

**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
MENTAL HEALTH NURSING
POLICY & PROCEDURE**

**NUMBER: 5070
VERSION: 2**

SUBJECT/TITLE: 6A INPATIENT PSYCHIATRIC UNIT STAFFING PLAN

MD ORDER: YES [] NO [X]

- POLICY:**
1. EVALISYS Patient Classification System Staffing Matrix is used to determine the number of staff required to care for a given census and acuity in 6A (Refer to Attachment – 6A EVALISYS Skill Mix Fixed Matrix).
 2. The staffing matrix is calculated based on the PCS range, shift allocation of the staff, hours per patient day (HPPD), mandated AB394 nurse/patient ratio for inpatient psychiatric bed units, total beds, and average daily census (ADC).
 3. The PCS range is determined by converting the average PCS ratings per shift into frequency distribution using the EVALISYS software.
 4. The mandated licensed nurse-to-patient ratio in an acute inpatient psychiatric unit is 1:6 or fewer at all times. This ratio is the minimum number of registered nurses and licensed vocational nurses assigned to direct patient care, with the licensed vocational nurses not exceeding 50% of the total licensed nurses on the unit. The minimum licensed nurse-to-patient ratio is maintained at all times and is documented on a day-to-day, shift-by-shift basis. The documentation shows the actual number of RNs and LVNs assigned to individual patients by licensed category and is kept in the unit for a year.
 5. Additional staff in excess of the mandated prescribed ratios for an inpatient psychiatric unit, including non-licensed staff are assigned based on the patient care requirements determined by the patient classification system. The acuity level is monitored and documented every shift and maintained in the Administrative Nursing Office and on the unit.
 6. The nurse manager/designee and PCS project coordinators analyze the frequency distribution and acuity range quarterly for the first year, and at least annual thereafter to ensure accuracy of the PCS ranges.
 7. The nurse manager/designee reevaluates the staffing matrix to ensure that it meets actual patient care requirements. It is reevaluated at least annually and/or whenever there are changes in unit HPPD, shift allocation, or whenever there is a significant increase or decrease in the frequency distribution characteristics or acuity ranges and/or identification of recurrent variances.

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8. The nurse manager and the area clinical nursing director review the staffing matrix whenever changes or revisions are made before it is implemented.
9. The nurse manager/designee documents and monitors the staffing variances every shift on the Staffing Variance Report and provides justification for each variance. A negative variance must be justified by all of the following:
 - a. No available Relief Nurse with the required skills.
 - b. No available staff to work overtime.
 - c. No available staff from Nursing Registry.
 - d. No available staff with the required skills from other units.

The acceptable variance threshold agreement is 80%.

10. The Variance Report is submitted to the Area Clinical Nursing Director at the end of each month. Data from these reports are analyzed to assess staff utilization and to support the budgetary allocations of the staff.
11. The unit-staffing plan is kept in the unit and the Administrative Nursing Office.

PURPOSE: To define and describe the policy and procedure for staffing the 6A – Acute Inpatient Psychiatric Unit based on the patient classification system.

DEPARTMENTS: MENTAL HEALTH NURSING

- DEFINITIONS:**
- A. *Frequency Distribution is a graphical representation of the frequency with which the individual PCS ratings occurred in each PCS level using the cumulative results from each shift.*
 - B. Staffing Matrix is a set of numbers in rows and columns denoting the number of appropriate mix and skill level of nursing personnel.
 - C. HPPD is the nursing care hours per patient day.

PROCEDURE:

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References:

Joint Commission on Accreditation of Healthcare Organizations. Accreditation Manual for Hospitals. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations.

Official California Code of Regulations. (1996). Title 22. Social Security (Division 5). San Francisco, CA: Barclay Law Publishers.

DeGroot, H. (1994). Patient Classification Systems and Staffing. Journal of Nursing Administration 24 (10), 17-23.

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