

**Article 107
Staffing**

Section 3. Oishei Children's Hospital (OCH)

1.) OCH Staffing Ratios/Grids/Matrices

a.) Pediatric Intensive Care Unit +

Guidelines used for the Pediatric Intensive Care Unit Staffing:

- AACN. (2018). AACN Guiding Principles for Appropriate Staffing, America Nurses Association (ANA), Cincinnati Children's, NY State 405 ICU draft

Employer and Staff agreement on RN & MA staffing

No consensus - Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.

Charge Nurse	1 RN without an assignment 24/7
Registered Nurse	1:1 to 1:2 depending on acuity 1:3 if all three patients are designated as an intermediate and/or are designated as transfer level of care which requires a provider order
Medical Assistant	1:9

Ancillary staff:

Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC)

Description of additional resources available to support unit level patient care: Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists.

b.) Neonatal Intensive Care Unit +

Guidelines used **for the Neonatal Intensive Care Unit Staffing:**

- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN, 2019), National Association of Neonatal Nurses (NANN), American Academy of Pediatrics (AAP)

Employer and Staff agreement on RN & MA/US staffing

No consensus - Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.

Charge Nurse	2 without an assignment 24/7
Registered Nurse	1:1 or 1:2 depending on acuity 1:3 if all three patients are designated as an intermediate care/feeders and growers
Medical Assistant	1 census of 0 – 24 2 census of 25 – 49 3 census of 50 – 64 4 census greater than 64
Unit Secretary	1, 24/7

Ancillary staff:
Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC)

Description of additional resources available to support unit level patient care:
Float Pool RNs and MA's, RT, EVS, HA's, Pharmacists, Material Handlers, APP's, MDs, Lactation Consultants, SW, Discharge Planning, Educators

- c.) Labor and Delivery +
~ (Dels RN Included for baby assignment below)
The information below is inclusive of J3 & J7 staffing plans

Employer and Staff agreement on RN & MA/US staffing

No consensus - Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.

1:1 at birth
1:3 infant in couplet status

Labor and Delivery AWHONN Standards	
RN Charge	1 without an assignment 24/7
Obstetric Triage	
RN 1:1	The initial triage process (10 to 20) minutes requires 1:1 at presentation
RN 1:2	Once maternal-fetal status is determined to be stable
RN 1:3	<ul style="list-style-type: none"> • Stable extended triage • Non-stress testing
Antepartum	

No consensus - Employee members proposed adding lactation consultants as part of ancillary staff. This title was not agreed upon as this title is consulted when needed. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.

Charge Nurse	1 without assignment 24/7
Registered Nurse	1:1 Newborn Undergoing Circumcision 1:3 Couplets with no more than 2 pp C- Section
Medical Assistant	1:12 Couplets
Unit Secretary	1, 7a-7p, 7 days a week

Ancillary staff:

Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC)

Description of additional resources available to support unit level patient care: Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, Educators and art therapists

e.) Operating Rooms +

Employer and Staff agreement on RN staffing

No consensus - Employee members proposed adding PSA and Anesthesia techs/assistants as part of ancillary staff. These titles were not agreed upon as they do not help with direct patient care.

Charge Nurse OCH	1 without assignment 24/7
Registered Nurse	1:1 (2:1 for patients who cannot tolerate general anesthesia)

Ancillary staff:

Surgical Tech, Respiratory Therapist (RT), and Pharmacist

Description of additional resources available to support unit level patient care: Material handlers, clinical educators, environmental services aids

f.) Emergency Department +

Guidelines used for Emergency Department Staffing:

- Emergency Nurse's Association (ENA)

Employer and Staff agreement on RN & MA/US staffing

No consensus - Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously

discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.

Unit Secretary	1, 24/7
Medical Assistant	3, 24/7
	4, if Kids Express is Open (11a- 11:00p)
Charge Nurse	1 without assignment 24/7
Registered Nurse	7:00 am 6 RNs
(Totals include charge)	11:00 am 12 RNs
	3:00 pm 12 RNs
	7:00 pm 12 RNs
	11:00 pm 9 RNs
	3:00 am 6 RNs
	*hallway beds will be given an assignment and extra nurse when they are three or greater

Ancillary staff:
Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC)

Description of additional resources available to support unit level patient care:
Float pool RNs, hospitality aids, material handlers, physicians, APP's, clinical educators, child life specialists, environmental services aids

g.) Electronic Monitoring Unit (EMU)/Long Term Monitoring Unit +

Guidelines used for Epilepsy Monitoring Unit:

- AAP, Society of Peds Nursing

Employer and Staff agreement on RN & US staffing, except for SEEG patients.

No consensus - Employee members would like 1:1 ratio for SEEG patient. This was not agreed upon as there is not supporting evidence. Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC. Employee members proposed adding EEG techs to the unit, this was not agreed upon as the EEG techs are separate from nursing responsibilities.

Registered Nurse	1:4 EMU Patients
	1:5 Observation/Ambulatory Patients
Unit Secretary	1, 9a-5p Monday through Friday

Ancillary staff:

Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC)

Description of additional resources available to support unit level patient care: EEG Techs, Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists

h.) Pediatric Hematology/Oncology Unit +

Guidelines used for Pediatric Hematology/Oncology Unit:

- International Society of Pediatric Oncology
- St. Jude

Employer and Staff agreement on RN & US staffing

No consensus - Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patientcare and as such do not have an ADC. Employee members proposed adding MA staffing to this unit. This was not agreed upon as there was no supporting evidence to add position to this unit.

Charge Nurse	1, 24/7 <ul style="list-style-type: none">• 5 or less patients on the unit, charge has an assignment• 6 or more patients on the unit, the charge has one patient
Registered Nurse	1:1 during BMT infusion 1:2 bone marrow transplant or dinutuximab (immunotherapy), Compath, ATG (biological modifiers) 1:3 (includes charge nurse with assignment) 1:4 Pediatric Medical
Unit Secretary	1 Day Shift 9:00a to 5:00p M-F

Ancillary staff:

Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC)

Description of additional resources available to support unit level patient care: Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists

i.) J10 (Pediatric Medical – Surgical) +

Employer and Staff agreement on RN & MA/US staffing

No consensus - Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.

Charge Nurse	1 RN, may take no more than one patient, no assignment when census is greater than 20
Registered Nurse	1:3 Acute Tracheostomy Vent, High Flow greater than 1.5 liters per kilo 1:4 General Pediatric Patients 1:5 If all patients in OBS/AMB status in proximate geography inclusive of the following diagnosis: cellulitis, asthmatic on q4, social admit, broken limb (except femur), T&A Bleed, GT Placement, Suicide with sitter, new onset diabetic (not on a drip)
Medical Assistant	2, 24/7 3, 11:00a - 11:00p if the census is 17 and above
Unit Secretary	1, 7:00a to 7:30p M – F

Ancillary staff:

Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC)

Description of additional resources available to support unit level patient care: Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists

j.) J 11 (Pediatric Medical – Surgical) +

Employer and Staff agreement on RN & MA/US staffing

No consensus - Employee members proposed adding child life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote. Employee members would also like ratios for PCC titles. This was not agreed upon as PCC do not provide direct patient care and as such do not have an ADC.

Charge Nurse	1 RN, 2 patient assignment with census up to 20, if above 20 patients charge nurse has no assignment
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Registered Nurse	1:3 Acute Tracheostomy Vent, High Flow greater than 1.5 liters per kilo 1:4 General Pediatric Patients 1:5 If all patients in OBS/AMB status in proximate geography inclusive of the following diagnosis: cellulitis, asthmatic on q4, social admit, broken limb (except femur), T&A Bleed, GT Placement, Suicide with sitter, new onset diabetic (not on a drip)
Medical Assistant	2, 24/7 3, 11:00a - 11:00p if the census is 17 and above
Unit Secretary	1, 7:00a to 7:30p M – F

Ancillary staff:

Clerical, Social Work (SW), Respiratory Therapist (RT), Pharmacist, and Patient Care Coordinator (PCC)

Description of additional resources available to support unit level patient care: Float Pool RN's, Float Pool MA's, Environmental Services, Infection Preventionists, Material Handlers, Physician Assistants or Nurse Practitioners (APPs), Physicians, lactation consultants, educators, and art therapists

k.) Pre-Operative Care +

Employer and Staff agreement on RN staffing

No consensus - Employee members proposed adding Child Life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote.

Registered Nurse 1:5

Supportive roles in this department: APP's, clinical educators, child life specialists, environmental services aids

l.) Post Anesthesia Care Unit +

Employer and Staff agreement on RN & MA/US staffing

No consensus - Employee members proposed adding Child Life as part of ancillary staff. This title was not agreed upon as this was not a title that was previously discussed at prior CSC meetings leading up to the 8/14/23 vote.

Charge Nurse 2 without an assignment on J2, 1 on J3 (based on hours of operations)

Two registered nurses, one of whom is a RN competent in Phase I post anesthesia nursing, are in the same room/unit where the patient is receiving Phase I care. The Phase I RN must have immediate access and direct line of sight when providing patient care. The second RN should be able to directly hear a call for assistance and be immediately available to assist. These staffing recommendations should be maintained during “on call” situations.

Phase I

RN 2:1 Example may include, but is not limited to, the following:

- One critically ill, unstable patient

RN 1:1 Examples may include, but are not limited to, the following:
At the time of admission, until the critical elements are met which include:

- Report has been received from the anesthesia care provider, questions answered, and the transfer of care has taken place
 - Patient has a stable/secure airway**
 - Patient is hemodynamically stable
 - Patient is free from agitation, restlessness, combative behaviors
 - Initial assessment is complete
 - Report has been received from the anesthesia care provider
 - The nurse has accepted the care of the patient
- Airway and/or hemodynamic instability **Examples of an unstable airway include, but are not limited to, the following:
 - Requiring active interventions to maintain patency such as manual jaw lift or chin lift or an oral airway
 - Evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc.
 - Symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, cyanosis, etc.
 - Any unconscious patient 8 years of age and under
 - A second nurse must be available to assist as necessary
 - Patient with isolation precautions until there is sufficient time for donning and removing personal protective equipment (PPE) (e.g., gowns, gloves, masks, eye protection, specialized respiratory protection) and washing hands between patients. Location dependent upon facility guidelines

RN 1:2 Examples may include, but are not limited to, the following:

- Two conscious patients, stable and free of complications, but not yet meeting discharge criteria
- Two conscious patients, stable, 8 years of age and under, with family or competent support team members present, but not yet meeting discharge criteria
- One unconscious patient, hemodynamically stable, with a stable airway, over the age of 8 years and one conscious patient, stable and free of complications

Phase II

RN 1:1 Example includes, but is not limited to:

- Unstable patient of any age requiring transfer to a higher level of care

RN 1:2 Examples include, but are not limited to:

- 8 years of age and under without family or support healthcare team members present
- Initial admission to Phase II

RN 1:3 Examples include, but are not limited to:

- Over 8 years of age
- 8 years of age and under with family present

2021-2022 ASPAN Guidelines

The nursing roles, in this phase, focus on providing the ongoing care for those patients requiring extended observation/intervention after transfer/discharge from Phase I and/or Phase II care.

Extended Phase

Registered Nurse	M-W-F, 1:1 <=10kg, RN 1:2 10.1-20kg, RN 1:3 >=20.1kg (pediatric dialysis standards of care)
Medical Assistant	M-W-F 11.5 hours, unless "0" census
Unit Secretary	M-F 7.5 hours

Ancillary staff:

Clerical, Social Work (SW), Pharmacist, and Patient Care Coordinator (PCC)

Description of additional resources available to support unit level patient care:
Hospitality aids, material handlers, environmental services aids

o.) Infusion

Employer and Staff agreement on RN & MA staffing

Registered Nurse	1:4
Medical Assistant	1, M-F

Ancillary staff:

None

Description of additional resources available to support unit level patient care:
Hospitality aids, material handlers, child life specialists, environmental services aids