



Rancho Los Amigos National Rehabilitation Center

DEPARTMENT OF NURSING

ADMINISTRATIVE

POLICY AND PROCEDURE

**SUBJECT: PLAN FOR THE PROVISION OF
NURSING CARE**

Policy No.: A120
Effective Date: 01/1991
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Purpose of Procedure: To define the Nursing Department's process for planning and implementing nursing staffing patterns and matrices.

Policies:

I. SCOPE OF SERVICE

The Department of Nursing is comprised of the following areas: Administrative Nursing, Medical/Surgical Nursing, Rehabilitation Nursing, Clinic/Out-Patient Care Nursing and Perioperative Nursing. Inpatient Nursing Services are provided 24 hours a day, seven days a week. *Patients range from Pediatric to Adult and Geriatric.

A. Nursing Care is delivered to patients in the following programs:

1. Rehabilitation Services:
Adult Stroke/Gerontology
Pediatric
Adult Neurology
Adult/Adolescent Brain Injury
Adult/Adolescent Spinal Injury
2. Medical/Surgical Services:
Adolescent/Adult Pressure Ulcer Management
Adult Diabetes/Amputee/Rheumatology/Medicine
Definitive Observation and Surgical Unit
Acute Stroke
3. Special Care Services
Intensive Care Unit, adults and pediatrics
4. Surgical Services
Operating Room Post Anesthesia Care Unit (PACU)
Same Day Surgery Special Procedures

*The Operating Room, PACU, and Special Procedures are open five days a week, Monday through Friday. After "Business Hours" Monday through Friday are covered on an on call basis for emergency situations only; no weekend or Holiday services or coverage.

5. Out-Patient Care Services
Clinic 1 – neurological, stroke medical services, infusion, nutrition
Clinic 2 – medical surgical, general surgery, ortho services, cast room
Clinic 3 – neurological, spinal cord injury, ABI, neuro-surgery
Clinic 4 – same day, add-on/open –access clinic
Eye/ENT
Urology
Audiology

APPROVED BY: Nursing Executive Council

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

Signature(s) on File.

Dental Clinic
Psychology

- B. Nursing at Rancho Los Amigos National Rehabilitation Center supports the mission of the County of Los Angeles Department of Health Services to provide patient care, education, and research. Nursing accepts the responsibility to provide care which is individualized, cost effective and of a defined quality for all patients and families in collaboration with other members of the interdisciplinary team.
- C. The primary focus of nursing is the patient, which includes the family or significant other. The services offered are designed to meet the unique needs of the community composed of individuals of all ages and of diverse cultures and socioeconomic backgrounds. The patient and family can expect to be included in care as the nurse assesses, plans, implements, and evaluates the nursing care required/provided in keeping with the patient's changing situation.
- D. RLANRC Nursing recognizes that a transition from illness to health occurs on a continuum and includes preventive, acute, maintenance, and restorative care within a rehabilitation nursing framework. The patient shares responsibility for achieving their optimum capacity for wellness with the nurse and health care team.
- E. Nursing encompasses the identification and treatment of human responses to actual or potential health problems and is derived from theoretical concepts, principles and processes based on the biological, social and behavioral sciences.
- F. The practice of nursing at RLANRC is further defined by the hospital's Mission Statement, the Department of Nursing Mission Statement, Nursing Philosophy, the Organizational Structure, Policies and Procedures, Nursing Standards of Care, the Patient's Rights and Responsibilities, American Nurses Association and specialty nursing standards, and the Nurse Practice Act.
- G. The REGISTERED NURSE assumes responsibility and accountability for the nursing process. The delivery of patient care by the LICENSED VOCATIONAL NURSE and unlicensed assistive personnel shall mean the assumption of responsibilities and performance of acts within the educational background of the individual under the direction / supervision / delegation of the registered nurse.
- H. Scopes of care for each program describe the following: (see attached)
 - 1. Types/age of patients served
 - 2. Methods used to assess and meet patient care needs
 - 3. Scope and complexity of patient care needs
 - 4. The appropriateness and timeliness of support services provided by the hospital or by referral
 - 5. The availability of staff
 - 6. The extent to which the level of care meets patient need.
 - 7. Standards/guidelines (These standards/guidelines of care apply no matter where the patient is housed)

II. **GOALS**

- A. Nursing care is provided to meet the health care needs of the patient/family unit.
- B. Nursing care is provided in a professional, confidential, private and respectful manner.
- C. The Nursing Process directs nursing care activities.
- D. Nursing care activities are conducted in a climate that promotes excellence in practice.
- E. Sufficient staffing is provided to effectively meet standards for safety and quality patient care.
- F. Staff competency is assured through orientation, ongoing performance evaluation, continuing education and performance activities.
- G. There is an ongoing development/review of patient care standards to reflect the changing patient population and current research findings.
- H. Collaborative relationships are fostered between all nursing divisions, Rehabilitation Therapy Services, Physician Services, Hospital Support Services, Media Services and affiliating schools.

- I. Professional collaboration is enhanced by an interdisciplinary approach to patient care.
- J. Recruitment and retention is addressed by active support of professional growth and development through activities of Nursing Recruitment/Retention, the Nursing Professional Development and Education Council and the Nursing Executive Council.
- K. All regulatory standards and licensing requirements are maintained.
- L. Nursing activities are performed to assure the greatest quality of care within the given resources.

III. STANDARDS OF PRACTICE

Nursing services and functions are developed and implemented in a manner consistent with applicable regulatory and advisory agency standards and the standards of professional practice as defined by Title 22, the American Nurses Association, and applicable specialty nursing organizations.

IV. STAFFING PLANS

- A. Direct and indirect patient care is provided by a variety of nursing personnel:
 - ◆ Registered Nurses
 - ◆ Advanced Practice Registered Nurses (Clinical Nurse Specialists, Nurse Practitioners)
 - ◆ Licensed Vocational Nurses
 - ◆ Unlicensed Assistive Personnel (Nursing Attendants, Certified Medical Assistants Rehabilitation Associates, Unit Support Assistants)
 - ◆ Student Nurses
 - ◆ Clerical Staff
 - ◆ Student Workers
 - ◆ Volunteers
 - ◆ Educators
- B. The designated Nurse Manager is responsible to submit changes in the Staffing Plan whenever patient care requirements, programs, or services, or availability of resources increase, decrease or in any way alter the staffing requirements for a given patient population.
- C. All staffing plans will be retained for the time period between licensing surveys, which includes the Consolidated Accreditation and Licensing Survey process.
- D. The staffing plan will provide adequate numbers of registered nurses to:
 - 1. Prescribe nursing care for patients based on assessment data, nursing diagnoses, nursing interventions consistent with established standards of care, policies and procedures, and the patients' response to care provided.
 - 2. Supervise aspects of care delegated to licensed and non-licensed nursing caregivers. Qualifications and competence of caregivers are assessed regularly in order to provide safe and appropriate care.
 - 3. Coordinate planning and delivery of nursing care provided to patients and care provided in collaboration with therapies and other disciplines.
 - 4. Meet regulatory requirements
- E. Unit Staffing Plans are developed at the unit level by the Nurse Manager in collaboration with staff nurses who provide direct patient care through the Collaborative Management Structure and other venues.

- F. The following are taken into consideration in developing the unit staffing plans:
1. Patient care requirements for nursing care.
 2. Changes in patient care programs, services, case mix, or patient care delivery systems.
 3. Information regarding staffing plans, from nurses, physicians, therapists, patient satisfaction surveys, and performance improvement monitoring activities.
 4. Projections or anticipated daily schedule/workload and clinic volume.
 5. Generally accepted standards of nursing practice as well as elements reflective of the hospital's patient population.
 6. Opportunity for nursing staff to attend and participate in hospital, nursing and interdisciplinary committees, inservices, continuing education and professional conferences, and staff meetings.
 7. Analysis of standardized nursing-sensitive indicators including but not limited to – employee injury-illness rates; levels of staff perception of service quality; patient outcomes, i.e. falls, hospital acquired conditions – infections, skin pressure injuries.
 8. Data from risk management and utilization review.
 9. Patient Classification System reports and studies.
 10. Contextual issues including architecture, geography, and effects of available technology.
 11. Patient satisfaction surveys, finance data, physician input and performances improvement reports.
 12. Regulatory requirements
- G. Staffing Plan Review Process
1. The Staffing Plan for Nursing is reviewed on an ongoing basis to ensure appropriate staff mix, numbers of staff, and budget.
 2. The Nursing Management Council will, at least annually, evaluate all Staffing Plans based on regulatory requirements, Patient Classification System data, workload productivity measures, nursing sensitive indicators of care quality, and available nursing resources.
 3. The Units Staffing Plans will be combined to represent the hospital plan for providing nursing care.
 4. The MANAGEMENT COUNCIL will approve the Staffing Plans and then send them to the NURSING EXECUTIVE COUNCIL for review and approval.
 5. NURSING EXECUTIVE COUNCIL will facilitate the implementation.
 6. Significant changes in Staffing Plans will then be reviewed by Finance, Medical and Hospital Administration.
- H. Staffing needs are assessed and modified each shift based upon:
1. Data from the patient classification system including identified patient needs, care delivery vs. care management requirements, requirements for special nursing activities, skill level of personnel required in providing care, regulatory requirements, and placement of the patient in the unit. See Nursing Administrative Policy #A302 – Patient Classification System and A301 – Staffing Policy, Nursing for further information
 2. Unit activity including the volume of admissions, discharges, and transfers.
 3. Needs of nursing staff members to participate, as assigned, in committees/meetings and educational opportunities, including but not limited to: quality improvement, clinical practice, staff meetings, continuing education projects, mandatory inservice training, and research utilization activities.
- I. An increase in staffing requirements may require float staff, per diem staff, or overtime acquisition. (See Nursing Administrative Policy #A310 – Floating of Nursing Staff and A 301 – Staffing Policy, Nursing for further information.)
- J. All patient care personnel shall be subject to the process of competency validation for their assigned patient care unit or units. (See Nursing Administrative Policy #A540 – Competency Program)
- K. In the event that the number and competency of staff are less than adequate to meet the needs of patients, The Nurse Manager in collaboration with the Clinical Nursing Director/designee, Chief Operations Officer, and the Chief Nursing Officer may close beds temporarily until adequate staffing is available. (See Nursing Administrative Policy #A440 – Unit Consolidation and Re-Opening for further information.)

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