Phase II at all times while a patient is present.

PROCEDURE:

- A. Registered Nurse must be present whenever patients are present in the ASC.
- B. Whenever, a pediatric patient is present in the ASC, an RN or CRNA with PALS must be present.
- C. Appropriate staffing requirements will be met to prioritize the safe, competent nursing care for the immediate post anesthesia patient, or the patient with highest level of care of the blended patient population. Patient safety is of highest priority.
- D. The ASC Nursing Director/Supervising Nurse is responsible for ensuring adequate number and skill mix of staff is scheduled to meet the daily needs of the ASC.
- E. The ASC Nursing Director/Supervising Nurse reviews the staffing schedule at a minimum weekly and as needed in order to make appropriate adjustments to accommodate changes in ASC workload and/or to meet the needs of staff requests for days off.
- F. Day to day adjustments in workload will be accommodated by:
 - a. Increased Workload- implementing the use of voluntary overtime and assigning the Supervising Staff Nurse to patient care.
 - b. Decreased Workload- reassign staff to other duties within the ASC. When possible, allow staff to take approved time off or send staff to mandatory training classes.
- G. The ASC Nursing Director/Supervising Nurse is responsible to ensure that an adequate number of Perioperative RNs are available to effectively supervise assistive personnel and LVNs, and to ensure the highest quality and standard of care is provided to every ASC patient.
- H. Assistive personnel are accountable to and work under the direct supervision of the perioperative registered nurses when performing delegated patient care activities.

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REFERENCES:

AORN Perioperative Standards and Recommended Practices 2016

ASP AN 2012-2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements

Title 22 (70235); (70225)

AB 394

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