Rancho Los Amigos National Rehabilitation Center
DEPARTMENT OF NURSING
ADMINISTRATIVE
POLICY AND PROCEDURE

SUBJECT:	Nursing Staffing Guideline during Contingency and Crisis Conditions	**Policy No.:** A121 (NEW) **Effective Date:** 05/2020 **Page:** 1 of 3

Purpose

 The purpose of this plan is to provide guidelines for the delivery of nursing care during contingency and crisis conditions. During times of public health emergencies and crisis, the standards for staffing may need to change quickly to expand beyond normal services to meet the increased demand for nursing care. While the primary goal in any disaster is to maintain usual staffing standards of care as much and for as long as possible, crisis standards of care may need to be implemented if resources are scarce.

Prior to the implementation of crisis measures, many intermediate changes in practice patterns are appropriate in order to conserve resources and minimize risk to staff without diverging from usual staffing standards. This implementation may include changes in the standards for documenting nursing care provided during surge of patients. Only the Chief Nursing Officer (CNO) or designee can authorize the implementation of modifications to usual documentation standards based on the patient census and nurse availability. The CNO may choose to implement modified standards for an individual unit(s). The surge standards will remain in place until the CNO or designee revokes them. The CNO shall revoke the surge standards when available nursing resources are sufficient to carry out the usual and customary documentation standards.

Striving for the safety of nursing during a pandemic-related surge capacity is an essential component of disaster preparedness. Effective management of critically ill patients is highly dependent upon ensuring normal staffing patterns. This is done by maintaining patient acuity and the California Staffing Ratios until such time that the demand exceeds the supply.

Definition:

1. **Pandemic**: The Centers for Disease Control (CDC) defines a pandemic as an epidemic that has spread over several countries or continents, usually affecting a large number of people.
2. **Contingency Planning and Implementation:** The process by which systems through planning, aims to protect a basic standard of care for as long as possible. Contingent changes in practice patterns and resource allocation must be undertaken prior to invoking crisis standards of care.
3. **Crisis Standards of Care:** Is invoked at a regional or state-wide level and are defined as a substantial change in usual health care operations. These changes are made necessary by a pervasive (e.g. pandemic respiratory infection) or catastrophic disaster. It is recognized that this level of care may fall below the usual standard of care in the community.
4. **Critical Care Nurse:** A RN who has completed an orientation and demonstrated competencies in critical care nursing.
5. **Acute Care Nurse:** A RN who has completed an orientation and demonstrated competencies in acute care nursing.
6. **Non Acute Care Nurse:** A RN who has completed an orientation and demonstrated competencies in nursing.
7. **Non-nursing Clinical Staff**: Clinical Professions who provide direct care.

Policy Statement:
The staffing of nursing units may change during times of crisis. Over the course of the crisis elective surgeries and/or procedures and/ or clinics may be canceled and normal referral patient populations will be severely limited. Staff members who normally care for these types of patients will be available to care for other patient populations and work locations. Based on the location of the patient surge the assignment of the staff will include the consideration of available staff, prior experience and skill sets. Identify alternated staffing resources within and outside of the facility who may have prior skills or care experience. These nursing resources may include advanced practice nurses, Utilization and Quality Management, Ambulatory care service and procedural areas such as the post anesthesia care unit.

If the patient care demand still exceeds the available resources, a team based approach for will be implemented. This model allows for the utilization of the unique skill set of team member in a collaborative approach while having trained and experienced member of the team to support her/his team members to ensure delivery of efficient and effective patient care.

Rancho's care team models are based upon those of the Tiered Staffing Strategy for Pandemic.

Contingency Standard of Staffing
Capacity: Inpatient at or near capacity
Trigger: AB394 staffing ratio can be met by utilizing skilled RNs to meet the staffing needs

Crisis standard of staffing
Capacity: Inpatient exceeds normal capacity or /critical care patients are located in non-ICU settings (e.g. PACU, OR, PCU)
Trigger: <80% staff needs met based on AB394 staffing ratios.

Acute care nurses may be assigned to the ICU to care for lower ICU acuity care patients. The acute care nurses may care for patients on stable vasoactive medications drips, stable ventilator patients, and maximum two ventilated patients per acute care RN. Acute care RN will work in collaboration with ICU RN.

Sample Crisis Staffing for ICU:

	Current (PCS)	Contingency (AB394)	Crisis
Beds	**8**	**8**	**10**
	12 hrs.	**12 hrs.**	**12 hrs.**
Critical Care RN	5	4.5	3
RN#1 PACU, PCU, other area with some critical care knowledge	0	0	3
RN #2 and 3 Acute care	0	0	0
NA/LVN/CMA/ / (may practice to achieved level of scope)	0	0	2
Respiratory Therapist	3	2	1

Sample Crisis Staffing – Acute Care Units

Provider Type	Current	Crisis	Crisis
	Beds 25	Beds 25 12 hrs. Shift	Beds 35
Attending MD			
Acute Care RN/Licensed	5	3	3
Non-Acute Care RNs	0	1	2
LVN/non-Acute Care RN		1	1
CMA/other non-licensed staff)	2	1	3

Team Nursing
The team nursing approach involves a group of nurses caring for a group of patients in unison. Team members work collaboratively and share responsibility. This methodology is useful when patient care needs to be provided by staff with varying degree of expertise. Team nursing allows the provision of safe patient care by promoting efficient and collaborative environments. Refer to Attachment for team nursing guidelines.

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<u>TEAM Nursing</u>

The team nursing approach involves a group of nurses caring for a group of patients in unison. Team members work collaboratively and share responsibility. This methodology is useful when patient care needs to be provided by staff with varying degrees of expertise. Team nursing allows the provision of safe patient care by promoting an efficient and collaborative environment.

<u>Roles and Responsibilities</u>

<u>Charge Nurse/Designee</u>
- Make Team-Based assignment
- Initiate Inter-shift huddle
  - Make announcements
  - Remind staff to follow team based nursing guidelines
- Manage the unit
- Be a second resource for Re-Assigned RN
- Validate team based approach is used consistently

<u>Role of the Unit RN</u>
- Coordinate Care
- Team Lead
  - Delegate tasks and responsibilities based on nurses abilities
- Communicate with Re-Assigned RN using closed loop communication

<u>Role of the Re-Assigned RN</u>
- Communicate with Lead RN
  - Concerns/Challenges
  - Abnormal findings
- Complete tasks as assigned
- Document what is done
- Ask Questions
- Ask for Help
- Know and communicate your limitations
- Know your resources
- Follow chain of command

<u>Example of Unit Workflow</u>
- Receive report together for all your assigned patients
- Team Collaboration (Huddle #1)
  - Check assigned patients together (Quick Checks)
  - Delegate Tasks and responsibilities (Who's doing what?) Plan the shift for example,
    - Medication
    - Assessments
    - Treatments
    - Vitals
- Carry out the assigned tasks and document what you do
- Team collaboration (Huddle #2) middle of the shift
  - Closed loop communication
  - Completed tasks validation and challenges encountered
- Give report together for all your assigned patients
- Communication should be ongoing throughout the shift

Examples of Assigned tasks

Patient Care Task	ICU/PCU RN Specific	ALL RNs (Unit and Re-Assigned)
Monitoring	Telemetry	Vital Signs
	PCA initiation & bolus	IV line patency
	NIH Stroke Scale	Assessment
	Blood Transfusion	POCT
	Vasoactive meds (ICU only)	Draw blood
	Hemodynamic monitoring (ICU only)	Review Critical Labs/Report abnormalities
Intake and Output		Tubes/catheters drainage
		Meal intake
		Foley insertion
		In and Out catheterization
Oxygenation / Ventilation		Supplemental Oxygen
		Suctioning
		Respond to ventilator alarms
Nutrition	NGT placement	Residual check/ Tube feeding
		Assist with feeding/TPN
		Collaborate with Dietician
Medication administration	Chemo medications	Routine and PRN (PO, IVPB, IM, SQ etc.)
	IVP – Specialty meds (See IVP list)	Infusion management
ADL		Positioning/Turning/OOB
		Hygiene/ Incontinence care
		Dressing changes (wound, central line, tubes)
		Trach care/ostomy care
Admission Transfer Discharge	Admission assessment	4 eyed skin check
	Coordinate transfer to receiving unit	Basic Admission/ Provide /take report
		Medications
		Patient education
		PIV Placement
		Lab draws/ cultures
		Telemetry set up
		Check vitals
		Assist with patient transfer/discharge
Documentation	Any care or tasks done	Any care or tasks done
	Significant events	Provider communication
Communication	Ongoing Team huddles at the start, mid shift, and end of shift Receive and Give report together for all patients Always maintain professional and courteous communication Remember we are ONE Rancho Team!!	

Examples of Assigned Tasks

Patient Care Task	Unit RN	All RNs (Unit and Re-Assigned)
Monitoring	Blood Transfusion	Vital Signs
		IV line patency
		Assessment
		POCT
		Draw blood
		Review Critical Labs/Report abnormalities
Intake and Output		Tubes/catheters drainage
		Meal intake
		Foley insertion
		In and Out catheterization
Oxygenation / Ventilation		Supplemental Oxygen
		Suctioning
		Respond to ventilator alarms
Nutrition	NGT placement	Residual check/ Tube feeding
		Assist with feeding/TPN
		Collaborate with Dietician
Medication administration	Chemo medications	Routine and PRN (PO, IVPB, IM, SQ etc.)
	IVP – Specialty meds (See IVP list)	Infusion management
ADL		Positioning/Turning/OOB
		Hygiene/ Incontinence care
		Dressing changes (wound, central line, tubes)
		Trach care/ostomy care
Admission Transfer Discharge	Admission assessment	4 eyed skin check
	Coordinate transfer to receiving unit	Basic Admission/ Provide /take report
		Medications
		Patient education
		PIV Placement
		Lab draws/ cultures
		Telemetry set up
		Check vitals
		Assist with patient transfer/discharge
Documentation	Any care or tasks done	Any care or tasks done
	Significant events	Provider communication
Communication	Ongoing Team huddles at the start, mid shift, and end of shift Receive and Give report together for all patients. Always maintain professional and courteous communication Remember we are ONE Rancho Team!!	

Examples of Assigned tasks for LVNs during CRISIS

Patient Care Task	TASK
Monitoring	Vital Signs
	IV line patency
	Assessment
	POCT
	Draw blood
	Review Critical Labs/Report abnormalities
Intake and Output	Tubes/catheters drainage
	Meal intake
	Foley insertion
	In and Out catheterization
Oxygenation / Ventilation	Supplemental Oxygen
	Suctioning
	Respond to ventilator alarms
Nutrition	Residual check/ Tube feeding
	Assist with feeding/TPN
Medication administration	Routine and PRN (PO, IVPB, IM, SQ etc.)
	Infusion management – Refer to Policy A122 Attachment A
ADL	Positioning/Turning/OOB
	Hygiene/ Incontinence care
	Dressing changes (wound, central line, tubes)
	Trach care/ostomy care
Admission Transfer Discharge	4 eyed skin check
	Basic Admission/ Provide /take report
	Medications
	PIV Placement
	Lab draws/ cultures
	Telemetry set up
	Check vitals
	Assist with patient transfer/discharge
Documentation	Any care or tasks done
	Provider communication