Nurse Staffing Plan

Facility: Salem Hospital
Received Date: 10/16/2024
Posting Date: 10/21/2024

DISCLAIMER: OHA is required to post the plans it receives. OHA does not have authority to review plans for compliance prior to posting. OHA does not endorse staffing plans nor can OHA provide advice or guidance about the application or enforcement of any staffing plan. OHA does not review the procedure used to adopt the plan before posting to OHA's website, including whether the plan was correctly voted on or adopted via arbitration.

Hospitals are responsible for submitting plans that are approved, current, complete, and compliant. It is the hospital's responsibility to submit plans to OHA that comply with applicable laws including procedural requirements for adopting the plan and addressing all units requiring a staffing plan.

OHA does not rely on the posted plans in complaint investigations. Instead, during investigations, OHA requests and receives from hospitals plans and information about plan adoption. OHA reviews the procedure used to adopt a plan for a specific unit when it is necessary for the investigation of a valid complaint.

Approval of this posted plan may already have been investigated by OHA. To see if OHA has determined that the hospital failed to adopt a nurse staffing plan for a specific unit included in this plan packet, review the investigation reports available on OHA's website. You can check the report to determine the specific unit subject to investigation, OHA's determination, and the date of the alleged violation. Note that hospitals may submit updated plans to OHA after a finding of noncompliance so you may need to check directly with the hospital or nurse staffing committee to determine if a new plan has been adopted after a finding of noncompliance.

If you need this information in an alternate format,
please call our office at (971) 673-0540 or TTY 711

Nurse Staffing Plan

Unit name:	A3E General Surgery Unit
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The General Surgery unit (A3E) is a 30 bed, single occupancy unit.

Population served: Nursing care is provided for adult telemetry, bariatric, medical, intermediate, observation and post-surgical patients. This unit also houses our Bariatric Center of Excellence.

A3E specializes in:

- Promoting excellence in medical surgical nursing
- Excellent assessment, technical, organizational and prioritization skills.
- Providing care for patients often with multiple diagnoses, across multiple medical and surgical specialties.
- Understanding complex differences in medications.
- Pain management, wound care and patient teaching.
- Supporting organizational throughput.

Hours of operations:

- A3E is open 24 hours 7 days per week, 365 days a year.
- Shift Hours: 0700-1930 (days) and 1900-0730 (nights)

General Surgery has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-to-patient ratio care model

As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Intermediate care (IMC): 1:3
- Medical-surgical (telemetry/oncology): 1:4
- Medical-surgical: 1:5 (until June 2026)
- Observation 1:4

Charge nurses can also use their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Recognizing that patients' LOC are fluid, as patient needs are quantified, we will aim to staff to the most recently indicated LOC at the next available staffing request opportunity. While assignment adjustments can be completed throughout the shift, at minimum this will occur at scheduled staffing reallocation times.

In the event of a nurse or certified nurse assistant staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the Staffing Office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the Housewide Staffing Committee (HWSC) intranet and on file in the Staffing Office.

Deviation allowances.
The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patients off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks
"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

a) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;
b) Sudden unforeseen adverse weather conditions; or
c) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.166 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24 hour period
d. During the 10 hour period immediately following the 12 hours worked during a 24 hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- the size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually for review by unit leadership and Nurse Staffing Committee.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	A4E Trauma Care Unit (TCU)
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The Trauma Care Unit (TCU/A4E) is a 30 bed, single occupancy unit.

- TCU specializes in:
  - Caring for patients at medical/surgical (M/S) and intermediate care (IMC) levels of care.
  - Excellent assessment, technical, organizational and prioritization skills.
  - Providing care for patients often with multiple diagnoses, across multiple medical specialties, and a focus on surgical trauma patients.
  - Understanding complex differences in medications.
  - Pain management, wound care and patient teaching.
  - Supporting organizational throughput

TCU/A4E is open 24 hours 7 days per week. Shift Hours: 0700-1930 and 1900-0730

General Surgery has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-to-patient ratio care model

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for. As Observation patients do not have a statutory ratio assigned to them per HB 2697, these patients will receive a ratio assignment equivalent to their most similar patient classification- the emergency department which follows a 1:4 by HB 2697.

As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Intermediate care (IMC): 1:3
- Medical-surgical (telemetry/oncology): 1:4
- Medical-surgical: 1:5 (until June 2026)
- Observation 1:4

Charge nurses can also use their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Recognizing that patients' LOC are fluid, as patient needs are quantified, we will aim to staff to the most recently indicated LOC at the next available staffing request opportunity. While assignment adjustments can be completed throughout the shift, at minimum this will occur at scheduled staffing reallocation times.

In the event of a nurse or certified nurse assistant staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the Staffing Office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the Housewide Staffing Committee (HWSC) intranet and on file in the Staffing Office.

Deviation allowances.

The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patients off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

d) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;
e) Sudden unforeseen adverse weather conditions; or
f) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24 hour period
d. During the 10 hour period immediately following the 12 hours worked during a 24 hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697

- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Medical Surgical (A5E)
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

Medical Surgical unit (A5E) is a 30 bed, single occupancy unit.

Nursing care is provided for adult telemetry, bariatric, medical, intermediate, observation and post-surgical patients.

A5E specializes in:

- Promoting excellence in medical surgical nursing.
- Excellent assessment, technical, organizational and prioritization skills.
- Providing care for patients often with multiple diagnoses, across multiple medical specialties.
- Understanding complex differences in medications.
- Pain management, wound care and patient teaching.
- Supporting organizational throughput.

A5E is open 24 hours 7 days per week. Shift Hours: 0700-1930 and 1900-0730

A5E has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-to-patient care model

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for. As Observation patients do not have a statutory ratio assigned to them per HB 2697, these patients will receive a ratio assignment equivalent to their most similar patient classification- the emergency department which follows a 1:4 by HB 2697.

As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Intermediate care (IMC): 1:3

- Medical-surgical (telemetry/oncology): 1:4
- Medical-surgical: 1:5 (until June 2026)
- Observation 1:4

Charge nurses can also use their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Recognizing that patients' LOC are fluid, as patient needs are quantified, we will aim to staff to the most recently indicated LOC at the next available staffing request opportunity. While assignment adjustments can be completed throughout the shift, at minimum this will occur at scheduled staffing reallocation times.

In the event of a nurse or certified nurse assistant staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the Staffing Office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the Housewide Staffing Committee (HWSC) intranet and on file in the Staffing Office.

Deviation allowances.
The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients for brief periods of time based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks
"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

g) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;
h) Sudden unforeseen adverse weather conditions; or
i) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may **require** a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	General Medical (A6E)
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The General Medical Unit (A6E) is a 30 bed, single occupancy unit.

Nursing care is provided for wide variety of adult patients with acute and chronic conditions requiring Medical-Surgical or Intermediate level of care.

A6E Specializes in:

- Promoting excellence in medical surgical nursing.
- Excellent assessment, technical, organizational and prioritization skills.
- Providing care for patients often with multiple diagnoses and co-morbidities across multiple medical specialties.
- Understanding complex differences in medications.
- Pain management, wound care and patient teaching.
- Supporting organizational throughput.
- Providing end of life care
- Transition to hospice
- Medical and intermediate level care provided

Hours of operations:

- A6E is open 24 hours 7 days per week, 365 days a year.
- Shift Hours: 0700-1930 (days) and 1900-0730 (nights)

A6E has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-to-patient care model

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for. As Observation patients do not have a statutory ratio assigned to them per HB 2697, these patients will receive a ratio assignment equivalent to their most similar patient classification- the emergency department which follows a 1:4 by HB 2697.

As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Intermediate care (IMC): 1:3
- Medical-surgical (telemetry/oncology): 1:4
- Medical-surgical: 1:5 (until June 2026)
- Observation 1:4

Charge nurses can also use their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Recognizing that patients' LOC are fluid, as patient needs are quantified, we will aim to staff to the most recently indicated LOC at the next available staffing request opportunity. While assignment adjustments can be completed throughout the shift, at minimum this will occur at scheduled staffing reallocation times.

In the event of a nurse or certified nurse assistant staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the Staffing Office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the Housewide Staffing Committee (HWSC) intranet and on file in the Staffing Office.

Deviation allowances.
The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patients off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks
"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

j) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;
k) Sudden unforeseen adverse weather conditions; or
l) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.166 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24 hour period
d. During the 10 hour period immediately following the 12 hours worked during a 24 hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	A7E Medical Surgical Oncology
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

A7E is a 30 bed, single occupancy unit.

Population served: Providing care for patients with multiple oncologic diagnoses by providing chemotherapy/immunotherapy, post-operative care of patients after surgery, palliative care and end of life care. Telemetry monitoring capable. Medical/Surgical overflow as needed.

A7E specializes in:

- Promoting excellence in medical surgical oncology nursing with excellent assessment, technical, organizational and prioritization skills.
- Understanding complex differences in medications including chemotherapy/immunotherapy regimens.
- Pain management.
- Patient teaching.

- Supporting organizational throughput.

Hours of operation:

- A7E is open 24 hours 7 days per week, 365 days a year.
- Shift Hours: 0700-1930 (days) and 1900-0730 (nights)

A7E has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-to-patient care model

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for. As Observation patients do not have a statutory ratio assigned to them per HB 2697, these patients will receive a ratio assignment equivalent to their most similar patient classification- the emergency department which follows a 1:4 by HB 2697.

As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Intermediate care (IMC): 1:3
- Medical-surgical (telemetry/oncology): 1:4
- Medical-surgical: 1:5 (until June 2026)
- Observation 1:4

Charge nurses can also use their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Recognizing that patients' LOC are fluid, as patient needs are quantified, we will aim to staff to the most recently indicated LOC at the next available staffing request opportunity. While assignment adjustments can be completed throughout the shift, at minimum this will occur at scheduled staffing reallocation times.

In the event of a nurse or certified nurse assistant staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the Staffing Office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the Housewide Staffing Committee (HWSC) intranet and on file in the Staffing Office.

Deviation allowances.
The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patients off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

m) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;
n) Sudden unforeseen adverse weather conditions; or
o) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24 hour period
d. During the 10 hour period immediately following the 12 hours worked during a 24 hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- the size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	NeuroCare Unit (NCU/A7W)
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

NTCU A7W is a 30 bed, single occupancy unit.

A7W/Neuro Care Unit (NCU) is encompassed under the Critical Care division.

NCU specializes in:

- Promoting excellence in intermediate/medical surgical nursing.
- Excellent assessment, technical, organizational and prioritization skills.
- Providing care for patients often with multiple diagnoses, across multiple medical specialties
- with varied acuity.
- Understanding complex differences in medications.
- Pain management, wound care and patient teaching.
- Supporting organizational throughput.

Nursing care is provided for telemetry, non-telemetry, adult intermediate, medical and post-surgical. patients. Diagnoses include surgery to the spine (including Spine Center of Excellence), brain and nervous system, stroke without intervention, stroke with tPA following the initial 24 hours of ICU monitoring, TIA's, assorted neurological medical diagnoses (Guillain Barre, acute altered mental status to rule out neurological cause, seizure disorders, encephalopathy), intermediate level care, medical telemetry, and medical overflow.

A7W is open 24 hours 7 days per week. Shift Hours: 0700-1930 and 1900-0730

A7W has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-to-patient care model

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for. As Observation patients do not have a statutory ratio assigned to them per HB 2697, these patients will receive a ratio assignment equivalent to their most similar patient classification- the emergency department which follows a 1:4 by HB 2697.

Salem Health has adopted a mixed ratio unit model called Care in Place in select units allowing for mixed LOCs on specific units.

As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Intermediate care (IMC): 1:3
- Medical-surgical (telemetry/oncology): 1:4
- Medical-surgical: 1:5 (until June 2026)
- Observation 1:4
    - Specialty Observation/Outpatient Status procedural patients - 1:3
        - Ex, SCOE. (AANN 2014) after 24 hours changes to 1:4.
        - Ex, Stroke (confirmed) after 48 hours changes to 1:4

Charge nurses can also use their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Recognizing that patients' LOC are fluid, as patient needs are quantified, we will aim to staff to the most recently indicated LOC at the next available staffing request opportunity. While assignment adjustments can be completed throughout the shift, at minimum this will occur at scheduled staffing reallocation times.

In the event of a nurse or certified nurse assistant staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the Staffing Office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the Housewide Staffing Committee (HWSC) intranet and on file in the Staffing Office.

Deviation allowances.

The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients for brief periods of time based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patient off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

p) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care.
q) Sudden unforeseen adverse weather conditions; or
r) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix, and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit.
- The unit's general and predominant patient population as defined by the MSDRG.
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any).
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes.
- Complaints regarding staffing.
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period.
- The aggregate hours of mandatory overtime worked by the nursing staff.
- The aggregate hours of voluntary overtime worked by the nursing staff.
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan.
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	B6N Orthopedics Unit
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The B6N Ortho is a 45 bed, single occupancy unit.

Orthopedics specializes in:

- Promoting excellence in orthopedic nursing, including a Hip and Knee Replacement Center of Excellence. Excellent assessment, technical, organizational and prioritization skills.
- Providing care for patients often with multiple diagnoses, including musculoskeletal conditions, as well as overflow medical or surgical patients.
- Pain management, wound care and patient teaching.
- Supporting organizational throughput.

B6N is open 24 hours 7 days per week. Shift Hours: 0700-1930 and 1900-0730

B6N has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-to-patient ratio care model

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for. As Observation patients do not have a statutory ratio assigned to them per HB 2697, these patients will receive a ratio assignment equivalent to their most similar patient classification- the emergency department which follows a 1:4 by HB 2697.

As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Intermediate care (IMC): 1:3
- Medical-surgical (telemetry/oncology): 1:4
- Medical-surgical: 1:5 (until June 2026)
- Observation 1:4

Charge nurses can also use their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Recognizing that patients' LOC are fluid, as patient needs are quantified, we will aim to staff to the most recently indicated LOC at the next available staffing request opportunity. While assignment adjustments can be completed throughout the shift, at minimum this will occur at scheduled staffing reallocation times.

In the event of a nurse or certified nurse assistant staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the Staffing Office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the Housewide Staffing Committee (HWSC) intranet and on file in the Staffing Office.

Deviation allowances.

The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients for brief periods of time based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

s) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;
t) Sudden unforeseen adverse weather conditions; or
u) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may **require** a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;

- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Building S – OR
Effective date of Nurse Staffing Plan:	6/1/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

Building S is an outpatient surgical unit caring for the general public, ages pediatric to geriatric. Building S surgical specialties include podiatry, general, and orthopedic and are provided on an elective basis. Patients may receive MAC, General, spinal, or regional anesthesia, or a combination of those. Patients having surgery at Building S are an ASA 3 or lower and there are specific patient criteria used by the providers' offices and the Pre-Surgical Screening department to ensure patients scheduled at Bldg S are appropriate and not higher than an ASA 3.

Building S OR has 6 single occupancy surgical beds.

The standard hours of operation are Monday through Friday, 0730 to 1730, excluding major holidays. Bldg S Operating Room schedule does not include weekends. There is one RN and one CST assigned each day as the late team who will be responsible for staying and finishing any cases that are not finished by 1730. Staffing hours are flexed daily dependent on when cases are scheduled.

Building S OR has the following nurse staff and support positions:

- Registered nurses
- Perioperative assistant

- Surgical Techs (CST)

Nurse-to-patient care model

In the Operating Room a direct care registered nurse is assigned to no more than one patient (1:1 nurse to patient ratio).

In the event replacement staff are needed, the Out Nurse would be pulled into assignment and/or cases may be paused to allow for meal / rest periods. Assistant nurse managers would also send broadcast requests to appropriate staff to request voluntary coverage.

If the intensity of a patient changes and additional resources are needed OR if the patient's acuity increases because of a change in their condition then the nurse, at any time, may initiate a call for assistance. Examples of a change in acuity may include but is not limited to: · Malignant Hyperthermia, uncontrollable pain, uncontrollable nausea, hemodynamic instability or respiratory instability. Examples of an increase in intensity may include but is not limited to: · Malignant Hyperthermia, unforeseen mobility needs, surgical complication, or an unplanned outpatient admission to either inpatient status or observation, complex procedures with positioning and equipment needs that require more nursing staff.

Depending on the specific situation or concern the following resources should be considered: · The "Out Person" for the Operating Room or other unassigned nursing staff · Assistant Nurse or Nurse Manager · 911 *Any or all of the above resources may be utilized at any point

A Nurse Staffing concern must be entered utilizing the on-line RL6 process following use of this Acuity and Intensity Tool for tracking purposes.

If a patient's condition warrants admission to a higher level of care, call the Salem Health House Supervisor to assist with transfer to another facility utilizing the Bldg S Standard Work. If there is a medical emergency, call 911 and follow the Bldg S Standard Work.

Deviation allowances.

The unit may deviate from the staffing plan, including statutory ratios, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. The unit leadership must notify the house wide staffing committee co-chairs no later than 10 days after each deviation.

More than one deviation in a period of 12 consecutive hours is considered a single deviation.

Charge nurse:

Charge nurses can take a patient assignment for purposes of covering staff on meal or rest breaks. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Breaks and lunches will be provided by the Out Nurse- non-assigned staff.

Registered nurses will be provided meal/break relief by the Out Nurse who is qualified and competent to work in the unit, to maintain direct care RN-to-patient ratios. In lieu of a meal/break relief nurse, units will collaborate with unit leadership to ensure meals and breaks are provided. Alternate relief may include, but is not limited to: Charge nurses, unit leadership, nurses in a less than statutory ratioed assignment.

Before leaving for break, registered nurses will follow a standardized handoff process to individual covering.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comment as indicated.

Unit Leadership monitors missed breaks and/or lunches via review of timecard reports specific to NL (no lunch) clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed, as necessary the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

No CNAs utilized.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

v) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;
w) Sudden unforeseen adverse weather conditions; or
x) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24 hour period
d. During the 10 hour period immediately following the 12 hours worked during a 24 hour period.

If a nursing staff member agrees to work overtime, the nursing staff member is accountable for the nursing staff member's competency in practice and is responsible for notifying the nursing staff member's supervisor when the nursing staff member's ability to safely provide care is compromised.

(a) Time spent on call or on standby when the nursing staff member is required to be at the premises of the employer shall be included as hours worked for purposes of subsection (3) of this section.
(b) Time spent on call but away from the premises of the employer may not be included as hours worked for purposes of subsection (3) of this section. *(ORS 441.166)*

A hospital may require an additional hour of work beyond the work authorized under subsection (3) of this section if:

(a) A staff vacancy for the next shift becomes known at the end of the current shift; or
(b) There is a potential harm to an assigned patient if the nursing staff member leaves the assignment or transfers care to another nursing staff member. *(ORS 441.166)*

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Building S – Prep/PACU/Stage 2
Effective date of Nurse Staffing Plan:	6/1/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

Building S is an outpatient surgical unit caring for the general public, ages pediatric to geriatric. Building S surgical specialties include podiatry, general, and orthopedic and are provided on an elective basis. Patients may receive MAC, General, spinal, or regional anesthesia, or a combination of those. Patients having surgery at Building S are an ASA 3 or lower and there is specific patient criteria used by the providers' offices and the Pre-Surgical Screening department to ensure patients scheduled at Bldg S are appropriate and not higher than an ASA 3.

The standard hours of operation are Monday through Friday, 0730 to 1730 for surgical cases, and 0500-1830 in Prep/Recovery and PACU, excluding major holidays. Bldg S Prep/Recovery and PACU schedule does not include weekends. There are three RNs assigned each day as the late team who will be responsible for staying to recovery any patients who haven't discharged by 1830. Staffing hours are flexed daily dependent on when cases are scheduled.

Prep/Recovery includes the pre-op phase of care and stage 2 recovery phase of care. PACU includes stage 1 recovery phase of care. All of these areas are considered one department, and all staff that work in this department can work and rotate throughout all areas and phases of care. There is one charge nurse for all 3 areas each day.

Building S Prep/PACU/Stage 2 has 22 single occupancy surgical beds.

Building S Prep/PACU/Stage 2 has the following nurse staff and support positions:

- Registered Nurse
- Certified nursing assistant

Nurse-to-patient care model

PACU must have 2 nurses on the unit at all times. Nurse to patient ratio will be 1:2.

Stage 2 Recovery follows ASPAN standards nurse to patient ratio will be 1:3 (ASPAN 2023-2024)

Pre-Op. In lieu of national standards Pre-Op uses patient criteria to ensure patients with an ASA higher than 3 are not scheduled for surgery. Nurse to patient ratio will be 1:3.

If the intensity of a patient changes and additional resources are needed OR if the patient's acuity increases because of a change in their condition then the nurse, at any time, may initiate a call for assistance. Examples of a change in acuity may include but is not limited to: · Malignant Hyperthermia, uncontrollable pain, uncontrollable nausea, hemodynamic instability or respiratory instability. Examples of an increase in intensity may include but is not limited to: · Malignant Hyperthermia, unforeseen mobility needs, surgical complication, or an unplanned outpatient admission to either inpatient status or observation, complex procedures with positioning and equipment needs that require more nursing staff.

Depending on the specific situation or concern the following resources should be considered: · The "Out Person" for the Operating Room or other unassigned nursing staff · Assistant Nurse or Nurse Manager · 911 *Any or all of the above resources may be utilized at any point

A Nurse Staffing concern must be entered utilizing the on-line RL6 process following use of this Acuity and Intensity Tool for tracking purposes.

If a patient's condition warrants admission to a higher level of care, call the Salem Health House Supervisor to assist with transfer to another facility utilizing the Bldg S Standard Work. If there is a medical emergency, call 911 and follow the Bldg S Standard Work.

In the event replacement staff are needed, the Out Nurse would be pulled into assignment and/or cases may be paused to allow for meal / rest periods. Assistant nurse managers would also send broadcast requests to appropriate staff to request voluntary coverage.

Deviation allowances.
The unit may deviate from the staffing plan, including statutory ratios, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. The unit leadership must notify the house wide staffing committee co-chairs no later than 10 days after each deviation.

More than one deviation in a period of 12 consecutive hours is considered a single deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment for purposes of covering staff on meal or rest breaks. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Charge nurse may take a patient assignment, but only under specific circumstances:
First round of morning patients until the remaining staff arrive at 0800, when needed to cover breaks and lunches, to help expedite a patient getting ready for surgery, or to ensure nurse to patient ratios do not exceed the stated maximums. The charge nurse would only have 1 patient at a time.

Meals and Breaks
"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

PACU/Stage2/Pre-op: Take turns in between admits. (SW- including tracking tools)

Registered nurses will be provided meal/break relief by the Out Nurse who is qualified and competent to work in the unit, to maintain direct care RN-to-patient ratios. In lieu of a meal/break relief nurse, units will collaborate with unit leadership to ensure meals and breaks are provided. Alternate relief may include, but is not limited to: Charge nurses, unit leadership, nurses in a less than statutory ratioed assignment.

Before leaving for break, registered nurses will follow a standardized handoff process to individual covering.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comment as indicated.

Unit Leadership monitors missed breaks and/or lunches via review of timecard reports specific to NL (no lunch) clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed, as necessary the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNAs in Building S are not assigned patient care but are assigned to support nursing tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

y) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;
z) Sudden unforeseen adverse weather conditions; or
aa) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24 hour period
d. During the 10 hour period immediately following the 12 hours worked during a 24 hour period.

If a nursing staff member agrees to work overtime, the nursing staff member is accountable for the nursing staff member's competency in practice and is responsible for notifying the nursing staff member's supervisor when the nursing staff member's ability to safely provide care is compromised.

(a) Time spent on call or on standby when the nursing staff member is required to be at the premises of the employer shall be included as hours worked for purposes of subsection (3) of this section.
(b) Time spent on call but away from the premises of the employer may not be included as hours worked for purposes of subsection (3) of this section. *(ORS 441.166)*

A hospital may require an additional hour of work beyond the work authorized under subsection (3) of this section if:

(a) A staff vacancy for the next shift becomes known at the end of the current shift; or
(b) There is a potential harm to an assigned patient if the nursing staff member leaves the assignment or transfers care to another nursing staff member. *(ORS 441.166)*

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;

- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
  Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Cardiac and Pulmonary Rehab
Effective date of Nurse Staffing Plan:	6/1/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The Cardiac and Pulmonary Rehabilitation department consists of both a supervised and non-supervised ambulatory exercise program, staffed with nurses and exercise specialists.

Our staff aims to increase patients' overall health and quality of life through the use of education, guidance in routine exercise, counseling on interventions pertaining to disease risk factors, and providing ACLS level of care (nursing staff only) to patients in the event of a clinical emergency.

The overall goal for staff in providing patient care during is to:

- Promote excellence in nursing care
- Demonstrate excellent assessment, technical, organizational and prioritization skills
- Understand physiology as is relates to exercise
- Provide behavioral counseling based on AACVPR and ACSM guidelines
- Understand complex differences in medications
- Assess the patients' overall health and quality of life, and provide input and recommendations to necessary clinical personnel (i.e.: physicians, or other outside referral sources) as an intervention when necessary

The Cardiac and Pulmonary Rehab Department provides services Monday through Friday.

Nurse-to-patient care model / Acuity

Unit-based staffing will provide a minimum of one nurse and one exercise specialist on duty when a patient is present.

Supervisor will collaborate with nursing staff to determine appropriate patient load and acuity. Patient acuity is determined by the risk stratification process referenced in the "Cardiac Rehab Selection, Exclusion and Risk Stratification" policy. The risk categories assigned to patient are (low, moderate, and high). Acuity is assessed on a class by class basis. Extra staff will be brought in if needed to assist in high census and high-acuity classes (defined as 50% or more high-risk patients in one class load). The intent of understanding the intensity of workload is to help the Supervisor make assignments that are safe and appropriately level-loaded among team members.

In the event a nurse needs replacement staff, the assistant nurse manager will either find an RN wanting to come in and work, or the assistant nurse manager will work in the gym to cover the role.

Unit Intensity:
Potential for language, cognitive and mobility barriers.

Supervisor will collaborate with nursing staff to determine appropriate patient load and acuity. Patient acuity is determined by the risk stratification process referenced in the "Cardiac Rehab Selection, Exclusion and Risk Stratification" policy. The risk categories assigned to patient are (low, moderate, and high). Acuity is assessed on a class by class basis. Extra staff will be brought in if needed to assist in high census and high-acuity classes (defined as 50% or more high-risk patients in one class load). The intent of understanding the intensity of workload is to help the Supervisor make assignments that are safe and appropriately level-loaded among team members.

Fall assessment:
Per Cardiac Rehabilitation Phase 2 policy (May 2017), Cardiac Rehab Phase 3 Policy (Aug 2015) and Pulmonary Rehab Phase 2 policy (February 2018):
All patients are considered to be included in the Falls Risk category due to the anti-platelet and anticoagulant medications they may be prescribed for CAD, and falls risk intervention is as follows:

(a) Patients are oriented to equipment safety at their Initial Evaluation and documentation is made in patients exercise under constant visual supervision
(b) Staffing is adequate to monitor patients at all times
(c) Safety assessment of environment is done daily to ensure that anything in the environment that could contribute to trips or falls is mitigated.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties. "Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Meal and rest breaks are supported by routine breaks in sessions in which time frame the patient census is intentionally scheduled with no or lower than normal census. Meal and rest breaks are designated at a specific time, per shift and role in the unit. Staff are responsible for documenting the time they received their meal and break periods during each shift, and to communicate immediately with the department. Supervisor if any barriers arise that would prevent them from receiving their meal and break period at their designated time. Supervisor will work to eliminate barriers to ensure breaks and lunches occur. Staff are also responsible for documenting a reason for not receiving a meal and rest period during their shift (i.e.: flexed out early and rest period was not warranted, etc.).

Certified nursing assistant (CNA) assignments

CNAs are not utilized in Cardiac and Pulmonary Rehab.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

bb) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care
cc) Sudden unforeseen adverse weather conditions
dd) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix, and level of competency needed to ensure that the hospital is staffed to meet the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurses belonging to the unit to complete ADTs for that hospital unit;

- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually for review by unit leadership and Nurse Staffing Committee.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Angiography (CathLab)
Effective date of Nurse Staffing Plan:	7/17/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The Cath Lab is located in Building A, 2nd floor and has a total of 7 procedure rooms that are allotted as follows:

- Room 1: Secondary EP and Cardiology room. Also used as a multipurpose room.
- Room 2: Primary EP room.
- Room 3: Primary Vascular room. Secondary all purpose room.
- Room 4: Primary cardiology room and emergency cardiac room (for STEMI's).

- Room 5: Primary interventional radiology. Secondary Vascular room.
- OR 31: Hybrid room shared with OR. Used for complex cardiovascular cases.
- RCL: used as a surge back up plan.

The Angiography (Cath Lab) team provides care for patients in need of invasive interventional procedures that require fluoroscopy. This includes inpatients and outpatients referred by primary care physicians, cardiologists, vascular surgeons, nephrologists, and other medical specialists. Angiographic procedures typically require mild-moderate sedation (administered by trained Registered Nurses and deep or general anesthesia (both administered by an Anesthesiologist).

Goals for our patients:

- Promoting excellence in Angiographic Nursing and Imaging.
- Assessment of patients and their immediate needs. Patient safety is our number one priority.
- Technical, organizational, and prioritization skills to provide patients with the best possible care while in our department.
- Providing care for patients with a variety of critical and non-critical diagnoses, across multiple specialties.
- Understanding and administering medications with a primary focus on sedation and analgesics to promote comfort and minimize anxiety during their procedure.
- Understanding and managing complex hemodynamics and cardiac rhythm disturbances; skilled in advanced cardiac life support to detect changes so that early detection and intervention can be provided.
- Keep patients well informed of procedure, sedation, and post procedure care.
- See patients through the procedural process safely and comfortably.
- Improved quality of life post procedure

CathLab has the following nurse staffing positions in the unit:

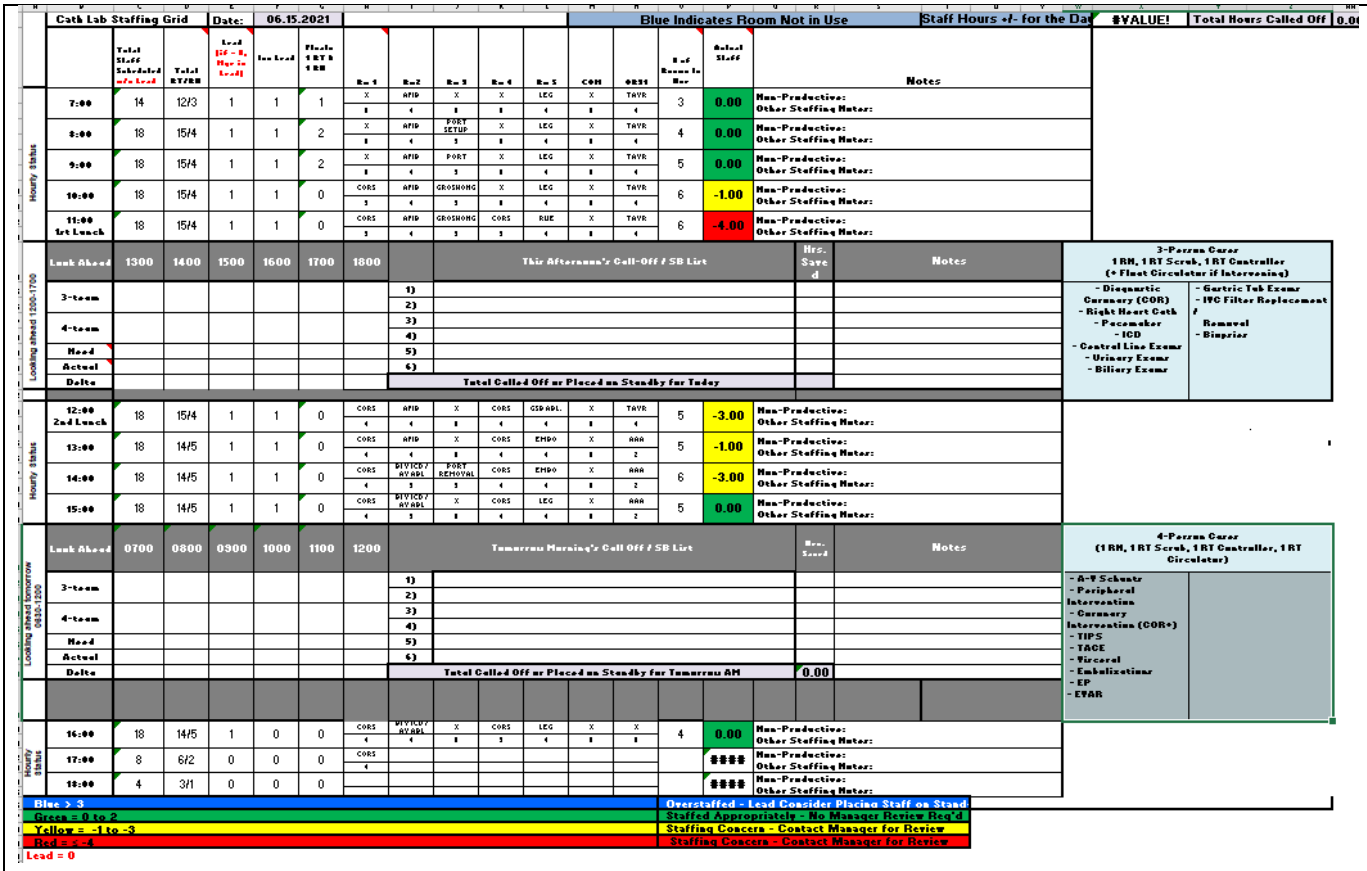
- Registered Nurse

Unit resources may include but are not limited to:

- Imaging Technologists, Coding Specialist, Inventory Specialists, Scheduler, Cardiac Coordinator, Structural Heart Coordinator

Nurse-to-patient care model / Acuity / Nationally Recognized Standards

Staffing grid shown below is completed by the Cath Lab lead daily. The Cath Lab is a variable department lending to the idea that staff are given an assignment or placed on standby based on the number of cases or the need. The grid exampled below demonstrates an hour to hour look at room occupancy, cases and number of staff involved in those cases. The red, yellow, green, blue indicator is developed to assist the lead in decision making related to staffing. Blue indicates overstaffing and encourages the lead to consider reducing staff while red is an indication of short staffing and should be taken to the manager for problem solving. At noon and end of day a look ahead tool was developed to assist with determining staffing needs for the rest of the current day and the following day.



All CathLab procedures require a nurse-to-patient ratio of 1:1.

Unit based staffing will provide a minimum of one (1) Registered Nurse (RN) and one (1) Radiology Technologist (RT (R)) in the department when a patient is present. Use of technologists, waiver last approved by OHA in July 2020.

During procedures, there will be a minimum of 1-2 RN's and 2-3 RT®'s present in the procedure room. *Data source NW Cath Lab Manager's Association & Cath lab unit council (best practice). Determined for safe practice for patients. The Society for Cardiovascular Angiography and Interventions (SCAI) Expert Consensus Statement: Best Practices in the Cardiac Catherization Laboratory (2021).*

Staffing is case based (variable department) The department schedules a minimum of 13 radiology Technologists and 5 RN's. Staff need is determined the day prior based on number of cases scheduled. Staff are flexed off or placed on stand-by if not needed for cases.

The cath lab manager and director have 24/7 responsibility for the department.

Minimum # of staff required after hours and on weekends will include the Call Team. The Call Team requires 1 RN and 3 Techs as a minimum staffing requirement during these times are area available at all hours.

Salem Health's Epic Workload Intensity (WLI) system operates under the following structure:

- The Cath Lab lead is primarily responsibility for daily use in conjunction with system assignments.

- If the Cath Lab lead is unable to work due to illness, they are replaced by another qualified staff member. The unit-based leadership team is the backup for making assignments if the Cath Lab lead is unavailable.
- Unit acuity and workload intensity are reviewed, hourly by the Cath Lab lead (see staffing grid).

Assignments are created by assigning appropriate staff to a Cath Lab procedure room based on the type of procedure and the intensity / acuity of the patient. Additional staffing is assigned when necessary for high acuity patients. If after hours or on weekends, high intensity patients are accompanied by the department level primary staff nurse. This is determined using the D1 score and discussion between procedure nurse and staff nurse.

Salem Health utilizes a three-tiered scoring system that indicates the level of acuity based on the acuity number of each patient.
The intent of understanding acuity and intensity of workload is to help the Cath Lab lead assure appropriate placement and to make assignments to maintain patient safety.

Procedures based on Acuity Intensity:
Acuity intensity 3; 1 RN, 1 RT Scrub, 1 RT Controller (+ Float Circulator if intervening)

- Diagnostic Coronary
- Right Heart Cath
- Pacemaker
- ICD
- Central Line Exams
- Urinary Exams
- Biliary Exams

Acuity intensity 4; 1 RN, 1 RT Scrub, 1 RT Controller, 1 RT Circulator

- A-V Shunts
- Peripheral Intervention
- Coronary Intervention
- TIPS
- TACE
- Visceral angiography/intervention
- Embolization's
- EP studies
- EVAR
- TCAR
- Carotid Stents
- TAVR
- LAAO

In the event that a nurse is not available to provide necessary direct patient care, Cath Lab nurses are asked to volunteer. If none are available, the need for support is escalated to the dept. Manager, Director, and /or House Supervisor for collaboration and problem-solving. Typically, the Nurse Staff Replacement Process for the Cath Lab would be enacted and an RN would volunteer to cover said case. Adjustments are made throughout the shift as warranted, level of monitoring and intervention increase/decrease. The Cath Lab lead, Cath Lab Manager, and / or inventory specialist and / or EP & TAVR coordinators may be assigned patients, as necessary.

If there is no direct care nurse qualified to care for the patient, in the case of emergency, another CL RN will be called in from home (volunteer basis), CL Manager (CL RN) would be asked to come in, or anesthesia would be asked to provide anesthesia services. In most scenarios, the physicians involved would prioritize cases based on patient need / urgency. Other possibilities to consider would be to divert the patient to another facility (emergent cases only) or delay case until the following day when space and staff are available (non-urgent cases).

Deviation allowances.
The unit may deviate from the staffing plan, including statutory ratios, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. The unit leadership must notify the house wide staffing committee co-chairs no later than 10 days after each deviation.

More than one deviation in a period of 12 consecutive hours is considered a single deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients for brief periods of time based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patient off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks
"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Staff are expected to take breaks and lunches in between cases as directed by the Cath Lab lead. If the schedule does not allow a break, the Cath Lab lead will ensure staff are relieved for breaks and lunches by other staff members and / or float crew. Staff are encouraged to communicate their needs for a break / lunch if they have not had one in a reasonable amount of time or if they have a special need.

The Cath Lab lead will track, and document all breaks and lunches on the Breaks and Lunch Record located on the T Drive. If a staff member misses a break or lunch, they are asked to notify the Cath Lab lead immediately to provide relief. If they do not get a break after all avenues were tried, it is documented on the Breaks and Lunch record and the staff member is asked to fill out a staffing concern PSA to be reviewed at HWSC.

RNs providing breaks will take over the assignment so the breaking RN can break / lunch uninterrupted. Schedule of cases will be coordinated by the Cath Lab lead. The Float RN provides lunch / break relief to RNs assisting with cases. If there is not a Float RN available, RNs will provide lunch / break relief for each other in-between their own caseload. Subsequent cases will be paused to accommodate breaks / lunches as necessary. Alternative or backup coverage includes but is not limited to: • Staff nurse • Lead tech or nurse • Leadership • Coordinators (RNs) • Inventory lead (Imaging Tech RT)

Certified nursing assistant (CNA) assignments

Cath Lab does not have CNAs on staff.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

ee) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;
ff) Sudden unforeseen adverse weather conditions; or
gg) An infectious disease epidemic suffered by hospital staff.

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b. More than 48 hours in a work week
c. More than 12 hours in a 24 hour period
d. During the 10 hour period immediately following the 12 hours worked during a 24 hour period.

If a nursing staff member agrees to work overtime, the nursing staff member is accountable for the nursing staff member's competency in practice and is responsible for notifying the nursing staff member's supervisor when the nursing staff member's ability to safely provide care is compromised.

(a) Time spent on call or on standby when the nursing staff member is required to be at the premises of the employer shall be included as hours worked for purposes of subsection (3) of this section.
(b) Time spent on call but away from the premises of the employer may not be included as hours worked for purposes of subsection (3) of this section. *(ORS 441.166)*

A hospital may require an additional hour of work beyond the work authorized under subsection (3) of this section if:

(a) A staff vacancy for the next shift becomes known at the end of the current shift; or
(b) There is a potential harm to an assigned patient if the nursing staff member leaves the assignment or transfers care to another nursing staff member. *(ORS 441.166)*

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- the size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;

- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
  Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Clinical Decision Unit (B5N/CDU)
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

I. Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The Clinical Decision Unit (CDU) is a 46 bed, single occupancy unit.

Population served: Nursing care is provided for adult telemetry, medical, intermediate, observation and post-surgical patients.

CDU specializes in:

- Promoting excellence in medical surgical nursing

- Excellent assessment, technical, organizational and prioritization skills.
- Providing care for patients often with multiple diagnoses, across multiple medical and surgical specialties.
- Understanding complex differences in medications.
- Pain management, wound care, and patient teaching.
- Supporting organizational throughput.

Hours of operations:

- CDU is open 24 hours 7 days per week, 365 days a year.
- Shift Hours: 0700-1930 (days) and 1900-0730 (nights)

CDU has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-to-patient care model

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for. As Observation patients do not have a statutory ratio assigned to them per HB 2697, these patients will receive a ratio assignment equivalent to their most similar patient classification- the emergency department which follows a 1:4 by HB 2697.

As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Intermediate care (IMC): 1:3
- Medical-surgical (telemetry/oncology): 1:4
- Medical-surgical: 1:5 (until June 2026)
- Observation 1:4

Charge nurses can also use their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Recognizing that patients' LOC are fluid, as patient needs are quantified, we will aim to staff to the most recently indicated LOC at the next available staffing request opportunity. While assignment adjustments can be completed throughout the shift, at minimum this will occur at scheduled staffing reallocation times.

In the event of a nurse or certified nurse assistant staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the Staffing Office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the Housewide Staffing Committee (HWSC) intranet and on file in the Staffing Office.

Deviation allowances.

The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patients off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

hh) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care.
ii) Sudden unforeseen adverse weather conditions; or
jj) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may **require** a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix, and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient.
- the size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit.
- The unit's general and predominant patient population as defined by the MSDRG.
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
  Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes.
- Complaints regarding staffing.
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period.
- The aggregate hours of mandatory overtime worked by the nursing staff.

- The aggregate hours of voluntary overtime worked by the nursing staff.
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan.
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit Name:	Cardiovascular Care Unit (CVCU/A5W)
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

Cardiovascular Care Unit (CVCU) is a 30-bed mixed ratio unit utilizing a Care in Place model for Medical Telemetry, Intermediate & Intensive Care patients. CVCU specializes in cardiac care for individuals with heart failure, cardiac thoracic and vascular surgical procedures, cardiogenic shock, post cardiac arrest, acute coronary syndrome- interventional cardiology and electrophysiology services. The CVCU multidisciplinary team is dedicated to providing excellent patient care to our diverse community.

CVCU specializes in:

- Promoting excellence in critical care nursing of the adult patient
- Excellent assessment, technical, organizational and prioritization skills.
- Providing care for patients with multiple diagnoses, across multiple cardiac and intensive care medical and surgical specialties.
- Understanding complex differences in patient condition, including vasoactive medications, complex life sustaining equipment, wound care, patient teaching and pain management.
- Supporting organizational throughput.

CVCU is open 24 hours 7 days per week. Shift Hours: 0700-1930 and 1900-0730

CVCU has the following nurse staffing positions on the unit:

- Registered Nurses
- Certified Nursing Assistant 1

- Certified Nursing Assistant 2
- Critical Care Tech
- Assistant Nurse Managers
- Nurse Managers

Nurse-to-patient care model

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for. As Observation patients do not have a statutory ratio assigned to them per HB 2697, these patients will receive a ratio assignment equivalent to their most similar patient classification- the emergency department which follows a 1:4 by HB 2697.

Salem Health has adopted a mixed ratio unit model called Care in Place in select units allowing for mixed LOCs on specific units.

As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Intensive Care 1:2
- Intensive Care 1:1 (Criteria Listed Below:)
    - Post Op Open Heart (at least 6 hours post op or until hemodynamically stable)
    - CCRT
    - IABP with vasoactive gtts with shock
    - 3 or more vasoactive drips
    - TTM with vasoactive gtts with shock or continuous paralytics
    - IMPELLA
    - Organ donation prep
    - Severe ARDS with proning-NMB infusion
- Intensive Care 2:1
    - Rapid blood infusion
    - Chest Re-exploration
    - Intermittent cardiopulmonary resuscitation or more than three 1:1 criteria.
- Intermediate care (IMC) 1:3
- Medical-surgical (telemetry/oncology) 1:4
- Medical-surgical 1:5 (until June 1, 2026)
- Observation based on frequency of nursing interventions related to patient classification

Charge nurses can also use their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Recognizing that patients' LOC are fluid, as patient needs are quantified, we will aim to staff to the most recently indicated LOC at the next available staffing request opportunity. While assignment adjustments can be completed throughout the shift, at minimum this will occur at scheduled staffing reallocation times.

In the event of a nurse or certified nurse assistant staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the Staffing Office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the Housewide Staffing Committee (HWSC) intranet and on file in the Staffing Office.

Deviation allowances.
The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients for brief periods of time based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patient off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks
"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

kk) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;

ll) Sudden unforeseen adverse weather conditions; or

mm) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to meet the health care needs of the patient;
- the size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
  Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;

- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Medical Telemetry Unit (D5)
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

Medical Telemetry Unit (D5) is a 40 bed, single occupancy unit. Nursing care is provided for adult telemetry, medical, intermediate, and observation patients.

The Medical Telemetry Unit specializes in:

- Promoting excellence in medical surgical and IMC nursing.
- Excellent assessment, technical, organizational and prioritization skills.
- Providing care for patients often with multiple diagnoses, across multiple medical specialties.
- Understanding complex differences in medications.
- Pain management, wound care and patient teaching.

D5 is open 24 hours 7 days per week. Shift Hours: 0700-1930 and 1900-0730

D5 has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-to-patient care model

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for. As Observation patients do not have a statutory ratio assigned to them per HB 2697, these patients will receive a ratio assignment

equivalent to their most similar patient classification- the emergency department which follows a 1:4 by HB 2697.

As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Intermediate care (IMC): 1:3
- Medical-surgical (telemetry/oncology): 1:4
- Medical-surgical: 1:5 (until June 2026)
- Observation 1:4

Charge nurses can also use their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Recognizing that patients' LOC are fluid, as patient needs are quantified, we will aim to staff to the most recently indicated LOC at the next available staffing request opportunity. While assignment adjustments can be completed throughout the shift, at minimum this will occur at scheduled staffing reallocation times.

In the event of a nurse or certified nurse assistant staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the Staffing Office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the Housewide Staffing Committee (HWSC) intranet and on file in the Staffing Office.

Deviation allowances.
The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patients off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).

"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

nn) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;
oo) Sudden unforeseen adverse weather conditions; or
pp) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24 hour period

d. During the 10 hour period immediately following the 12 hours worked during a 24 hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Discharge Ready Unit (DRU)
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The DRU is a 36 bed, single occupancy unit.

The DRU is an inpatient innovative care model unit at Salem Hospital within the Adult Health Services Division. The care team delivery model is staffed with LPNs, CNAs, and Charge RNs. Patients on the DRU are medically stable for discharge and experiencing discharge delays to a community setting.

The DRU specializes in the care and coordination of Medical-Surgical, comfort care, pain management patients and patient teaching to a wide variety of diagnoses and medical specialty areas.

Hours of operation:

- DRU is open 24 hours, 7 days per week, 365 days a year.

DRU has the following nurse staffing positions on the unit:

- Registered Nurse (RN)
- Certified Nursing Assistant 1 (CNA1)
- Certified Nursing Assistant 2 (CNA2)
- Licensed Practical Nurse (LPN)

Nurse-to-patient care model / Acuity

As indicated by the licensed independent practitioner's note in each patient's medical record, patients in the DRU are ready for discharge but are facing a barrier to discharge.

The DRU utilizes a patient acuity tool with a point/category acuity-based scoring system. The tool is used to guide equitable assignments by role and to establish a total acuity score for the unit. Each patient acuity score is calculated when they are transferred on to the unit. The primary nurse and the charge RN complete an initial transfer assessment on each patient. The acuity score is updated when changes in acuity occur and upon weekly assessments. Training for the acuity tool occurs during Charge RN orientation/training. Documentation of the acuity score is displayed in Epic under the Charge Nurse Report.

See DRU Patient Acuity tool below:

DRU Patient Acuity Tool

Category 4 **Acuity Score** **Four** **HIGH**	• Complex Wound Care requiring greater than 20 minutes or >3 times per shift • Requires 3 staff for cares • Hourly interventions, impulsive • Security needs

Category 3 Acuity Score **Three**	• Frequent call light use/interventions (every 2 hours) • Requires 2 staff for cares • Full feed • Impulsive and requires staff invention every 2 hours or more • Medications every 2 hours or more • Moderate Wound Care requiring 10-20 minutes or up to twice per shift • Special contact isolation  If a total of 3 or more boxes are checked the patient is defined as a category "4"
Category 2 Acuity Score **Two**	• Crushed meds • Isolation precautions • Daily PICC/midline labs • Feed assist, close supervision • AC/HS, renal binders or lipase enzymes with meals • Interpreter needs • IV abx q8 hours • Q2 turns  If a total of 3 or more boxes are checked the patient is defined as a category "3"
Category 1 Acuity Score **One** **LOW**	• Each patient is worth one starting point

In the event of a nurse or certified nurse assistant staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the Staffing Office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the Housewide Staffing Committee (HWSC) intranet and on file in the Staffing Office.

The Discharge Ready unit utilizes a staffing grid to the determine number of staff needed by shift, role, and unit census.

Discharge Ready Unit (DRU) Staffing Grid:

FY24

Extended Care Unit Staffing Grid

	Leadership	Coordinator	7A-7P	7A-7P	7A-7P	7P-7A	7P-7A	7P-7A	Day Shift	Day Shift Hours		Noc Shift	Night Shift Hours		Total	Total		
Census	NM / ANM	TC	CRN/RN	LPN	CNA	CRN/RN	LPN	CNA	HPADC	NCH/ADC		HPADC	NCH/ADC		HPADC	NCH/ADC		Minimum RN Staff
hrs/shft	10.86	5.71	12	12	12	12	12	12		Min	Equiv		Min	Equiv		Min	Equiv	
1	1	1	1	1	1	1	1	1	55.36	16.62	24.00	42.21	18.03	24.00	97.57	34.64	48.00	
2	1	1	1	1	1	1	1	1	27.68	8.31	12.00	21.11	9.01	12.00	48.79	17.32	24.00	
3	1	1	1	1	1	1	1	1	18.45	5.54	8.00	14.07	6.01	8.00	32.52	11.55	16.00	
4	1	1	1	1	1	1	1	1	13.84	4.15	6.00	10.55	4.51	6.00	24.39	8.66	12.00	
5	1	1	1	1	1	1	1	1	11.07	3.32	4.80	8.44	3.61	4.80	19.51	6.93	9.60	
6	1	1	1	1	1	1	1	1	9.23	2.77	4.00	7.04	3.00	4.00	16.26	5.77	8.00	
7	1	1	1	1	1	1	1	1	7.91	2.37	3.43	6.03	2.58	3.43	13.94	4.95	6.86	
8	1	1	1	1	2	1	1	1	8.42	2.08	3.00	5.28	2.25	3.00	13.70	4.33	6.00	
9	1	1	1	1	2	1	1	1	7.48	1.85	2.67	4.69	2.00	2.67	12.17	3.85	5.33	1
10	1	1	1	1	2	1	1	1	6.74	1.66	2.40	4.22	1.80	2.40	10.96	3.46	4.80	
11	1	1	1	1	2	1	1	2	6.12	1.51	2.18	4.93	1.64	2.18	11.05	3.15	4.36	
12	1	1	1	1	2	1	1	2	5.61	1.38	2.00	4.52	1.50	2.00	10.13	2.89	4.00	
13	1	1	1	1	2	1	1	2	5.18	1.28	1.85	4.17	1.39	1.85	9.35	2.66	3.69	
14	1	1	1	1	2	1	1	2	4.81	1.19	1.71	3.87	1.29	1.71	8.68	2.47	3.43	
15	1	1	1	1	3	1	1	2	5.29	1.11	1.60	3.61	1.20	1.60	8.90	2.31	3.20	
16	1	1	1	2	3	1	2	2	5.71	2.08	3.00	4.14	2.25	3.00	9.85	4.33	6.00	
17	1	1	1	2	3	1	2	2	5.37	1.95	2.82	3.89	2.12	2.82	9.27	4.08	5.65	
18	1	1	1	2	3	1	2	2	5.08	1.85	2.67	3.68	2.00	2.67	8.75	3.85	5.33	
19	1	1	1	2	3	1	2	2	4.81	1.75	2.53	3.48	1.90	2.53	8.29	3.65	5.05	
20	1	1	1	2	3	1	2	2	4.57	1.66	2.40	3.31	1.80	2.40	7.88	3.46	4.80	
21	1	1	1	2	4	1	2	2	4.92	1.58	2.29	3.15	1.72	2.29	8.07	3.30	4.57	
22	1	1	1	2	4	1	2	2	4.70	1.51	2.18	3.01	1.64	2.18	7.71	3.15	4.36	
23	1	1	1	2	4	1	2	2	4.49	1.44	2.09	2.88	1.57	2.09	7.37	3.01	4.17	
24	1	1	1	2	4	1	2	2	4.31	1.38	2.00	2.76	1.50	2.00	7.07	2.89	4.00	1
25	1	1	1	3	4	1	2	2	4.61	1.99	2.88	2.65	1.44	1.92	7.26	3.44	4.80	
26	1	1	1	3	4	1	2	2	4.44	1.92	2.77	2.55	1.39	1.85	6.98	3.30	4.62	
27	1	1	1	3	4	1	2	2	4.27	1.85	2.67	2.45	1.34	1.78	6.72	3.18	4.44	
28	1	1	1	3	4	1	2	2	4.12	1.78	2.57	2.36	1.29	1.71	6.48	3.07	4.29	
29	1	1	1	3	5	1	2	2	4.39	1.72	2.48	2.28	1.24	1.66	6.67	2.96	4.14	
30	1	1	1	3	5	1	3	2	4.25	1.66	2.40	2.61	1.80	2.40	6.85	3.46	4.80	
31	1	1	1	3	5	1	3	3	4.11	1.61	2.32	2.91	1.74	2.32	7.02	3.35	4.65	
32	1	1	1	3	5	1	3	3	3.98	1.56	2.25	2.82	1.69	2.25	6.80	3.25	4.50	
33	1	1	1	4	5	1	3	3	4.22	2.01	2.91	2.73	1.64	2.18	6.96	3.65	5.09	
34	1	1	1	4	5	1	3	3	4.10	1.95	2.82	2.65	1.59	2.12	6.75	3.55	4.94	1
35	1	1	1	4	5	1	3	3	3.98	1.90	2.74	2.58	1.55	2.06	6.56	3.44	4.80	
36	1	1	1	4	6	1	3	3	4.20	1.85	2.67	2.51	1.50	2.00	6.71	3.35	4.67	

Deviation allowances.

The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment for the purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patients off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties. "Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

qq) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care

rr) Sudden unforeseen adverse weather conditions

ss) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix, and level of competency needed to ensure that the hospital is staffed to meet the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurses belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually for review by unit leadership and Nurse Staffing Committee.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit Name:	Emergency Department (ED)
Effective date of Nurse Staffing Plan:	6/1/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

Salem Hospital's Emergency Department (SHED) is a 67 private rooms, 24 shared, 16 hall beds Level II Trauma Center which sees an average of 300 patients per day, making it the busiest in Oregon. The department is staffed 24/7 with board-certified ED physicians, advanced practice personnel and nursing staff with certifications in ACLS, TNCC, ENPC and/or PALS, CPI and numerous competencies ensuring that we can handle the most dire situations. Patient population for the Emergency Department are community members of varying ages and cultural backgrounds that require critical thinking skills and knowledge of evidence based practice into their delivery of care and decision making. We serve all ages and follow EMTALA rules to provide a Medical Screening Exam to all patients seeking emergency medical care.

The SHED specializes in:

- Emergency medicine, the acute care of patients who present without appointment, either by their own means or by an ambulance.
- Due to this unplanned nature of patient arrival, the department must provide initial treatment for a broad spectrum of illness and injury, some of which are life-threatening or life-sustaining and require immediate attention.
- Trauma medicine, the acute care of patients with immediately life-threatening injuries due to motor vehicle crashes, falls from heights, heavy equipment, major environmental incidence such as earthquake or flooding, etc.
- Psychiatric medicine, acute care of patients who may be suicidal, homicidal, delusional, depressed, etc.
- Excellent assessment, technical, organizational and prioritization skills.
- Providing care for patients who are undiagnosed and often then carry multiple diagnoses across multiple medical specialties.
- Understanding complex differences in medications used on these vast issues described above.
- Pain management, critical care to include organ donation, orthopedic care, social care that includes families, wound care, and patient teaching.
- Supporting ED and organizational throughput.

SHED has the following nurse staffing positions on the unit:

- Registered Nurses
- ED Tech
- Monitor Tech
- Assistant Nurse Managers
- Nure Managers

Nurse-to-patient care model

In an emergency department:

- A direct care registered nurse is assigned to not more than one trauma patient (until stabilized); and
- The ratio of direct care registered nurses to patients averages no more than one to four over a 12-hour shift and a single direct care registered nurse may not be assigned more than five patients at one time. Direct care registered nurses assigned to trauma patients may not be taken into account in determining the average ratio.

A trauma patient has been activated or entered into the state trauma system by meeting either activation criteria or entry criteria. Staff determines when the critical time has concluded based on patient condition.

- Stabilized trauma patient defined as requiring 1:1 ratio until all imaging and blood work that could show potentially life threatening injuries must be resulted and have no unstable critical findings.
- An order must be in EPIC prior to hand-off for c-spine not cleared
- If c-spine not cleared, a padded hard collar must be placed prior to handing off the patient.
- Patients that can safely be handed off include stable spine fractures (stable per MD and radiology, no clinical or radiographic evidence of spinal cord injury) and all patients who cannot be clinical cleared by MD (ex: ETOH intoxication).
- The nurse receiving the patient must have TNCC if the patient remains in a c-collar.

Deviation allowances.

The unit may deviate from the staffing plan, including statutory ratios, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. The unit leadership must notify the house wide staffing committee co-chairs no later than 10 days after each deviation.

- More than one deviation in a period of 12 consecutive hours is considered a single deviation.

Innovative Care Models

* Emergency department patients who are in critical condition, until they are stable. including patients in an emergency department, who are located in adjacent rooms or the same room in the hospital and who are ready for discharge but are facing a barrier to discharge, as indicated by a licensed independent practitioner in each patient's medical record.

POD 4- The patients placed in Pod 4 require less resources than patients in Pod 1, 2 and 3. Due to the lower acuity, the patient ratios are can be increased not to exceed 1:5.

ED Results Pending- Patients in results pending are awaiting results prior to their disposition. These patients are often discharged from this space.

Lobby/Medic Lobby- These patients arrive by private vehicle or EMS. These patients have not been seen by a SH provider and are not assigned staffing care.

Key: # of RNs Needed Per Patient					
Acuity 1	Acuity 2	Acuity 3	Acuity 4	Acuity 5	Lobby Patients
1 RN	0.33 RNs	0.25 RNs	0.13 RNs	0.13 RNs	0.10 RNs

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients for brief periods of time based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patient off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover his/her patients with the goal of maintaining direct care RN-to-patient ratios as noted above. In lieu of a meal/break relief nurse, units will collaborate with unit leadership to ensure meals and breaks are provided. Alternate relief may include but is not limited to other unit registered nurses (preference will be given to those with a lesser RN: patient ratio assignment), Charge nurses, Resources nurses, unit leadership, nurses.

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on availability of a nurse staff member.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

There are no CNA staff in the SHED.

Acuity

"Acuity" refers to the level of nursing skill required, for example patient requirements for medications, drains, tubes, IVs, wound care, etc.

In general, acuity is considered the severity of illness, the complexity of medical interventions, and the necessity for nursing assessment, reassessment, and monitoring. There may be other factors not listed here. As a general matter, a "high" acuity patient would require a high amount of nursing interventions and frequent-to-ongoing nursing assessment.

"Nursing care intensity" is defined as the "level of patient need for nursing care as determined by the nursing assessment." OAR 333-510-0002(9). A "high" intensity patient will generally require frequent and/or long periods of psychosocial, educational, and hygiene care from nursing staff members. High intensity patients may also generally have an increased need for safety monitoring, familial support, or other needs.

The ED uses the Emergency Severity Index scoring system to determine acuity. The system uses a numbering system of 1-5, 1 being life-sustaining intervention needed immediately to 5 being a clinic level patient that is the least resource intensive. Registered Nurses are trained using the most updated Emergency Severity Index (ESI): A Triage Tool for Emergency Department Care, Version 4 Handbook. All trained ED nurses can assign initial ESI score to patients as well as change ESI to match patients changing acuity upon reassessment.

Nursing time required for a direct care nurse to complete the admission, discharge and transfer for each acuity is taken into account to inform nurse staffing. Time required for a direct RN to complete ADT by acuity is:

Key: # of RNs Needed Per Patient					
Acuity 1	**Acuity 2**	**Acuity 3**	**Acuity 4**	**Acuity 5**	**Lobby Patients**
1 RN	0.33 RNs	0.25 RNs	0.13 RNs	0.13 RNs	0.10 RNs

The intent of understanding the intensity of workload is to help the charge nurses make assignments that are safe and appropriately level-loaded amongst the team members.
Charge Nurses are alerted to and aware of high acuity patients in the department. They direct additional staffing resources as appropriate for the care level of the patient. The assessment of the acuity of patients is done on a continuous basis as patients arrive, but routinely the department is assessed every 4 hours for status changes.

Additional resources available to interdisciplinary team are:

- Emergency Department Technician UAP
- Phlebotomy
- ED Monitor Tech
- 1:1 Patient Observer
- Patient Companions
- Patient Transport Team
- IV Therapy Team/Line Access
- Monitor Technician
- Rapid Response Team
- Respiratory Therapy Support
- Rehab Activities (OT, PT, Speech)
- Imaging
- Clinical Pharmacist
- Licensed Social Services / Case Management
- Spiritual Services
- Traumatologist
- Hospitalist
- Orthopedist
- Intensivist
- Trauma Nurse

- Triage Nurse
- SANE Nurse
- Resource Nurse
- Patient Flow Coordinator
- Charge Nurse
- Assistant Nurse Manager
-

Nurse manager reviews ADT and acuity activity quarterly for a 12-month period and updates staffing plan as necessary.

At the beginning of the 0600 and 1800 shift, the charge nurse will review the census and acuity.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

tt) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;
uu) Sudden unforeseen adverse weather conditions; or
vv) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
  Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;

- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Endoscopy (Endo)
Effective date of Nurse Staffing Plan:	6/1/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

Endoscopy is located in Building C; Procedural Suites 1-4.

Population consists of adult, adolescent/young adult and geriatric inpatients and outpatients ranging from healthy to critically ill that require screening, diagnostic and therapeutic endoscopic services.

Nursing care involves cultural, developmental, and age specific assessment, the development of nursing diagnosis, planning, intervention, and evaluation of care provided during the patient's experience. Our practice is systematic, integrative and holistic and involves critical thinking, clinical decision-making and inquiry.

Nursing staff have specialized qualifications and clinical competencies that are determined by the needs of the patients served and introduction of new technologies. Annually, nursing leadership, in collaboration with Specialty Practice Teams and Clinical Education review competency requirements and implement education strategies and skills training.

The Endoscopy team works collaboratively with Prep/Phase II outpatient recovery and PACU Phase I recovery and inpatient areas to assure safe patient transfers and handoffs.

Endoscopy staff are available 7 days a week, 24hr per day. Staff are scheduled 06:30-18:30 Monday – Friday. Call staff are utilized to provide care on an emergency basis. Emergency is defined as any add on case scheduled to be performed during a call shift or when additional staffing resources are needed. Add on cases are scheduled using a classification system to identify priority as well as physician input regarding the urgency of the procedure.

Endoscopy has the following nurse staffing positions on the unit:

- Registered Nurse

Nurse-to-patient care model

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for.

As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Endoscopy Lab: 1:1

Charge nurses utilize their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Replacement staff:

In the event that additional Nursing staff is needed for the day outside of the RN resource, the charge RN communicates up their chain of command and can make phone calls to qualified staff and other departments to obtain a replacement.

The nursing practice on Endoscopy is guided by practice standards recommended by the Society of Gastroenterology Nurses and Associates (SGNA) guidelines (2017).

Deviation allowances.

The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses will not take patient assignments with exception to provide break / lunch relief.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties. "Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Meal /rest break Coverage: · Staffing levels are maintained during meal/rest breaks so that there is always 2 staff members during a procedure, one of which is a RN.

- Staff alternate time away from patient care mid shift for meal breaks
- Staff alternate time away from patient care for 15-minute rest breaks during the first and last 4 hours of their scheduled shift.
- Breaks are strategically taken to coincide with room turn-over between cases and /or provided by an 'out-person'.
- Meal and rest breaks are self- recorded on the daily staffing sheet. This sheet is reviewed throughout the day by the charge nurse and 'out-person' to ensure all staff take appropriate breaks.

Alternative or backup coverage includes but is not limited to: · Staff nurse · Charge nurse · Leadership

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover his/her patients with the goal of maintaining direct care RN-to-patient ratios as noted above. In lieu of a meal/break relief nurse, units will collaborate with unit leadership to ensure meals and breaks are provided.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

Endoscopy does not utilize CNAs.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

ww) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care
xx) Sudden unforeseen adverse weather conditions
yy) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

*Endoscopy staff upon hire agree to OnCall- Pre-arranged and pre-agreed upon time.

If a nursing staff member agrees to work overtime, the nursing staff member is accountable for the nursing staff member's competency in practice and is responsible for notifying the nursing staff member's supervisor when the nursing staff member's ability to safely provide care is compromised.

(a) Time spent on call or on standby when the nursing staff member is required to be at the premises of the employer shall be included as hours worked for purposes of subsection (3) of this section.
(b) Time spent on call but away from the premises of the employer may not be included as hours worked for purposes of subsection (3) of this section. *(ORS 441.166)*

A hospital may require an additional hour of work beyond the work authorized under subsection (3) of this section if:

(a) A staff vacancy for the next shift becomes known at the end of the current shift; or
(b) There is a potential harm to an assigned patient if the nursing staff member leaves the assignment or transfers care to another nursing staff member. *(ORS 441.166)*

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix, and level of competency needed to ensure that the hospital is staffed to meet the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurses belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually for review by unit leadership and Nurse Staffing Committee.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Intensive Care Unit (ICU/A4W)
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

ICU is a 30 bed, single occupancy unit.

Patients admitted to the ICU are adults except ENT and general surgery pediatric patients under the age of 13-17 years and over 36 kilos will be admitted to the ICU unit and are critically ill with diagnoses including sepsis, respiratory failure, traumatic brain injury, multi-system organ failure, stroke, gastrointestinal bleeding, complicated post-operative issues, status post cardiac arrest, complex vascular surgery, and multi-system trauma. These patients require frequent assessment and intervention to maintain hemodynamic stability through complex treatments including aggressive titration of vasopressors, pulmonary artery monitoring, advanced neurological monitoring, mechanical ventilation, CPAP/BiPAP, proning, targeted temperature management, continuous renal replacement therapy, and continuous ECG/EEG monitoring.

ICU is open 24 hours 7 days per week. Shift Hours: 0700-1930 and 1900-0730

ICU has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2
- CCT
- Assistant Nurse Managers
- Nurse Manager

The roles and skills required for every shift are as follows: Charge Nurse, Rapid Response Nurse (RRN), Resource Nurse, Continuous Renal Replacement Therapy (CRRT) nurse, and the Intracranial Pressure Monitoring (ICP) nurse.

Nurse-to-patient care model

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for. As Observation patients do not have a statutory ratio assigned to them per HB 2697, these patients will receive a ratio assignment equivalent to their most similar patient classification- the emergency department which follows a 1:4 by HB 2697.
As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Intensive Care 1:2
- Intensive Care 1:1
    - Continuous Renal Replacement Therapy
    - Massive Blood Transfusions
    - Unstable ICP/Ventriculostomy (initial ICP monitoring/drainage device insertion, active titration of vasopressors or sedation for a therapeutic CPP, or acute change in patient's neurological status or hemodynamic instability
    - Initial targeted temperature management (therapeutic hypothermia), active cooling and warming phases (below 36 Celsius)
    - Hemodynamic instability (active resuscitation with fluid bolus and adding/titration up of multiple vasopressors)
    - Emergent surgical interventions at bedside
    - Patient who meet death by neurological criteria and who will begin organ procurement process.
- Intermediate care (IMC) 1:3
- Medical-surgical (telemetry/oncology) 1:4
- Medical-surgical 1:5 (until June 1, 2026)
- Observation 1:4

Charge nurses can also use their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Recognizing that patients' LOC are fluid, as patient needs are quantified, we will aim to staff to the most recently indicated LOC at the next available staffing request opportunity. While assignment adjustments can be completed throughout the shift, at minimum this will occur at scheduled staffing reallocation times.

In the event of a nurse or certified nurse assistant staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the Staffing Office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the Housewide Staffing Committee (HWSC) intranet and on file in the Staffing Office.

Deviation allowances.

The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients for brief periods of time based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patient off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

zz) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;

aaa) Sudden unforeseen adverse weather conditions; or
bbb) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24 hour period
d. During the 10 hour period immediately following the 12 hours worked during a 24 hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- the size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
  Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Imaging
Effective date of Nurse Staffing Plan:	6/1/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

Imaging services is an outpatient ambulatory care area. Care is also provided for inpatient and Emergency Department add-on cases. The patient age population ranges from pediatric to geriatric, but predominately is adult/geriatric patients. Telemetry monitoring is provided as required for procedures. Imaging nurses provide care for minimally and moderately invasive procedures that may or may not require conscious sedation. Conscious sedation is provided for non-invasive imaging scans for patients with claustrophobia or pain control issues.

Imaging has an outpatient schedule Monday through Friday between the hours of 0730 to 1700 however, we staff until 1930 to help manage add-on work.

Multiple modalities can schedule procedures during the day in Imaging (in order of relative frequency): US, CT, Mammography, MRI, NM, and XR. Imaging may schedule up to 3 procedures in any given hour requiring nursing resources. Imaging RNs also manage add-on cases during this period, as able.

Imaging RNs specialize in

- Patient advocacy and education.
- Assessment of patient acuity for procedural care.
- Conscious sedation across the age spectrum, pediatric to geriatric.
- Anesthesiologist support for general sedation cases.
- Care and monitoring of complex medical-surgical and intermediate care level patients.
- Organizational and Imaging Department throughput

The Imaging department has the following nurse staffing positions on the unit:

- Registered Nurse

Nurse-to-patient care model

The Imaging RN lead works with the various specialties to coordinate RN need for procedure within these areas.

- All outpatients are scheduled through Centralized Scheduling with an MD order stating urgency.
- All inpatients are put onto the add-on schedule and prioritized based on urgency.

Staffing is adjusted with consideration of ADT and unit-based activity. The charge nurse determines staffing needs and staff assignments according to patient census, acuity, intensity, and skill mix needs. Adjustments are made throughout the shift as patient condition changes are noted, level of monitoring and intervention increase/decrease. The unit manager, assistant nurse manager, charge nurse and house supervisor provide leadership.

Imaging nurse staffing assures consistent, reliable and competent nursing presence in procedure rooms and peri-procedure areas always. To ensure there is immediate availability of a registered nurse, one nurse per procedure room is the expectation, regardless of the sedative administered with few exceptions. When the nurse is administering procedural sedation, the nurse can have no other responsibilities apart from monitoring the patient and administering medications per order during the case.
When making assignments, the Unit charge nurse will use their professional nursing judgment, clinical experience and acuity and intensity factors.

Minimum staffing for Monday through Friday schedule is 3 nurses with 2 nurses on weekend schedules.

Imaging is a self – staffed procedural area. Staffing office does not contribute to staffing matrix. Staffing is based on 1:1 nurse to patient for procedures. When there is an unexpected absence or after hours nursing resources are needed, then staff may need to be resourced with assistance of the House Supervisor.

Imaging RNs are guided by the Association of Radiologic and Imaging Nursing (ARIN) Practice Guidelines and Position Statements (Updated March, 2020), as well as ARIN Clinical Practice Guidelines (Updated March 2020)

Deviation allowances.
The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patients off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks
"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties. "Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

The imaging unit is a procedural unit. Nurses are assigned per procedure. Lunch breaks are scheduled around procedures. The noon hour is limited to 2 scheduled procedures allowing for breaks to occur. Other lunches are scheduled around procedure timing. ANM to fill in as needed.

Time clock procedure is used to track staff occurrences where lunch may have been missed. Similarly, breaks are scheduled around procedures with the charge nurse assigning staff to procedures. The Charge nurse monitors staff breaks/lunches while assigning procedures. 1:1 nurse patient ratio is maintained as staff take breaks and lunches as breaks are scheduled in cadence with the procedural schedule.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Acuity/Nationally Recognized Standards

Imaging nurse staffing assures consistent, reliable and competent nursing presence in procedure rooms and peri-procedure areas always. To ensure there is immediate availability of a registered nurse, one nurse per procedure room is the expectation, regardless of the sedative administered with few exceptions. When the nurse is administering procedural sedation, the nurse can have no other responsibilities apart from monitoring the patient and administering medications per order during the case.
Additional staffing is assigned when necessary for high acuity patients. Acuity is determined using the DI (Deterioration Index) score and a discussion between procedure nurse and primary nurse prior to procedure.

Intensity of unit activity is based on the number of scheduled procedures and add-on cases balanced against RN resources on any given day. Outpatient procedures average approximately 16 scheduled procedures per day, with add-on procedures totaling approximately 9 procedures per day, based on a 4-month rolling average this year. Monitoring patients by telemetry and floor/unit based add-on procedures are also a staffing consideration. The Imaging ANM is the charge person daily, monitoring patient flow, RN availability and coordinating care between modalities. This person maintains awareness regarding individual workload and reallocates resources, as necessary, in part by making adjustments to assignments to maintain reasonable workload.

In the event that a patient requires individualized support, interprofessional care team members are available to assist nursing staff to maintain appropriate care and safety of the patient.
When making assignments, the Unit charge nurse will use their professional nursing judgment, clinical experience and acuity and intensity factors.

Imaging RNs are guided by the Association of Radiologic and Imaging Nursing (ARIN) Practice Guidelines and Position Statements (Updated March, 2020), as well as ARIN Clinical Practice Guidelines (Updated March 2020).

Certified nursing assistant (CNA) assignments

There are no CNA positions in the Imaging department.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

ccc) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care

ddd) Sudden unforeseen adverse weather conditions
eee) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix, and level of competency needed to ensure that the hospital is staffed to meet the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurses belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually for review by unit leadership and Nurse Staffing Committee.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Intermediate Care Unit (IMCU/A6W)
Effective date of Nurse Staffing Plan:	6/1/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The IMCU is a 30 bed, single occupancy unit.

IMCU is encompassed under the Critical Care division. Relevant patient population includes but is not limited to non-ST elevation myocardial infarction, acute and chronic respiratory failure, sepsis, acute and chronic kidney failure, metabolic encephalopathy, diabetic ketoacidosis, atrial fibrillation, heart failure, gastrointestinal bleed, unstable angina, drug ingestion/overdose.

IMCU specializes in:

- Promoting excellence in intermediate level care for acutely ill patients in accordance with AACN guidelines.
- Assessing, planning, and intervening to prevent adverse patient outcomes for a wide variety of conditions.
- Provides care for patients with multiple diagnosis and co-morbidities who are at higher risk for deterioration.

Hours of operation:

- IMCU is open 24 hours, 7 days per week, 365 days a year.

IMCU has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-to-patient care model

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for. As Observation patients do not have a statutory ratio assigned to them per HB 2697, these patients will receive a ratio assignment equivalent to their most similar patient classification- the emergency department which follows a 1:4 by HB 2697 or based on frequency of nursing interventions.

Salem Health has adopted a mixed ratio unit model called Care in Place in select units allowing for mixed LOCs on specific units.

As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Intermediate care (IMC): 1:3
- Medical-surgical (telemetry/oncology): 1:4
- Medical-surgical: 1:5 (until June 2026)
- Observation 1:4 (Observation based on frequency of nursing interventions related to patient classification)

Charge nurses can also use their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Recognizing that patients' LOC are fluid, as patient needs are quantified, we will aim to staff to the most recently indicated LOC at the next available staffing request opportunity. While assignment adjustments can be completed throughout the shift, at minimum this will occur at scheduled staffing reallocation times.

In the event of a nurse or certified nurse assistant staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the Staffing Office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the Housewide Staffing Committee (HWSC) intranet and on file in the Staffing Office.

Deviation allowances.
The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

At the discretion of unit leadership charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patients off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks
"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties. "Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover his/her patients with the goal of maintaining direct care RN-to-patient ratios as noted above. In lieu of a meal/break relief nurse, units will collaborate with unit leadership to ensure meals and breaks are provided. Alternate relief may include but is not limited to other unit registered nurses (preference will be given to those with a lesser RN: patient ratio assignment), Charge nurses, Resources nurses, unit leadership, nurses.

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on availability of a nurse staff member.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

fff) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care

ggg) Sudden unforeseen adverse weather conditions

hhh) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix, and level of competency needed to ensure that the hospital is staffed to meet the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurses belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually for review by unit leadership and Nurse Staffing Committee.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Infusion
Effective date of Nurse Staffing Plan:	6/1/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The Infusion Clinic provides intermittent infusion therapy in the outpatient setting including thorough clinical assessment, side effect management, and patient education related to their treatment and diagnosis. Many

of our nurses have specialty certifications in IV therapy (CRNI), oncology (OCN), and medical/surgical nursing (RN-BC).

The Infusion Clinic is open 365 days a year (except in the event of a severe weather or other significant event where remaining open may pose a safety hazard to staff or patients. Operational hours are Sunday through Saturday 0800-1630*. (*If all patients have been seen for the day, the clinic may close earlier than stated hours; if treatment extends, staff may volunteer to stay until treatment completed. Weekend hours may vary.)

Appointments vary from 30 minutes to 7 hours, depending on treatment.

Nursing care is provided to patients encompassing vast diagnoses including but not limited to infections, cancer, blood disorders, chronic GI conditions, neurological, hematology, and autoimmune diseases. These patients are referred from primary physicians, surgeons, medical oncologists, pediatric physicians, ENT physicians, GI physicians, vascular surgeons, cardiologists, rheumatologists, and infectious disease for treatment (not limited those listed). All patients remain in an outpatient status and receive treatment on an outpatient basis as indicated by treatment plan, outcomes, and physician order.

Patients must be able to provide for own ADL or have a caregiver who can assist.

Environmental Setting:

18 Infusion treatment chairs

- 10 are in private rooms
- 2 chairs can accommodate a patient up to 700 pounds
- 8 chairs in 'open' setting

Nursing staff includes:

- Registered nurses (RN)
- Certified Nursing Assistants (CNA)

Nurse-to-patient care model

The Salem Health Infusion Clinic Utilizes a Staffing to Volume Tool to determine the need for number of staff.

Nurse Hours Per Patient Day (NHPPD) is 1.3 to 1.7 until one patient is remaining in the department. Then the NHPPD is 2.
Staffing is monitored using nursing hours per patient day (NCH/ADC), defined as including the charge nurse, direct care nursing hours and direct care certified nursing assistant hours.

Minimum NCH/ADC hours are adjusted based on census,

- For 1-11 patients, we staff 1 Charge RN and 1 RN
- For 12-24 patients, we staff 1 Charge RN, 2 RNs and 1 CNA
- For 25-36 patients, we staff 1 Charge RN, 3 RNs, 2 CNAs and a Resource RN
- For 37-48 patients, we staff 1 Charge RN, 4 RNs, 2 CNAs and a Resource RN
- For > 48 patients, we staff 1 Charge RN, 4 RNs, 2 CNAs, a Resource RN and an ANM.

Patient volume compared with available nurses in the clinic drives the score generated by the Staffing to Volume document.

The charge nurse is primarily responsible for daily use in conjunction with system assignments.

If the charge nurse is out sick, they are replaced. The unit-based leadership team is the backup for making assignments if the primary charge nurse is unavailable.

Unit acuity and workload intensity are reviewed, minimally, once an hour during each shift. When the Charge RN identifies changes to acuity and workload intensity, they notify unit leadership for assistance with specific tasks assigned to Charge RN and patient care.

The patient schedule is generated by the intake office staff utilizing pre-defined appointment templates, and nursing assignments are created by the charge nurse based on the skill mix and competencies of available staff. Staffing assignments are adjusted by Charge RN or leadership to ensure that nurse assignments are level loaded based on patients' treatment type, length of treatment, necessary adjustments during treatment and risk of reaction to treatment.

Deviation allowances.
The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, and Charge Nurse.

Charge nurse:

Charge nurses can take a patient assignment and take an assignment for purposes of covering staff on meal or rest breaks.

Meals and Breaks
"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties. "Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Monday through Friday (Holidays excluded) the Infusion Clinic staffs a break relief/resource nurse at a minimum from 10:00 am – 2:00 pm.

- If the break relief/resource nurse is not able to work their scheduled shift for any reason, every attempt will be made to replace this RN. If unable to replace this position, break coverage will be provided by the Charge RN and/or Assistant Nurse Manager.

Documentation:

- The charge RN assignment sheet has a location for the charge RN to track that each staff member on shift that day takes their rest and meal breaks.
- Staff are responsible for documenting their break and lunch times.
- If a staff member misses a rest or meal break they will document that on a log kept at the nurses station highlighting the date and reason for missed break.

The minimum number of nursing staff members required for that shift will be maintained during meal and rest breaks by using the break relief nurse or alternative or back up coverage as necessary.

Alternative or backup coverage includes but is not limited to:

- Staff nurse
- Charge nurse
- Leadership

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

iii) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care
jjj) Sudden unforeseen adverse weather conditions
kkk) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix, and level of competency needed to ensure that the hospital is staffed to meet the health care needs of the patient;

- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurses belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually for review by unit leadership and Nurse Staffing Committee.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Inpatient Rehab (IPR/B4N)
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The IPR is a 24 bed, single occupancy unit.

Rehabilitation nursing is a specialty practice area within the domain of professional nursing. It involves the diagnosis and treatment of individual and group human responses to actual or potential health problems related to altered functional ability and lifestyle. Rehabilitation nursing also includes teaching the individual

and family that functional outcomes can be affected and that actions do make a difference. Rehabilitation nurses educate patients, families and caregivers about:

- Rehabilitation diagnoses, courses of treatment, plans of care, and expected outcomes.
- Bladder and bowel management
- Skin care management, including body positioning and pressure redistribution, wound care and skin insults management
- Medication and pain management
- Reinforcement of self-care and mobility skills in maintaining environmental and personal safety
- Cardiovascular, autonomic and pulmonary management
- Energy conservation
- Nutrition and lifestyle adaptations
- Role changes and psychosocial manifestations
- Primary prevention and adoption of health and wellness as a way of life.
- Aftercare, including community resources, referrals to physicians and ancillary services, durable medical equipment procurements, and emergency procedures.

Hours of operations:

- IPR is open 24 hours 7 days per week, 365 days a year.
- Shift Hours: 0700-1930 (days) and 1900-0730 (nights)

Inpatient Rehabilitation has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-patient care model

As Inpatient Rehab patients do not have a statutory ratio assigned to them per HB 2697, these patients will receive a ratio assignment based on best practices from equivalent patient populations which recommend a 1:4 staffing model not to exceed a 1:5 nurse to patient ratio.

Charge nurses utilize clinical judgement to support staffing decisions, this includes monitoring ADT, census, acuity level and staff availability and skill mix. Recognizing that patient condition and acuities are fluid, as patient needs are quantified, we will staff to based on acuity changes at the next available staffing request opportunity. Assignment adjustments are completed throughout the shift or at minimum this will occur at scheduled staffing reallocation times. Staffing sheets along with unit spreadsheets are sources for assignment compliance.

In the event of a nurse or certified nurse assistant replacement staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the staffing office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the HWSC intranet and on file in the Staffing Office.

Deviation allowances.

The unit may deviate from the staffing plan, including statutory ratios, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. The unit leadership must notify the house wide staffing committee co-chairs no later than 10 days after each deviation.

More than one deviation in a period of 12 consecutive hours is considered a single deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patients off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours

- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Acuity/Nationally Recognized Standards
"Acuity" refers to the level of nursing skill required, for example patient requirements for medications, drains, tubes, IVs, wound care, etc.

Assignments may be created using the Assignment Wizard in Salem Health's electronic medical record Epic. Utilizing this tool allows the charge nurse to assign patients to nurses based on Epic acuity scores.

Salem Health uses a point-based system that is automatically populated based on active orders, frequency of documented tasks (pre-determined by work groups for consistency across inpatient care) and administration of medications. The Epic assignment wizard shows per patient and per nurse acuity total score and is used to assist charge nurses in level loading assignments taking acuity into consideration while considering continuity of care and appropriate skill mix.

Patient Acuity and Intensity System Elements

Determining acuity and intensity:

1) A point-based system that is automatically populated based on active orders, frequency of documented tasks (pre-determined by work groups for consistency across inpatient care) and administration of medications.
2) Acuity weighting is indicative of workload, not necessarily the acuity of patient illness.
3) Nursing acuity main score is reviewed.
4) Admitting provider writes level of care admission orders, both patient placement monitors appropriate level of care and the charge nurse validates appropriate placement. Medical staff writes level of care transfer orders with change in condition and the charge nurse validates appropriate placement.

Determining patient assignments:

1) The charge nurse determines or adjusts staff assignments according to patient census, acuity, intensity and skill mix needs.
2) The charge nurse makes assignment adjustments based on a combination of factors such as acuity score, ADT, intensity and to minimize excess handoffs.
3) The Epic assignment wizard shows per patient and per nurse acuity total score and is used to assist charge nurses in level loading assignments taking acuity into consideration while considering preserving continuity of care and appropriate skill mix.

Frequency of monitoring acuity and intensity:

1) Acuity scores generate real-time in conjunction with changes in documentations and orders.
2) The charge nurse may re-evaluate with new patient arrival and, as needed, per clinical judgement.

3) The organization encourages electronic medical record documentation in the moment, acuity scores will be assessed, at a minimum, prior to requesting staff adjustments or next shift staffing.

Changing patient acuity:

1) EMR documentation generates the total patient acuity score.
2) Patient changes in condition and provider orders also change acuity score.
3) Charge nurse in conjunction with clinical nurse may adjust assignment based on patient safety needs not reflected in the acuity score.
4) Salem Health is undertaking a long-term validation strategy of tracking outliers where charge feels that acuity score doesn't match and recommending system adjustments based on trends or lessons learned.

Staffing basis on acuity and intensity:

1) Staffing office receives unit-based staffing requests every 8 hours and makes every effort to meet the unit's request.
2) Staffing office takes acuity and intensity into consideration in allocating available staff resources.
3) Staffing is adjusted with consideration of ADT and unit-based activity.

Review of acuity and intensity process:

1) Clinical staff groups developed the Epic acuity basis by assessing eight categories of rules and assigning tasks scores within each category. The system setup and scoring is under validation with adjustments as necessary.
2) Staff that has a need for escalation of system build questions can contact leadership or call IS service desk.
3) Annual cadence for review of system scoring with report to HWSC.
4) Salem Health Information Systems has a build diagnostic mechanism that uses a standard check for EMR changes to identify dependencies that may be affected by the change. Any impact on Epic acuity will be detected this way and reported to HWSC.

Inpatient Rehab refers to the Association of Rehabilitation of Nurses (ARN) for staffing guidelines.

The intent of understanding acuity is to help the charge nurse assure appropriate placement and to make assignments that are safe and appropriately level-loaded amongst the team members. Leaders review acuities annually to ensure and request EPIC modifications as needed to maintain accuracy.

The nursing practice on Inpatient Rehab is guided by practice standards recommended by the Association of Rehabilitation Nurses (ARN).

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

lll) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;

mmm) Sudden unforeseen adverse weather conditions; or

nnn) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24 hour period
d. During the 10 hour period immediately following the 12 hours worked during a 24 hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.
Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Interventional Recovery Unit (IRU)
Effective date of Nurse Staffing Plan:	6/1/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

IRU has 17 recovery beds.

The IRU team provides outpatient care for patients pre-, and post- Imaging and Angiographic procedures. There are also a few procedures that are conducted in IRU such as cardioversions, trans-esophageal cardiac echocardiograms (TEEs), and insertions/removals of implantable loop recorders. Patients having these procedures often undergo moderate sedation, so Stage II Recovery is a key component of post-procedure care.

Unit leadership reviews staffing efficacy as required by demographic changes, service line changes or with the implementation of new technologies. Patient need determines specialized qualifications and clinical competency required by the nursing staff. Annually, Clinical Education and Nursing Leadership review competency requirements and implement educational strategies and skills training.

The Interventional Recovery Unit is open 16.5 hours 5 days per week.

IRU specializes in:

- Promoting excellence in nursing care for patients undergoing pre- and post- cardiac and radiologic interventional procedures, cardioversions, or TEEs performed under moderate sedation
- Excellent critical thinking, assessment and prioritization.
- Psycho-social, emotional care of patient and family
- Removal of femoral artery and venous sheaths
- Providing care for patients requiring groin/wrist (femoral and radial artery access) management post sheath removal
- Administering Moderate Sedation with patient monitoring intra- and post-procedure
- Pain management, wound/site care and patient teaching.
- Supporting organizational throughput

Goals for our patients:

- Promoting excellence in Nursing.
- Assessment of patients and their immediate needs. Patient safety is our number one priority.
- Technical, organizational, and prioritization skills to provide patients with the best possible care while in our department.
- Providing care for patients with a variety of critical and non-critical diagnoses, across multiple specialties.
- Understanding and administering medications with a primary focus on sedation and analgesics to promote comfort and minimize anxiety during their procedure.

- Understanding and managing complex hemodynamics and cardiac rhythm disturbances; skilled in advanced cardiac life support to detect changes so that early detection and intervention can be provided.
- Keep patients well informed of procedure, sedation, and post procedure care.
- See patients through the procedural process safely and comfortably

IRU has the following nursing staffing positions on the unit:

- Registered Nurses
- Certified Nursing Assistant 2

Nurse-to-patient care model / Acuity

Describe unit staffing guidelines here:

Staffing grid shown below is completed by the IRU charge nurse daily. The IRU is a variable department lending to the idea that staff are given an assignment or placed on standby based on the number of patients or the need. The grid exampled below demonstrates every 2 hour check in to look at number of patients, acuity, and need for staffing based on those numbers. The red, yellow, green, blue indicator is developed to assist the charge nurse in decision making related to staffing. Blue indicates overstaffing and encourages the charge nurse to consider reducing staff while red is an indication of short staffing and should be taken to the manager for problem solving. At noon and end of day a look ahead tool was developed to assist with determining staffing needs for the rest of the current day and the following day.

IRU Staffing Tool

	Hour	Total Scheduled Staff	Staff +/-	Room 15	Room 17	Room 18	Room 19	Room 20	Room 21	Room 22	Room 23	Room 24	Room 25	Room 26	Ro
Hourly Status	10:00														
	12:00														
	14:00														
	16:00														
	18:00														

Blue >= 1; Overstaffed - Lead Consider Placing Staff on Stand-By
Green = 0 to <1; Staffed Appropriately - No Manager Review Req'd
Yellow = -1 to <0; Staffing Threshold
Red <= -1; Staffing Concern - Contact ANM or Manager for Review

Unit based staffing will provide a minimum of one (1) Registered Nurse (RN) and one (1) Certified Nursing Assistant 2 in the department when a patient is present

Staffing is volume based (variable department). Staff need is determined the day prior based on number of patients scheduled. Staff are flexed off or placed on stand-by if not needed.

The Cath Lab manager and director have 24/7 responsibility for the department.

Salem Hospital's staffing guidelines for nursing care take into consideration the principles of acuity and intensity. The Charge RN assesses the complexity (acuity and intensity) of patient care needs requiring professional nursing care and skills that align with professional nursing standards. This is completed through a cursory assessment of:

- Type of patient, scheduled procedure, type of orders, H&P, and workload expected for pre-procedure and post-procedure on active orders, frequency of documented tasks and administration of medications.
- Assessment of complexity of care is indicative of workload, not necessarily the acuity of patient illness.

The intent of understanding the intensity of workload is to help the charge nurses make assignments that are safe and appropriately level-loaded amongst the team members. Salem Health's Epic Workload Intensity (WLI) system operates under the following structure:

- THE IRU Charge Nurse is primarily responsibility for daily use in conjunction with system assignments.
- If the IRU Charge Nurse is out sick, they are replaced by a back-up charge nurse or IRU ANM. The IRU/Cath Lab Manager or IRU ANM is the backup for making assignments if the IRU Charge Nurse is not available.
- Unit acuity and workload intensity are reviewed the day before and 4 times daily by the IRU Charge Nurse (see staffing grid).

Assignments are created by assigning appropriate staff to a group of patients based on the type of procedures and the intensity / acuity of the patients. Additional staffing is assigned when necessary for high acuity patients. See staffing tool above.

Staffing is monitored using workload intensity and census with consideration of support roles, defined as including the charge nurse, direct care nursing hours and direct care certified nursing assistant hours. Typical assignment is 4-5 patients per RN, depending on acuity.

The unit manager, assistant nurse manager, charge nurse and house supervisor provide leadership.

Staffing is adjusted with consideration of ADT and unit-based activity. The charge nurse determines staffing needs and staff assignments according to patient census, acuity, intensity and skill mix needs. Adjustments are made throughout the shift as patient condition changes are noted, level of monitoring and intervention increase/decrease. The charge nurse may be assigned patients, as necessary.

Salem Health utilizes a three-tiered scoring system that indicates the level of acuity based on the acuity number of each patient.

The intent of understanding acuity and intensity of workload is to help the IRU Charge Nurse assure appropriate placement and to make assignments to maintain patient safety.

<u>Patient Acuity and Intensity System Elements</u>

1. Determining acuity and intensity:

a. A point-based system that is automatically populated based on active orders, frequency of documented tasks (pre-determined by work groups for consistency across inpatient care) and administration of medications.
b. Acuity weighting is indicative of workload, not necessarily the acuity of patient illness.
c. Nursing acuity main score is reviewed.
d. Admitting provider writes level of care admission orders, both patient placement monitors appropriate level of care and the charge nurse validates appropriate placement. Medical staff writes level of care transfer orders with change in condition and the charge nurse validates appropriate placement.

2. Monitoring for appropriate placement:
    a. Charge nurse screens incoming patients and accepts/rejects based on unit criteria.
    b. Charge nurse collaborates with staff nurse to assess the need for additional resources and reallocates or performs problem solving as appropriate.
    c. Assumption is that acuity stays the same for appropriate placement purposes unless reported differently or until charge nurse rounds on the assigned nurse.
3. Determining patient assignments:
    a. The charge nurse determines or adjusts staff assignments according to patient census, acuity, intensity and skill mix needs.
    b. The charge nurse makes assignment adjustments based on a combination of factors such as acuity score, ADT, intensity and to minimize excess handoffs.
    c. The Epic assignment wizard shows per patient and per nurse acuity total score and is used to assist charge nurses in level loading assignments taking acuity into consideration while considering preserving continuity of care and appropriate skill mix.
4. Frequency of monitoring acuity and intensity:
    a. Acuity scores generate real-time in conjunction with changes in documentations and orders.
    b. The charge nurse may re-evaluate with new patient arrival and, as needed, per clinical judgement.
    c. The organization encourages electronic medical record documentation in the moment, acuity scores will be assessed, at a minimum, prior to requesting staff adjustments or next shift staffing.
5. Changing patient acuity:
    a. EMR documentation generates the total patient acuity score.
    b. Patient changes in condition and provider orders also change acuity score.
    c. Charge nurse in conjunction with clinical nurse may adjust assignment based on patient safety needs not reflected in the acuity score.
    d. Salem Health is undertaking a long-term validation strategy of tracking outliers where charge feels that acuity score doesn't match and recommending system adjustments based on trends or lessons learned.
6. Staffing basis on acuity and intensity:
    a. Staffing office receives unit-based staffing requests every 8 hours and makes every effort to meet the unit's request.
    b. Staffing office takes acuity and intensity into consideration in allocating available staff resources.
    c. Staffing is adjusted with consideration of ADT and unit-based activity.
7. Review of acuity and intensity process:
    a. Clinical staff groups developed the Epic acuity basis by assessing eight categories of rules and assigning tasks scores within each category. The system setup and scoring is under validation with adjustments as necessary.

b. Staff that has a need for escalation of system build questions can contact leadership or call IS service desk.
c. Annual cadence for review of system scoring with report to HWSC.
d. Salem Health Information Systems has a build diagnostic mechanism that uses a standard check for EMR changes to identify dependencies that may be affected by the change. Any impact on Epic acuity will be detected this way and reported to HWSC.

Salem Hospital also utilizes the Deterioration Index (DI) to quickly identify patients who could deteriorate and require higher levels of care. The score ranges from 0-100 where higher numbers indicate a greater risk of experiencing an adverse outcome requiring rapid response, resuscitation, intensive care level of care or dying in the next 12-38 hours.

At the beginning of the shift, the charge nurse will review the census and identify any patients who have an elevated DI score. The charge nurse monitors patients with elevated DI scores to assess the following:

- What is the cause of the elevated score?
- Are appropriate interventions in place
- Does the nurse taking care of the patient need any additional assistance?

The IRU is a closed unit. In the event replacement staff are needed, the IRU Charge RN may solicit extra shifts from any/all qualified staff to fill in gaps as needed. In the event that staff are not voluntarily available, the Dept. Manager is notified. The Dept. Manager reviews the patient census, level of care required, and hours of care required before the patient is able to be discharged from the dept. Based on the information, the Dept. Manager collaborates with the House Supervisor to move patients to another dept. that has Direct Care Nurse capacity and skill set to ensure safe and effective care for the patient until discharge. This process is posted on the HWSC intranet and on file in the Staffing Office.

IRU provides care based on *ASPAN Standards – Level 2 Recovery*.

Deviation allowances.
The unit may deviate from the staffing plan, including statutory ratios, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. The unit leadership must notify the house wide staffing committee co-chairs no later than 10 days after each deviation.
More than one deviation in a period of 12 consecutive hours is considered a single deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients for brief periods of time based on unit activity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to

leave unexpectedly or accompany patient off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Meal and rest breaks are assigned and facilitated by the Charge Nurse. If in the Direct Care Nurse's judgment he/she is not able to take a break or have a lunch find coverage for their meal and/or rest breaks, the Direct Care Nurse should ensure the Charge Nurse is aware. If the Charge Nurse is unable to release the Direct Care Nurse during his/her shift for a break and/or lunch, the manager should be notified. If the manger is unable to resolve the matter to ensure break and/or lunch is provided, then a Staffing PSA is submitted for review by the Staffing Council.

The IRU charge nurse will track and document all breaks and lunches on the Breaks and Lunch Record located on the T drive. If a staff member misses a break or lunch, they are asked to notify the IRU charge nurse immediately to provide relief. If they do not get a break, it is documented on the Breaks and Lunch record and the staff member is asked to fill out a staffing concern PSA to be reviewed at HWSC.

Alternative or backup coverage includes but is not limited to: Staff nurse · Resource nurse · Charge nurse · Leadership RNs and CNAs strive to alternate time away from patient care.

Certified nursing assistant (CNA) assignments

The IRU CNAs are not assigned patient care but are assigned to support nursing tasks such as the transport of patients out of IRU.

CNAs may be asked to fulfill other non-direct patient care duties (ie. Unit clerking, stocking, trash disposal) in addition to their assigned duties.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

ooo) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;
ppp) Sudden unforeseen adverse weather conditions; or
qqq) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period

d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

*IRU staff upon hire agree to OnCall- Time beyond the agreed upon shift.

If a nursing staff member agrees to work overtime, the nursing staff member is accountable for the nursing staff member's competency in practice and is responsible for notifying the nursing staff member's supervisor when the nursing staff member's ability to safely provide care is compromised.

(a) Time spent on call or on standby when the nursing staff member is required to be at the premises of the employer shall be included as hours worked for purposes of subsection (3) of this section.
(b) Time spent on call but away from the premises of the employer may not be included as hours worked for purposes of subsection (3) of this section. *(ORS 441.166)*

A hospital may require an additional hour of work beyond the work authorized under subsection (3) of this section if:

(a) A staff vacancy for the next shift becomes known at the end of the current shift; or
(b) There is a potential harm to an assigned patient if the nursing staff member leaves the assignment or transfers care to another nursing staff member. *(ORS 441.166)*

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
  Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:
• House Bill: 2697 • ORS 653.261 • ORS 401.165 to 401.236; 433.441 to 433.452 • OARS 333-503-0060

Nurse Staffing Plan

Unit Name:	Labor and Delivery (L&D)
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The L&D is 12 Labor 7 antepartum 3 triage rooms 3 PACU bays 2 ORs

Average daily census (ADC) is pulled annually. As of 5.1.2024 ADC: 12

L&D is encompassed under the Women's and Children's Care division. Nursing care in Labor & Delivery is provided for reproductive age women presenting with diabetic control, renal issues, bleeding, premature rupture of membranes, high-risk pregnancy, hyperemesis, labor, and infection issues. Labor & delivery also provides outpatient services and has 2 operating rooms for OB related procedures. Patients will present with or without an appointment. Due to the unplanned nature of patient arrival, the department must provide initial treatment for a broad spectrum of complaints related to pregnancy or transfer patient to the Emergency Department for non-pregnancy related complaints.

Hours of operations:

- L&D is open 24 hours 7 days per week, 365 days a year.
- Shift Hours: 0700-1930 (days) and 1900-0730 (nights)

L&D has the following nurse staffing positions on the unit:

- Registered Nurse
- Operational Specialist
- Surgical Technologist

Nurse-to-patient care model

In a labor and delivery unit, a direct care registered nurse is assigned per AWHONN guidelines*:

- Two patients if the patients are not in active labor or experiencing complications; or
- One patient if the patient is in active labor or if the patient is at any stage of labor and is experiencing complications.

Complications as defined by AWHONN 2022 Standards for Professional Registered Nurse Staffing for Perinatal Units.

*AWHONN Standards for Professional Registered Nurse Staffing for Perinatal Units are used as a guideline for RN assignments.

In the event of a nurse replacement staff need, the WCS float pool can be asked to deploy an RN to cover the need if they are qualified to fit the need. In the event that float pool cannot cover the need, the charge nurse posts a request on Teams for appropriate staff for voluntary coverage.

Deviation allowances

The unit may deviate from the staffing plan, including statutory ratios, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. The unit leadership must notify the house wide staffing committee co-chairs no later than 10 days after each deviation.

- More than one deviation in a period of 12 consecutive hours is considered a single deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patients off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review

of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

No CNA roles in L&D.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

rrr) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;

sss) Sudden unforeseen adverse weather conditions; or

ttt) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to meet the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
  Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit Name:	Mother Baby Unit (MBU)
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The Mother Baby Unit (MBU) has 26 private mother/baby unit rooms.

MBU is encompassed under the Women's and Children's Care division.

The Mother Baby unit specializes in:

- Promoting excellence in post-partum and newborn care.
- Comprehensive assessment, technical, organizational and prioritization skills.
- Creating and implementing Plan of Care.
- Pain management.
- Patient teaching.
- Lactation consults as necessary.
- Understanding complex social issues.
- Supporting organizational throughput.

Nursing care is provided for reproductive age women (early teens to late forties), late preterm, and term newborns, adult women with gynecologic surgery, select antepartum conditions and adult overflow.

Hours of operations:

- MBU is open 24 hours 7 days per week, 365 days a year.
- Shift Hours: 0700-1930 (days) and 1900-0730 (nights)

MBU has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-to-patient care model

Nurse staffing follows AWHONN, Association for Women's Health, Obstetric, and Neonatal Nursing (2022) Standards for Professional Registered Nurse Staffing for Perinatal Units*.

*AWHONN Standards are used as a guideline for RN assignments.

The charge nurse in consultation with the direct care nursing staff determines staffing needs and staff assignments according to patient census, acuity, intensity and skill mix needs. Adjustments are made throughout the shift as patient condition changes, level of monitoring and intervention increase/decrease.

Unit-based staffing will provide a minimum of two nursing staff, including certified nursing assistants, provided that at least one registered nurse and one other nursing staff member is on duty in a unit when a patient is present.

In the event of a nurse replacement staff need, the WCS float pool can be asked to deploy an RN to cover the need if they are qualified to fit the need. In the event that float pool cannot cover the need, the charge nurse sends a message to replacement staff on Teams and will also make phone calls as necessary to staff members.

Deviation allowances.

The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patient off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge will collaborate with the team to assure the break or lunch is taken.

Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resource nurses, unit leadership, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on availability of a nurse staff member.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

uuu) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;

vvv) Sudden unforeseen adverse weather conditions; or

www) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to meet the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity;
- Tasks not related to direct patient care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Neonatal Intensive Care Unit (NICU)
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The NICU is a 27 bed Neonatal ICU to include 2 family rooms, 2 isolation rooms and several rooms that can accommodate the NICU level of care.

Nursing care is provided to premature infants down to 25.0 weeks gestational age, infants requiring respiratory support, and/or infants requiring a higher level of care. Nursing skills maintained at level II and level III NICU skill mix.

Hours of operations:

- NICU is open 24 hours 7 days per week, 365 days a year.
- Shift Hours: 0700-1930 (days) and 1900-0730 (nights)

NICU has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant
- Neonatal Nurse Practitioner

Nurse-to-patient care model

The NICU follows AWHONN, Association for Women's Health, Obstetric, and Neonatal Nursing (2022) Standards for Professional Registered Nurse Staffing for Perinatal Units*.
*AWHONN Standards are used as a guideline for RN assignments.

Nurse to patient ratios in the NICU are not to exceed:

- -ICU 1:2
- -IMC: 1:3
- -Level I/II: 1:4
- -Well Baby: 1:6

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for.

The charge nurse in consultation with the direct care nursing determines staffing needs and staff assignments according to patient census, acuity, intensity, and skill mix needs. Adjustments are made throughout the shift as patient condition changes, level of monitoring and intervention increase/decrease. Staffing sheets validate ratio compliance and are updated with any staffing change.

Staffing is adjusted with consideration of ADT and unit-based activity. While assignment adjustments can be completed throughout the shift, at minimum they will take place during naturally occurring staffing request times.

Unit-based staffing will provide a minimum of 4 nursing staff, not including certified nursing assistants. At least 3 registered nurses and one Neonatal Nurse Practitioner (NNP) is on duty in the unit when a patient is present.

In the event of a nurse replacement staff need, the WCS float pool can be asked to deploy an RN to cover the need if they are qualified to fit the need. In the event that float pool cannot cover the need, the charge nurse sends a message to replacement staff on Teams and will also make phone calls as necessary to staff members.

Deviation allowances.

The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

During emergencies, critical transports, emergent procedures, or unforeseen unit circumstances that would significantly impact patient care, nurses may be required to leave their unit and/or assigned patient load. During these unanticipated events, ratios may briefly exceed the state mandated ratios and/or charge RN's may need to help cover patient assignments. All efforts will be made to return to mandated ratios as soon as possible. Charge nurses will not carry the role as primary meal and break relief. However, there may be times when the charge nurse needs to provide meal/break relief; 1) no one with that skill mix otherwise is available; or 2) when they are able to safely assume care of patients without disruption of charge nurse duties.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment and/or take an assignment for purposes of covering staff on meal or rest breaks. *(See HB 2697 Section 6: 8 (b-c))*

Charge nurse will take patient assignments and/or take an assignment based on overall unit census/acuity. If charge nurse needs to attend resuscitation or assist with higher acuity patient, they hand off their assignment to the next available admission nurse. Charge nurse will assist with covering staff on meal or rest breaks, within designated nurse-to-patient ratio.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI OAR 839-020-0050 requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit

registered Charge nurses, Resuscitation nurses, unit leadership nurses, Neonatal Nurse Practitioners or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

xxx) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;

yyy) Sudden unforeseen adverse weather conditions; or

zzz)An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.166 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;

- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity;
- Tasks not related to direct patient care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- OAR 333.510.0002 - 333.510.0140
- ORS 441.152 - 441.192
- OAR 839-020-0050
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Operating Room (OR)
Effective date of Nurse Staffing Plan:	6/1/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The OR consists of 18 operating suites within the main footprint of the Department. Of the 18 OR suites, two are designated for Cardio-Thoracic procedures, one is a specialized Endovascular Hybrid Suite, and one is used for outpatient eye procedures.

The Operating Room (OR) at Salem Health is part of the Surgical Services Division and provides both inpatient and outpatient surgical care of patients ranging from pediatric to geriatric populations on an elective, urgent and emergent basis.

The OR provides surgical care in the following specialties: Bariatric, General, Gynecology, Urology, Colorectal, Orthopedics, Podiatry, Plastics, Eyes, Neurosurgery, ENT, Oral maxillofacial (OMF), Cardiac, Vascular & Endovascular, and Thoracic. The OR is a highly technical environment with emerging technologies and techniques. The operating room utilizes several specialty surgical technologies including ultrasound, minimally invasive surgical techniques in a variety of surgical specialties, lasers, information integration system, surgical robotic platforms, advance visualization techniques and equipment, and advance intraoperative radiology.

Patient care planning includes collaboration with the patient, patient family/significant other, Surgeon, Anesthesiologist, Pre-Surgical Services (PSS), Post-Anesthesia Recovery Unit (PACU), other nursing personnel, Pharmacy, Diagnostic Imaging, Cardiovascular Lab, and Chaplin Services.

Nursing activities include patient physical and psychosocial assessments; planning individualized care for the intraoperative period specific to the procedure and patient; and evaluating the effectiveness and results of the interventions. Interventions are performed based on physician orders and nursing assessment.

Surgical care can lead to transfer to PACU for inpatient admission or Phase Two Recovery for discharge home. Some surgical patients will transfer directly to Critical Care Services (CCS) post-operatively due to patient condition.

Nursing care involves cultural, developmental, and age specific assessment, the development of nursing diagnosis, planning, intervention, and evaluation of care provided during the surgical experience. Our practice is systematic, integrative and holistic and involves critical thinking, clinical decision-making, and inquiry.

Hours of operation:

- The OR is open to provide surgical care 24 hours a day, 7 days a week, 365 days a year.

The Operating Room has the following nurse staffing positions on the unit:

- Registered Nurse

Nurse-to-patient care model

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for.

As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Operating room: 1:1

Charge nurses utilize their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Replacement staff:

OR leadership reviews OR schedule and makes staffing assignments based upon patient and case needs.

- Staffing levels are flexed according to patient and procedural volume and need.
- Staff assignments are made daily in Epic.
- Staff breaks and lunches are recorded on the "Y0021 OR Daily Staffing Worksheet" which is then scanned and stored to a hospital designated secure electronic file.
- Upon identification of a shift vacancy an intradepartmental notice is broadcasted through API and is sent to those that have opted into notifications in an attempt to fill the vacancy.
- 5th call is utilized in the event of unplanned staff vacancies.
- Throughout the shift, the charge RN will evaluate the current case volumes and case complexities to determine appropriate staffing assignments.

Deviation allowances.
The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses will not take patient assignment or provide break / lunch relief.

Meals and Breaks
"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties. "Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Resource staff- charge nurse assigns breaks/lunches to the resource staff.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover his/her patients with the goal of maintaining direct care RN-to-patient ratios as noted above. In lieu of a meal/break relief nurse, units will collaborate with unit leadership to ensure meals and breaks are provided.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

The Operating Room does not utilize CNAs.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

aaaa) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care

bbbb) Sudden unforeseen adverse weather conditions

cccc) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

*OR staff upon hire agree to OnCall- Pre-arranged and pre-agreed upon time.

If a nursing staff member agrees to work overtime, the nursing staff member is accountable for the nursing staff member's competency in practice and is responsible for notifying the nursing staff member's supervisor when the nursing staff member's ability to safely provide care is compromised.

(a) Time spent on call or on standby when the nursing staff member is required to be at the premises of the employer shall be included as hours worked for purposes of subsection (3) of this section.
(b) Time spent on call but away from the premises of the employer may not be included as hours worked for purposes of subsection (3) of this section. *(ORS 441.166)*

A hospital may require an additional hour of work beyond the work authorized under subsection (3) of this section if:

(a) A staff vacancy for the next shift becomes known at the end of the current shift; or
(b) There is a potential harm to an assigned patient if the nursing staff member leaves the assignment or transfers care to another nursing staff member. *(ORS 441.166)*

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix, and level of competency needed to ensure that the hospital is staffed to meet the health care needs of the patient;

- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurses belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually for review by unit leadership and Nurse Staffing Committee.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	PACU
Effective date of Nurse Staffing Plan:	6/1/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The Phase I peri anesthesia RN's role post operatively is to focus on providing post anesthesia nursing care to the patient in the immediate post anesthesia phase, transitioning them to Phase II of care, an inpatient unit, or critical care unit for continued care. The PACU Phase I team works collaboratively with the OR, anesthesiology, Prep/Phase II, and inpatient areas to assure safe patient transfers and handoffs.

Nursing care involves cultural, developmental, and age specific assessment, the development of nursing diagnosis, planning, intervention, and evaluation of care provided during the surgical experience. Our practice is systematic, integrative and holistic and involves critical thinking, clinical decision-making, and inquiry.

Scheduled and/or on-call teams staff PACU after hours, i.e. weekend nights and holidays to provide PACU staffing 24/7/365

Scheduled call staff provide care for after-hours add-on and emergency cases, defined as any patient needing post anesthesia care during a call shift, or when additional staffing resources are needed.

Case scheduling afterhours utilizes a classification system and physician input to determine the urgency and priority of the procedure.

Nurse-to-patient care model

Phase I PACU patients are assigned a "tier," level, the tier level assigned is based on procedure, patient age, co-morbidities, and complexity and intensity of care, reflecting the maximum intensity of resources needed during the Phase I recovery phase. For accuracy, except for known 1:1 patient care needs, i.e., isolation patients, the acuity/tier charge is aftercare.

The staffing plan reflects patient status and condition, not to exceed a 1:2 nurse-patient ratio. Considerations include, but are not limited to; comorbidities, complexity of care, case mix, resources needed, variability of scheduled and unscheduled cases, and number of operating rooms running. PACU staffing is based on census, patient throughput process, and physical facility.

Staffing patterns reflect ASPAN's Patient Classification/Recommended Staffing Guidelines.

1) 1:1 - One registered nurse to one patient ratio in Phase I:
   (a) At the time of admission to Phase I, until the critical elements are met.
   (b) Airway, respiratory distress and/or hemodynamic instability. Examples of unstable airways include (but are not limited to) the following:
      (i) Requiring active interventions to maintain patency (e.g. manual jaw lift, chin lift or oral airway)
      (ii) Evidence of obstruction (e.g. gasping, choking, crowing, wheezing, etc.)
      (iii) Respiratory distress (e.g. dyspnea, tachypnea, panic, agitation, cyanosis, etc.)
2) 2:1 – Two registered nurses to one patient ratio in Phase I:
   (a) One critically ill, unstable patient

2023-2024 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements Standards, (American Society of PeriAnesthesia Nurses, Cherry Hill, NJ January 2022).

Clinical staff participate in self-scheduling, within defined parameters, followed by level loading to minimize scheduling gaps.

In the event of a Registered Nurse replacement staff is needed and all off duty PACU RN's have been contacted to replace the need, and a replacement is not available, Salem Health House Operations will provide a competent RN to cover the need and maintain the two RN minimum.

Deviation allowances.

The unit may deviate from the staffing plan, including statutory ratios, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. The unit leadership must notify the house wide staffing committee co-chairs no later than 10 days after each deviation.

- More than one deviation in a period of 12 consecutive hours is considered a single deviation.

Admit, Discharge, Transfer (ADT)

The charge nurse monitors ADT throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients for brief periods of time based on unit activity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patient off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Meal and rest breaks coverage occurs using the PACU RN assignment rotation system. For breaks and meal rest periods, an RN assumes team from the RN scheduled for a break or meal rest period. At the completion of a break or meal rest period, the returning RN relieves another RN, assuming care of the team to allow for a break or meal rest period. This is a repeated process throughout the shift to provide break and meal rest pd coverage and maintain core staffing levels per ASPAN staffing standards.

The team rotation model provides that there is an available RN to support breaks and meal rest periods. If there is a system breakdown, the ANM/CRN facilitates, covers, or enlists nurse manager for break and lunch relief to assure staff are provided breaks and meal rest periods.

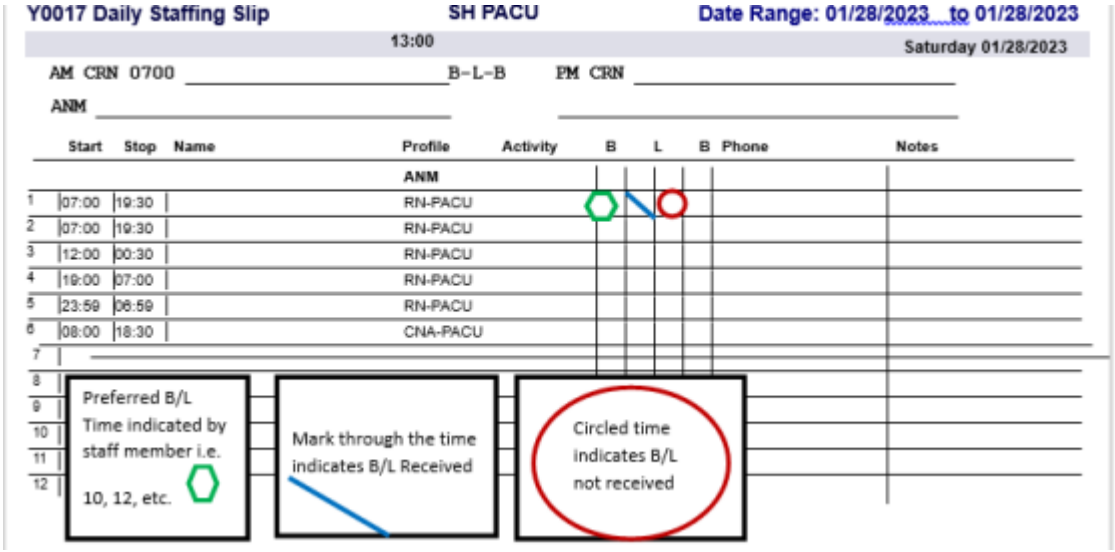
Process description:
On the daily staff schedule the RN indicates preferred times for breaks/lunch. The CRN manages available staff per team rotation model by assigning one RN to relieve another RN within the time preference for a break or lunch that is written on the staffing sheet.

- At the time noted, an RN not in a patient care assignment is directed to the RN due for a break or lunch, care is assumed by this RN, and the RN due for a break or lunch is relieved completely of patient care responsibilities for the duration of the break or lunch.
- The CRN indicates, by crossing off the time, the break or lunch has been provided. If a break or lunch is missed, the CRN, RN indicate by circling the time missed.

- This cycle of RN rotation is replicated throughout the shift to complete breaks and lunches.
- When the RN returns from the break or lunch, this RN is directed to the next RN due (by the time noted) for a break or lunch.

Core staffing levels are maintained throughout the shift, staffing numbers adjusted to align with surgical case volume, patient acuity to align with ASPAN standards and provide support for meal and rest breaks.

It is the employee's responsibility to check the daily schedule and ensure that his/her breaks have been noted as taken or circled if not taken, before the end of the scheduled shift.



Unit Leadership monitors missed breaks and/or lunches via review of timecard reports specific to NL (no lunch) clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed, as necessary the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

The PACU CNAs are not assigned patient care but are assigned by location to support nursing tasks such as the transport of patients out of PACU.

CNAs may be asked to fulfill other non-direct patient care duties (ie. stocking, trash disposal) in addition to their assigned duties.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

dddd) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;

eeee) Sudden unforeseen adverse weather conditions; or

ffff) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

If a nursing staff member agrees to work overtime, the nursing staff member is accountable for the nursing staff member's competency in practice and is responsible for notifying the nursing staff member's supervisor when the nursing staff member's ability to safely provide care is compromised.

(a) Time spent on call or on standby when the nursing staff member is required to be at the premises of the employer shall be included as hours worked for purposes of subsection (3) of this section.
(b) Time spent on call but away from the premises of the employer may not be included as hours worked for purposes of subsection (3) of this section. *(ORS 441.166)*

A hospital may require an additional hour of work beyond the work authorized under subsection (3) of this section if:

(a) A staff vacancy for the next shift becomes known at the end of the current shift; or
(b) There is a potential harm to an assigned patient if the nursing staff member leaves the assignment or transfers care to another nursing staff member. *(ORS 441.166)*

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Pediatrics
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The Pediatric Unit is licensed for 10 beds, single occupancy.

Pediatrics specializes in:

- Family centered care
- Pediatric growth and development
- Respiratory care
- Surgical care
- Infectious disease
- Behavioral and mental health
- Other childhood conditions
- Care to patients requiring intermediate level of care, to include high-flow respiratory support, telemedicine, sub-specialty consults

Nursing care is provided for non-PICU pediatric patients (ages 17 and below), adult medical and surgical patients with 24-48 hour stay, and for pediatric patients requiring intermediate care, at the discretion of the provider and Pediatric Charge RN. Pediatrics also provides pediatric outpatient care for local clinics when appropriate.

Hours of operations:

- Pediatrics is open 24 hours 7 days per week, 365 days a year.
- Shift Hours: 0700-1930 (days) and 1900-0730 (nights)

Pediatrics has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant

Nurse-to-patient care model

In the pediatric unit, a direct care registered nurse is assigned to no more than four patients.

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for. As observation patients do not have a statutory ratio assigned to them per HB 2697, these patients will receive a ratio assignment equivalent to their most similar patient classification, the pediatric department which follows a 1:4 by HB 2697.

The charge nurse in consultation with the direct care nursing determines staffing needs and staff assignments according to patient census, acuity, intensity, and skill mix needs. Adjustments are made throughout the shift as patient condition changes, level of monitoring and intervention increase/decrease. Staffing sheets validate ratio compliance and are updated with any staffing change.

Staffing is adjusted with consideration of ADT and unit-based activity. While assignment adjustments can be completed throughout the shift, at minimum they will take place during naturally occurring staffing request times.

Unit-based staffing will provide a minimum of 1 nursing staff, not including certified nursing assistants. At least 1 registered nurse is on duty in the unit when a patient is present.

In the event of a nurse replacement need, the Salem Health Women & Children's float pool is deployed to cover the need. In the event that float pool cannot cover the need, the charge nurse sends a message to replacement staff on Teams and will also make phone calls as necessary to staff members.

Deviation allowances.

The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

During emergencies, critical transports, emergent procedures, or unforeseen unit circumstances that would significantly impact patient care, nurses may be required to leave their unit and/or assigned patient load. During these unanticipated events, ratios may briefly exceed the state mandated ratios and/or charge RN's may need to help cover patient assignments. All efforts will be made to return to mandated ratios as soon as possible. Charge nurses will not carry the role as primary meal and break relief. However, they may be times when the charge nurse needs to provide meal/break relief; 1) no one with that skill mix otherwise is available; or 2) when they are able to safely assume care of patients without disruption of charge nurse duties.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment and/or take an assignment for purposes of covering staff on meal or rest breaks. *(See HB 2697 Section 6: 8 (b-c))*

This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI OAR 839-020-0050 requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered Charge nurses, WCSFP nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on patient care needs.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, clerical support, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

gggg) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;

hhhh) Sudden unforeseen adverse weather conditions; or

iiii) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.166 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity;
- Tasks not related to direct patient care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- OAR 333.510.0002 - 333.510.0140
- ORS 441.152 - 441.192
- OAR 839-020-0050
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452

- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	PMC
Effective date of Nurse Staffing Plan:	9/20/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The Psychiatric Medicine Center is open 24 hours 7 days per week. PMC specializes in:

- Promoting excellence in psychiatric nursing.
- Excellent assessment, technical, organizational and prioritization skills.
- Providing care for patients often with multiple diagnoses.
- Understanding complex differences in medications.
- Caring for multiaxial needs and patient teaching.
- Supporting organizational throughput.
- Acute psychiatric crisis stabilization.

Nursing care is provided for acute crisis stabilization of the medically stable adult. The Psychiatric Medicine Center is a licensed holding facility caring for both voluntary and involuntary patients. Diagnoses include DSM (Diagnostic and Statistical Manual) V Axis I diagnosis.

- 16 patient rooms with 25 licensed beds.
- 7 Single Occupancy: 2 ADA rooms with medical bed capability
- 9 Double Occupancy

PMC has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-to-patient care model / Acuity:

"Patient acuity" is defined as "complexity of patient care needs requiring the skill and care of the nursing staff." In general, acuity is considered the severity of illness, the complexity of medical interventions, and the necessity for nursing assessment, reassessment, and monitoring. There may be other factors not listed here. As a general matter, a "high" acuity patient would require a high amount of nursing interventions and frequent-to-ongoing nursing assessment.

"Nursing care intensity" is defined as the "level of patient needs for nursing care as determined by the nursing assessment." OAR 333-510-0002(9). A "high" intensity patient would require frequent and/or lengthy periods of psychosocial, educational, and hygiene care from nursing staff members. High intensity patients may also generally have an increased need for safety monitoring, familial support, or other needs.

Charge RN's create nursing assignments based on patient acuity and nursing care intensity. Consideration for nursing care intensity, includes number of anticipated discharges, medication administration, wound care, seclusion and restraint episodes, increased level of supervision/observation, functional/cognitive levels, and comorbidities. When making inpatient Nurse Skill Mix (NSM) patient assignments, unit charge nurses will use their professional nursing judgement, clinical experience, and acuity and intensity factors. The charge nurse is responsible for daily use of the acuity and intensity tool, along with system assignments. If the charge nurse is out sick, they are replaced. The unit-based leadership team is the backup for making assignments if the primary charge nurse is unavailable.

Assignments are created using PMC's Acuity Tool. Utilizing this tool allows the charge nurse to assign patients to each nurse based on the assigned acuity scores. PMC utilizes a four-tiered scoring system that indicates the level of acuity based on the acuity number of each patient.

The intent of understanding acuity and intensity of workload is to help the charge nurse assure appropriate placement and to make assignments that are safe and appropriately level-loaded amongst the team members.
System training is provided, in overview style, for staff (RN and CNA) and specific training to the Acuity and Intensity Tool for charge nurses, assistant nurse managers and nurse managers.

Frequency of review and revision:
The Charge RN, for any given shift, creates the nursing assignments for the next like shift. For example, NOC shift Charge RN creates nursing assignments for the next NOC shift. The Charge RN then reviews the assignments for the oncoming shift and adjusts per patient acuity and nursing care intensity.
For example, the NOC shift Charge RN would review the oncoming Day shift assignment and adjust accordingly. If a patient requires individualized support, inter-professional care team members are available to assist nursing staff to maintain appropriate care and safety of the patient. Unit acuity and workload intensity are reviewed, minimally, at the staffing request times of 0400, 1200, 1600 and 2000.

Patient Acuity and Intensity System Elements

1. Determining intensity:
    a. A point-based system that generates patient behaviors and workload intensity.
    b. Acuity weighting is indicative of workload, not necessarily the acuity of patient illness.
    c. Nursing acuity main score is reviewed.
2. Monitoring for appropriate placement:
    a. Charge nurse screens incoming patients and accepts/rejects based on unit criteria.
    b. Charge nurse collaborates with staff nurse to assess the need for additional resources and reallocates or performs problem solving as appropriate.
    c. Assumption is that acuity stays the same for appropriate placement purposes unless reported differently or until charge nurse rounds on the assigned nurse.
3. Determining patient assignments:
    a. The charge nurse determines or adjusts staff assignments according to patient census, acuity, intensity, and skill mix needs.
    b. The charge nurse makes assignment adjustments based on a combination of factors such as acuity score, ADT, intensity and to minimize excess handoffs.
    c. PMC Acuity Tool is used to assist charge nurses in level loading assignments, considering acuity while considering preserving continuity of care and appropriate skill mix.
4. Frequency of monitoring acuity and intensity:
    a. Acuity scores are reviewed by the Charge nurse throughout the shift.

b. The charge nurse may re-evaluate with new patient arrival and as needed, per clinical judgement.

5. Changing patient acuity:
    a. Patient changes in condition and provider orders change acuity score.
    b. Charge nurses in conjunction with clinical nurses may adjust assignments based on patient safety needs not reflected in the acuity score.
    c. Salem Health is undertaking a long-term validation strategy of tracking outliers where charge feels that acuity score does not match and recommending system adjustments based on trends or lessons learned.
6. Staffing basis on acuity and intensity:
    a. The staffing office receives unit-based staffing requests every 8 hours and makes every effort to meet the unit's request.
    b. The staffing office takes acuity and intensity into consideration in allocating available staff resources.
    c. Staffing is adjusted with consideration of ADT and unit-based activity.
7. Review of acuity and intensity process:
    a. Clinical staff groups developed the acuity basis by assessing three categories of rules and assigning task scores as appropriate.

5/2024 – Assessed literature for EBP. No new findings since past review.

PMC Acuity Classification Guidelines

LOW = 1

Aggression

- No History of aggression
- No suicidality, or suicidality but contracting for safety.
- No homicidality, or homicidality toward persons outside of unit.

Behavior

- Calm and cooperative.
- No evidence of impulsive behavior

High Utilizer

- Not a high utilizer
- On occasion PRN
- Minimal requests

MEDIUM = 2

Aggression

- History of aggression, self-injury.
- SI / HI but vague about plan or intent.

Behavior

- Readily redirectable
- Delusions/hallucinations that place self or others at risk of harm.
- Some Problems with impulse/distractible behavior.
- Hypersexual behavior, disrobing.

High Utilizer

- Multiple medication passes (scheduled or PRN).
- Increased, but non-acute requests.
- Inconsistent compliance with treatment plan.

HIGH = 3
Aggression
· Concern of imminent aggression, self-injury.
· Imminent concern pt. will act on SI or HI.
Behavior
· Difficult to redirect
· Delusions/hallucinations that place self or others at risk of harm.
· Impulsivity and distractible behavior impairing function
· Hypersexual behavior, disrobing.
· Disruptive.
· Manipulative.
High Utilizer
· Frequent requests to address symptom management, multiple PRN's
· Partial or complete resistance to taking medications
· Visual 1:1.
· Increased medical needs.
EXTREME = 4
Aggression
· Assault or threat of assault.
· Actively attempting suicide.
· Requiring seclusion / restraint.
Behavior
· Non-redirectable.
· Delusions/hallucinations that place self or others at risk of harm.
· Impulsive behavior putting the patient or others at risk of physical harm.
· Hypersexual behavior, disrobing.
· Disruptive.
· Manipulative behaviors.
High Utilizer
· Constant request for symptom management and/ or PRN requests requiring behavior plan.
· Medication non-compliance
· Arm's length 1:1.
· Increased medical needs requiring regular intervention.

Staffing Grid- Guideline

Census	CRN Day/Noc	Day shift RN	Day shift CNA	Mid shift UC	Noc Shift RN	Noc Shift CNA	Program Therapy	Social Worker
	12 hrs./shift	12 hrs./shift	12 hrs./shift	12 hrs./shift	12 hrs./shift	12 hrs./shift	1.08hr*ADC	1.13hr*ADC
1	1	1	0	0	1	0	1.08	1.13
2	1	1	0	0	1	0	2.15	2.26
3	1	1	0	0	1	0	3.22	3.39
4	1	1	0	0	1	0	4.3	4.52
5	1	1	0	0	1	0	5.37	5.65
6	1	1	0	0	1	0	6.44	6.78
7	1	2	1	0	2	1	7.52	7.91
8	1	2	1	0	2	1	8.59	10.00
9	1	2	1	0	2	1	9.66	10.50
10	1	2	1	0	2	1	10.74	11.50
11	1	2	1	0	2	1	11.88	12.50
12	1	3	1	0	2	1	12.89	13.50
13	1	3	1	0	2	1	13.96	14.00

14	1	3	2	1	3	2	15.03	14.50
15	1	3	2	1	3	2	16.11	15.50
16	1	3	2	1	3	2	17.18	16.00
17	1	3	2	1	3	2	18.23	19.21
18	1	3	2	1	4	2	19.33	20.34
19	1	4	2	1	4	2	20.40	21.47
20	1	4	3	1	4	2	21.48	22.60
21	1	4	3	1	4	2	22.55	23.73
22	1	4	3	1	4	2	23.62	24.86
23	1	4	3	1	4	2	24.70	25.99
24	1	4	3	1	4	3	25.77	27.12
25	1	4	3	1	4	3	27	28.25

Deviation allowances.
The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment and take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patients off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties. "Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover their patients. It is the responsibility of the team member to notify the charge nurse or unit leadership if they are unable to take a break or lunch. The charge nurse will collaborate with the team to assure the break or lunch is taken. Alternate relief may include but is not limited to other unit registered nurses, Charge nurses, Resources nurses, unit leadership nurses, or innovative virtual nursing models (as they become operational).

CNAs do not require coverage for meal or rest breaks.
Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Reminder, that while their approval is not required, including your Unit Council in the updates is recommended and can be done via email.

Process:

- Per HB2697, and with the approval of HWSC, the charge nurse will provide break/lunch coverage to RNs on break/lunch at PMC. CNA's will notify the Charge RN or nursing partners before leaving.
- If the charge nurse has a patient assignment, they will level load their patients among the RNs when they are on break/lunch.
- The Charge RN indicates breaks or lunch provided by checking off the grid on the daily assignment sheet.
- It is the employee's responsibility to check the daily assignment sheet and ensure that his/her breaks have been noted as taken or circled if not taken, before going home.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team members.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be assigned to individual patients at the discretion of the registered nurse.

CNA staffing is based on functional 1:1 duty, including, but not limited to, Q15 safety security checks, environment and milieu checks, vital signs, unit clerk duties, milieu management, stocking, patient belongings processing, and accompanying a patient during transportation.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

jjjj) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care.

kkkk) Sudden unforeseen adverse weather conditions

llll) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift

b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix, and level of competency needed to ensure that the hospital is staffed to meet the health care needs of the patient.
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurses belonging to the unit to complete ADTs for that hospital unit.
- The unit's general and predominant patient population is defined by the MSDRG.
- Nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations (if any).
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes.
- Complaints regarding staffing.
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period.
- The aggregate hours of mandatory overtime worked by the nursing staff.
- The aggregate hours of voluntary overtime worked by the nursing staff.
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan.
- The number of meals and breaks missed by direct care staff.

Leadership reports including aforementioned data points are updated at least annually for review by unit leadership and Nurse Staffing Committee.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	Prep Recovery
Effective date of Nurse Staffing Plan:	6/1/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

Prep Recovery consists of three distinct locations that make up a 32 bed, single occupancy unit.

The type of patients served by the Surgical Services Division includes geriatric, adult, adolescent, and pediatric patients needing emergent or elective surgery on an inpatient or outpatient basis. The scope of peri-anesthesia nursing practice involves the cultural, developmental and age specific assessment, the development of nursing diagnosis, planning, intervention and evaluation of individuals within the peri-anesthesia continuum. Those individuals across the age continuum will have or have had sedation/ analgesia and/ or anesthesia for surgical, diagnostic or therapeutic procedures. Our practice is systematic, integrative and holistic and involves critical thinking, clinical decision-making and inquiry.

The Prep Recovery Unit is open 16 hours per day Monday thru Friday (0530-2130) and 10 hours per day on Saturday, Sunday and Holidays (0600-1630). The Prep Recovery Unit processes an average of 51 patients having elective surgeries per day. An additional 10-15 add on in-patient cases are processed Monday - Friday. On Saturday & Sunday, the census fluctuates between 10-18 in-patients with a mixture of 1-2 outpatient cases.

Nurse Staffing positions:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-to-patient care model

Minimum Prep staffing maintained while patients are present in the department is 2 personnel, one of whom is an RN possessing competence appropriate to the patient population in the same room/unit where the patient is receiving care. The second staff member may be a CNA or nurse who does not possess competency in Prep/Recovery. These staffing recommendations are maintained during 'on call' situations. (ASPAN Part 4, practice recommendation 1)

For patients on the PreOperative side staffing is maintained based on workload. Nurses do not exceed a 1:5 ratio of patients. These patients are either medical-surgical from the floor or are walk ins from the community. Assignments are made by the charge nurse following the daily surgery huddle based on workload from our PreOperative Reference Book SW. Adjustments are made throughout the shift to account for changes in patient condition, add on patient acuity/intensity, and need to increase/decrease level of monitoring.

For patients in Phase 2 level of care, generally a 1:3 nurse patient ratio is utilized except as noted.

- A 1:2 nurse patient ratio is utilized for patients upon initial admit to phase 2 care and for patients 8 years or younger without family present.
- A 1:1 nurse patient ratio is utilized when a patient becomes unstable and requires transfer to a higher level of care.
- For patients who meet the extended care guidelines a ratio of 1:5 may be utilized. These guidelines are:
    - Patients awaiting transport home

- Patients who have procedures requiring extended observation (potential risk for bleeding/ pain management/postoperative nausea and vomiting management)
- Patients being held for a non-critical care bed

Deviation allowances.

The unit may deviate from the staffing plan, including statutory ratios, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. The unit leadership must notify the house wide staffing committee co-chairs no later than 10 days after each deviation.

- More than one deviation in a period of 12 consecutive hours is considered a single deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients for brief periods of time based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patient off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks

"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties (BOLI).
"Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Meal and rest breaks are taken during breaks in patient presence on unit (i.e. after a patient has gone to the operating room and before the next patient is brought to the unit for that nurse), or supported by resource/ANM coverage. Patients will not be brought into the unit if there are not enough nurses to support the patient load. If the nurse is unable to cover their own meal and/or rest breaks, it is their responsibility to alert the charge RN who will then provide coverage. The charge nurse documents that break and lunch periods are completed. If breaks or meals are missed it is documented on the daily staffing sheet. Minimum numbers are maintained by sending nurses to breaks/lunches during gaps in patient throughput or providing coverage with ANMs or a resource RN.

Before leaving for break, registered nurses will follow a standardized handoff process to individual covering.

Unit Leadership monitors missed breaks and/or lunches via review of timecard reports specific to NL (no lunch) clocking and review of the tracking sheet where staff self-report their breaks and lunch compliance.

Comments should indicate reasons why a break or lunch is missed, as necessary the leadership team will follow up with the individual team member.

Acuity/Nationally Recognized Standards

Salem Hospital's Epic acuity model has not been developed for Prep/Recovery patients. Patient acuity can range from patients needing emergent surgery to healthy patients undergoing elective surgery on an outpatient or inpatient basis.

Prep/Recovery core staffing is based on historical volumes by time of day and adjusted the day prior due to expected caseload and acuity as well as throughout the shift by the Charge RN. Staffing is adjusted based on patient acuity, census, patient flow process and physical facility. The unit charge nurse uses clinical judgment and critical thinking to determine nurse to patient ratio (not exceeding ASPAN standards), patient mix and staffing mix that reflect patient acuity and nursing interventions. The charge nurse is replaced by another trained charge nurse or an ANM if unavailable for any reason. Acuity and Intensity is assessed before assigning any new patient on a discharge track. The preoperative track is assessed when making assignments the day before and as add on cases are scheduled. The charge nurse oversees the acuity and intensity.

Pre-anesthesia:
Per the ASPAN standards staff to patient balance is determined based on but not limited to; patient safety, volume and acuity including; age, cultural diversity, preoperative interventions, type of procedure and patient complexity. For example; average time of patient preparation (education, testing, history completion, patient education, IV access, blood administration and completion of required charting, medication reconciliation/ administration), language or cognitive barriers, and subsequent monitoring for invasive procedures (peripheral nerve blocks).

Phase II:
RN role during this phase focuses on preparing the patient/family/ significant other for care in the home or Extended Care.

RN to patient ratio is determined and adjusted based on patient acuity and complexity of care without exceeding ASPAN standards. This allows for appropriate assessment, planning, implementing care and evaluation for discharge as well as increasing efficiency and flow of patients through the phase II area. For example expected time to discharge, education, drains, need to urinate, pain control, emesis control, change in cardiac rhythm, as well as language barriers. This also allows for flexibility in assignments as patient acuity is subject to change.

New admissions are assigned so that the nurse can devote his/her attention as needed to appropriate discharge assessment and teaching. Staffing patterns are adjusted as needed based on changing acuity and nursing requirements and as the discharge, criteria are met.

Care is consistent with the following nationally recognized evidence-based standards and guidelines established by professional nursing specialty organizations:

- American Society of PeriAnesthesia Nurses (ASPAN) (2022-2023)
- Association of Perioperative Registered Nurses (AORN) (2022-2023)

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the direction of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

a) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care;
b) Sudden unforeseen adverse weather conditions; or
c) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24 hour period
d. During the 10 hour period immediately following the 12 hours worked during a 24 hour period.

If a nursing staff member agrees to work overtime, the nursing staff member is accountable for the nursing staff member's competency in practice and is responsible for notifying the nursing staff member's supervisor when the nursing staff member's ability to safely provide care is compromised.

(a) Time spent on call or on standby when the nursing staff member is required to be at the premises of the employer shall be included as hours worked for purposes of subsection (3) of this section.
(b) Time spent on call but away from the premises of the employer may not be included as hours worked for purposes of subsection (3) of this section. *(ORS 441.166)*

A hospital may require an additional hour of work beyond the work authorized under subsection (3) of this section if:

(a) A staff vacancy for the next shift becomes known at the end of the current shift; or
(b) There is a potential harm to an assigned patient if the nursing staff member leaves the assignment or transfers care to another nursing staff member. *(ORS 441.166)*

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix and level of competency needed to ensure that the hospital is staffed to mee the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurse belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;

- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
  Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually and more often quarterly for review by unit leadership and HWSC.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060

Nurse Staffing Plan

Unit name:	B5Surge Unit
Effective date of Nurse Staffing Plan:	6/1/2024

Each unit nurse staffing plan must be reviewed by the Nurse Staffing Committee (NSC) at least once every year, and at any other date and time specified by either co-chair of the committee.

Unit Description

Salem Hospital is a not-for-profit hospital, licensed for 644 acute-care beds.

The B5SurgeUnit is a 39 bed, single occupancy unit.

The Surge Unit opens and closes, dependent on the needs of the organization. Diagnoses include a wide variety of patients within these listed levels of cares. The Float Pool primarily staffs the Surge Units. The Unit specializes in:

- Promoting excellence in medical surgical and intermediate level of care nursing.
- Excellent assessment, technical, organizational and prioritization skills.
- Providing care for patients often with multiple diagnoses, across multiple medical specialties.

- Understanding complex differences in medications.
- Pain management, wound care and patient teaching.
- Supporting organizational throughput.

Nursing Care is provided for the Medical-Surgical, and Intermediate level of care adult patients, depending upon the patient needs. The opening and closing of the unit is dependent on the organizational needs at the time that is causing the organization to exceed beyond normal capacity numbers. The need would be defined as:

- Incoming volume exceeds the expected outgoing volume
- Incoming volume exceeds the expected outgoing volume due to discharge delays and/or GMLOS beyond expected.
- If the need to open the surge unit is this, then the unit would function as an innovative care unit with different RN : patient volumes

B5SurgeUnit has the following nurse staffing positions on the unit:

- Registered Nurse
- Certified Nursing Assistant 1
- Certified Nursing Assistant 2

Nurse-to-patient care model

For purposes of determining direct care RN-to-patient ratios, the ratio should be based on a licensed independent practitioner's (LIP) classification of the patient's level of care (LOC), as noted in the medical record, regardless of the unit where the patient is being cared for. As Observation patients do not have a statutory ratio assigned to them per HB 2697, these patients will receive a ratio assignment equivalent to their most similar patient classification- the emergency department which follows a 1:4 by HB 2697.

Salem Health has adopted a mixed ratio unit model called Care in Place in select units allowing for mixed LOCs on specific units.

As determined by the LIP and indicated in the electronic medical record (EMR), recommended direct care RN-to-patient ratios are as follows:

- Intermediate care (IMC): 1:3
- Medical-surgical (telemetry/oncology): 1:4
- Medical-surgical: 1:5 (until June 2026)
- Observation 1:4

Charge nurses can also use their clinical judgment to support staffing decisions, which includes, but is not limited to monitoring ADT, LOC distribution, census, acuity level and staff availability and skill mix.

Recognizing that patients' LOC are fluid, as patient needs are quantified, we will aim to staff to the most recently indicated LOC at the next available staffing request opportunity. While assignment adjustments can be completed throughout the shift, at minimum this will occur at scheduled staffing reallocation times.

In the event of a nurse or certified nurse assistant staff need, the Salem Health in-house float pool is deployed to cover the need. In the event that float pool cannot cover the need, the Staffing Office sends broadcast requests to appropriate staff to request voluntary coverage. This process is posted on the Housewide Staffing Committee (HWSC) intranet and on file in the Staffing Office.

Deviation allowances.
The unit may deviate from the staffing plan, within a period of 12 consecutive hours, no more than six times during a rolling 30-day period. More than one deviation in a period of 12 consecutive hours is considered a single deviation. The unit leadership must notify the NSC co-chairs no later than 10 days after each deviation.

Admit, Discharge, Transfer (ADT):

The charge nurse monitors ADT activity throughout the shift and maintains awareness regarding individual workload associated with ADT trends to reallocate resources, as necessary.

Staffing issues and/or bed management capacity concerns are managed collaboratively among two or more on-shift resources including, but not limited to: Nurse Manager, Assistant Nurse Manager, Charge Nurse, House Supervisor, Patient Placement Staff and Direct Care Nurse/Providers.

Charge nurse:

Charge nurses can take a patient assignment or take an assignment for purposes of covering staff on meal or rest breaks.

The charge nurse may assign themselves patients based on unit acuity, while waiting for additional staff to come in to support ADT or to cover an assignment for staff who may need to leave unexpectedly or accompany patients off unit. This decision is at the discretion of the unit charge nurse in collaboration with unit leadership.

Meals and Breaks
"Meals" refers to a thirty-minute, unpaid break given when a staff member is working more than six hours during which they should be relieved of all work duties. "Breaks" refers to a period of not less than ten minutes of paid time for every four hours worked.

Registered nurses in ratioed assignments will receive meals and rest breaks in accordance with BOLI requirements and ORS 653.261.

Registered nurses will be provided meal/break relief by a registered nurse qualified and competent to cover his/her patients with the goal of maintaining direct care RN-to-patient ratios as noted above. In lieu of a meal/break relief nurse, units will collaborate with unit leadership to ensure meals and breaks are provided. Alternate relief may include but is not limited to other unit registered nurses (preference will be given to those with a lesser RN: patient ratio assignment), Charge nurses, Resources nurses, unit leadership, nurses.

CNAs do not require coverage for meal or rest breaks; however, coverage may be provided based on availability of a nurse staff member.

Meal and Break schedules will include tracking/documentation for compliance and/or missed meals and breaks. There is an option for comments as indicated. Unit Leadership monitors missed breaks and/or lunches via unit tracking and review of timecard reports specific to "no lunch" (NL) code clocking and review

of the tracking sheet where staff self-report their breaks and lunch compliance. Comments should indicate reasons why a break or lunch is missed. As necessary, the leadership team will follow up with the individual team member.

Certified nursing assistant (CNA) assignments

CNA staffing will be based on task assignments or patient assignments.

- If delegated tasks these tasks will be completed per individual patient at the discretion of the registered nurse.

If assigned patients, CNAs will not be assigned to more than:

- 7 patients at one time during the day shift hours
- 11 patients at one time during the night shift hours.

CNAs may be asked to fulfill other non-direct patient care duties (i.e. stocking, trash disposal, others as directed) in addition to their patient assignments or delegated tasks.

Emergency Circumstances

Notwithstanding ORS 441.152 to 441.177, a hospital is not required to follow the staffing plan upon the occurrence of:

d) A national emergency or state emergency declared under ORS 401.165 to 401.236 or 433.441 to 433.452 requiring the implementation of a facility disaster plan and crisis standards of care
e) Sudden unforeseen adverse weather conditions
f) An infectious disease epidemic suffered by hospital staff.

Only under emergency circumstances as defined by ORS 441.770 and OARS 333-503-0060 the hospital may require a nurse staff member to work:

a. Beyond the agreed upon shift
b. More than 48 hours in a work week
c. More than 12 hours in a 24-hour period
d. During the 10-hour period immediately following the 12 hours worked during a 24-hour period.

Standards and Quality Considerations

In developing this unit staffing plan the following items were considered:

- Specialized qualifications and competencies of the nursing staff and the skill mix, and level of competency needed to ensure that the hospital is staffed to meet the health care needs of the patient;
- The size of the hospital and a measurement of unit activity (ADT) and the time required for direct registered nurses belonging to the unit to complete ADTs for that hospital unit;
- The unit's general and predominant patient population as defined by the MSDRG;
- Nationally recognized evidence-based standards and guidelines established by the professional nursing specialty organizations (if any);
- Differences in patient acuity; and
- Tasks not related to providing direct care.

Staffing Plan Review

This staffing plan shall be reviewed at least annually by the staffing committee.

Review of Salem Health nurse staffing plans shall include review of the following:

- Patient outcomes;
- Complaints regarding staffing;
- Number of hours of nursing care provided through a hospital unit compared with the number of patients served by the hospital unit during a 24-hour period;
- The aggregate hours of mandatory overtime worked by the nursing staff;
- The aggregate hours of voluntary overtime worked by the nursing staff;
- The percentage of shifts for each hospital unit for which staffing differed from what is required by the staffing plan;
- The number of meals and breaks missed by direct care staff.

Leadership reports including, aforementioned data points, are updated at least annually for review by unit leadership and Nurse Staffing Committee.

References:

- House Bill: 2697
- ORS 653.261
- ORS 401.165 to 401.236; 433.441 to 433.452
- OARS 333-503-0060