



Rancho Los Amigos National Rehabilitation Center

DEPARTMENT OF NURSING

ADMINISTRATIVE

POLICY AND PROCEDURE

SUBJECT: PATIENT CLASSIFICATION SYSTEM (PCS)

Policy No.: A302

Effective Date: 07/1997

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PURPOSE: To provide a system for measuring patient acuity, monitoring reliability, and utilizing the information to determine staffing on a shift-by-shift basis.

WHO MAY PERFORM:

A Registered Nurse who has demonstrated competency using the approved Patient Classification System (PCS) tools.

PATIENT CLASSIFICATION SYSTEM PHILOSOPHY:

A Patient Classification System (PCS) is an organized, objective method for establishing patient care requirements. It is the intent of the Nursing Department to utilize objective patient care requirement measurement tools to ensure resources needed by patients are defined. Each unit's classification data will be utilized in determining staffing on a shift-by-shift basis.

POLICY GUIDELINES:

- I. Patient Classification Assessment for Inpatient Units
 - A. The Evalsys Patient Classification Tools (PCS) is used on all inpatient units to calculate staffing needs prospectively for the next shift.
 - B. Individual patient care requirements are assessed every shift by a Registered Nurse (RN) who has demonstrated competency using the unit specific PCS tool.

Key Point: An assigned unit RN will assist float RNs or RNs that have not yet achieved PCS Competency to complete the PCS tools.

Key Point: New admissions/transfers are classified as a Care Level 3 until the patient's condition (based upon actual observation or report from sending unit or hospital) can be assessed with the PCS tools.

- C. The patient care requirements assessments are recorded and maintained as part of the patient's permanent record.
- II. PCS Data Collection and Staffing
 - A. Four (4) hours after the beginning of each shift, the Affinity application will automatically compile each unit's information consisting of:
 - a. Unit Census and
 - b. Census per each acuity level
 - B. During the shift, any changes in acuity or census which affect the staffing needs of the current shift will be communicated to the Nursing Resource Office (NRO), as soon as possible, including:
 - a. The number of confirmed admissions and discharges for the upcoming shift.
 - b. Additional staffing needs for the upcoming shift, including identification of patients whose care plan require Care Companion or Telesitter.
 - C. The NRO clerk or Administrative Nursing Supervisor (ANS) will electronically upload all required data (census and acuity levels) into the staffing system.
 - D. The allocation of available resources will be based upon individual unit staffing matrices and additional communicated needs.
 - E. Staffing variances on a shift-by-shift basis will be documented and evaluated. Attempts made to resolve the problem and the eventual outcome will also be documented.
 - F. Down Time Procedure
 1. Staff will revert to the manual process of completing PCS data on Downtime Patient Classification Tools. Each unit will call the NRO to provide an acuity summary.

2. NRO staff will manually enter PCS data into the staffing system.
- IV. PCS Competency Assessment of RN Staff
 - A. Initial competency will be demonstrated during the orientation process through completion of the PCS self-learning module post test with a minimum passing score of 90%.
 1. The designated Unit Expert will ensure PCS competency of new staff.
 - B. Ongoing competency will be demonstrated biannually according to a pre-established schedule using the PCS self-learning module, post-test, or actual patient data.
 1. The designated Unit Expert will conduct unit-specific PCS in-services.
 - V. Quality and Performance Review Process
 - A. Validity
 1. The validity of the Evalisys patient classification system tools were established through staff activity studies conducted on a sample of units within the first six months of implementation.

Key Point: The validity of the Evalisys patient classification system tools was initially established by both alpha and beta testing of the tools by the proprietor, Catalyst Systems.
 2. Ongoing validity is established through additional unit staff activity studies at the discretion of the Chief Nursing Officer (CNO) taking into consideration major changes in patient mix or demographics, staff mix or competency expectations, and/or geographical location.
 - B. Reliability
 1. Reliability is monitored at specified intervals, but no less than biannually using written test or chart reviews, for the purpose of maintaining unit inter-rater reliability.
 2. Nursing staff input related to the patient classification system, need for revision of staffing mix and appropriateness of overall staffing is sought:
 - a. Throughout the year during Unit Collaborative Management meetings,
 - b. Through review and evaluation of the Staffing Data Sheet report
 3. Other monitoring devices, including periodic promulgation and analysis of unit specific frequency distribution curves are used to provide data to establish ongoing reliability.
 - C. Annual Report
 1. The PCS coordinator will supply an annual report to the Nursing Executive and Management Councils related to validity, reliability, and compliance with the PCS.
 2. The report is reviewed by a committee appointed by the CNO.
 - a. The committee consists of at least 50% RNs who provide direct patient care and representatives of Nursing Management and Nursing Executive Councils.
 - b. If this review reveals that adjustments are necessary in the PCS system, such adjustments will be implemented within 30 days of that determination.
- Key Point:** If requested adjustments result in a net increase of personnel, review and approval of such adjustments by hospital Executive Council must be obtained prior to implementation.
3. The report will be made available to other interested staff as requested

Key Words:

- A. **Patient Classification:** the categorizing of patients according to some observable or inferred properties or characteristics.
- B. **Patient Classification in Nursing:** the categorization of patients according to an assessment of their nursing care requirements over a specified period of time. It refers to the identification and classification of patients into care groups or categories and to the quantification of these categories as a measure of the nursing effort required.
- C. **Patient Classification System (PCS):** a method of determining, monitoring and evaluating patient care requirements over time:
 1. To predict nursing care requirements for individual patients
 2. To evaluate workload by PCS category
 3. To discern trends and patterns of nursing care delivery
 4. To determine staff resource allocations based on nursing care requirements for each shift and each unit

5. To monitor inter-rater reliability of the PCS for each unit each shift
- D. **Reliability:** the consistency or repeatability of a measurement instrument. Inter-rater reliability refers to a method of reliability wherein one instrument is used by two or more persons in classifying the same patient, at the same time, and achieving the same classification.
- E. **Validity:** an instrument measures what it is intended to measure.
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Revised by: Vickie Bagley, RN, MSN/MSHCA

References: Title XXII State Licensing and Regulations – Section 70053.2 – Patient Classification System
Section 70217 – Nursing Service Staff

California Code of Regulations, Title 22, Division 5, Article 70053.2. www.nurseallianceca.org/files/2012/06/Title-22-Chapter-5.pdf Accessed June 17, 2016

07/97 – New
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09/00 – Revised
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